

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 4/9/2019 3:29 pm
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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: 4/9/2019	Time: 3:29 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCSAN HEALTH HAMMOND (15-0004) 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	517,499	21,075	0	0	1.00
2.00 Subprovider - IPF	0	25,695	18		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	543,194	21,093	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 4/9/2019 3:29 pm
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1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 5454 HOMAN AVENUE			PO Box:						1.00
2.00	City: HAMMOND			State: IN		Zip Code: 46320		County: LAKE		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		Hospital and Hospital-Based Component Identification:								
3.00	Hospital	FRANCSAN HEALTH HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	FRANCSAN ST. MARGARET HLTH HAMMOND	155004	23844	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. MARGARET HOME CARE	157145	23844		04/11/1985	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
17.10	Hospital-Based (CORF) I									17.10
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)					1			21.00	
						1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 4/9/2019 3:29 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	327	53	1,857	766	2,540	87	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	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)					Y	Y	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
		Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1			60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1			60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1			60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1			60.05
		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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		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	
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	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 4/9/2019 3:29 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				2			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	844,076		262,001				118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	15H014		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 4/9/2019 3:29 pm			
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: FRANCSAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101				141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:						142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546				143.00	
1.00									
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
1.00									
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		146.00
1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		155.00	
156.00	Subprovider - IPF	N		N		N		156.00	
157.00	Subprovider - IRF	N		N		N		157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N		N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		N		160.00	
161.00	CMHC							161.00	
161.10	CORF			N		N		161.10	
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		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		166.00
1.00									
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99		169.00
				Beginning	Ending				
				1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						07/03/2018 09/30/2018		170.00
1.00									
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 4/9/2019 3:29 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/18/2019			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/20/2019	Y	02/20/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 4/9/2019 3:29 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW		DEETS	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH HAMMOND			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT 33148		MATTHEW.DEETS@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 4/9/2019 3:29 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCIAL ANALYST SR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	152	54,892	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)		152	54,892	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	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	8	2,248	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	64,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		226				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,832	2,378	18,096			1.00
2.00 HMO and other (see instructions)	3,569	2,540				2.00
3.00 HMO IPF Subprovider	355	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)	7,832	2,378	18,096			7.00
8.00 INTENSIVE CARE UNIT	1,458	427	3,294			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	278			12.00
13.00 NURSERY		198	966			13.00
14.00 Total (see instructions)	9,290	3,003	22,634	7.22	847.48	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,049	3,958	9,115	0.00	46.99	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	27,969	3,258	51,304	0.00	63.18	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	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				7.22	957.65	27.00
28.00 Observation Bed Days		2,349	7,893			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	87	156			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,833	1,452	4,170	1.00
2.00 HMO and other (see instructions)				632	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEWBORN INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,833	1,452	4,170	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		166	829	1,944	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	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
4/9/2019 3:29 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	80,478,418	0	80,478,418	2,209,249.00	36.43
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		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		732,559	0	732,559	15,017.60	48.78
8.00	Home office and/or related organization personnel		9,212,130	0	9,212,130	275,071.00	33.49
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,864,601	119,009	8,983,610	274,720.77	32.70
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		856,381	0	856,381	13,365.00	64.08
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		1,071,805	0	1,071,805	8,404.00	127.54
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		9,212,130	0	9,212,130	275,071.00	33.49
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)		18,771,441	0	18,771,441		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,323,593	0	2,323,593		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,550,455	0	2,550,455		
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	1,272,429	0	1,272,429	57,780.54	22.02
27.00	Administrative & General	5.00	12,769,320	0	12,769,320	101,547.29	125.75

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
4/9/2019 3:29 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	333,033	0	333,033	3,943.00	84.46	28.00
29.00	Maintenance & Repairs	1,767,305	0	1,767,305	61,178.00	28.89	29.00
30.00	Operation of Plant	324,786	0	324,786	14,011.00	23.18	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,579,997	0	1,579,997	113,760.23	13.89	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,074,591	-771,990	302,601	17,056.52	17.74	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	771,990	771,990	43,514.29	17.74	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,915,885	0	3,915,885	100,634.22	38.91	38.00
39.00	Central Services and Supply	302,822	0	302,822	13,065.33	23.18	39.00
40.00	Pharmacy	2,750,419	-7,920	2,742,499	65,857.61	41.64	40.00
41.00	Medical Records & Medical Records Library	222,565	0	222,565	8,019.91	27.75	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part III
Date/Time Prepared:
4/9/2019 3:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	70,866,762	0	70,866,762	1,923,103.40	36.85	1.00
2.00	Excluded area salaries (see instructions)	8,864,601	119,009	8,983,610	274,720.77	32.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,002,161	-119,009	61,883,152	1,648,382.63	37.54	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,140,316	0	11,140,316	296,840.00	37.53	4.00
5.00	Subtotal wage-related costs (see inst.)	21,321,896	0	21,321,896	0.00	34.46	5.00
6.00	Total (sum of lines 3 thru 5)	94,464,373	-119,009	94,345,364	1,945,222.63	48.50	6.00
7.00	Total overhead cost (see instructions)	26,313,152	-7,920	26,305,232	600,367.94	43.82	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 4/9/2019 3:29 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		760,881	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)		5,248,380	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)		10,600,628	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		1,168,470	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-39,845	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)		141,387	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		918,237	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		4,822,813	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		24,538	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		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		23,645,489	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 4/9/2019 3:29 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			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		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0004 Component CCN: 15-7145		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 4/9/2019 3:29 pm	
				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	
2.00	Unduplicated Census Count (see instructions)	0.00	1,504.00	0.00	0.00	2,658.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.00	0.00	1.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			22.73	0.00	22.73	
6.00	Direct Nursing Service			26.39	0.00	26.39	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			8.81	0.00	8.81	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.00	0.00	0.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.03	0.00	0.03	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			3.92	0.00	3.92	
17.00	Home Health Aide Supervisor			1.00	0.00	1.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			
20.01				23844		20.01	
20.02				33140		20.02	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,543	2,577	482	296	11,898	
22.00	Skilled Nursing Visit Charges	3,203,090	966,592	179,010	110,900	4,459,592	
23.00	Physical Therapy Visits	11,443	961	162	347	12,913	
24.00	Physical Therapy Visit Charges	4,450,221	373,118	57,996	134,969	5,016,304	
25.00	Occupational Therapy Visits	701	235	2	33	971	
26.00	Occupational Therapy Visit Charges	271,813	91,232	780	12,851	376,676	
27.00	Speech Pathology Visits	195	57	0	3	255	
28.00	Speech Pathology Visit Charges	75,803	22,002	0	1,170	98,975	
29.00	Medical Social Service Visits	9	4	0	0	13	
30.00	Medical Social Service Visit Charges	4,046	1,808	0	0	5,854	
31.00	Home Health Aide Visits	2,307	527	15	113	2,962	
32.00	Home Health Aide Visit Charges	418,002	95,644	728	20,503	534,877	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	23,198	4,361	661	792	29,012	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	8,422,975	1,550,396	238,514	280,393	10,492,278	
36.00	Total Number of Episodes (standard/non outlier)	1,438		240	44	1,722	
37.00	Total Number of Outlier Episodes		143		6	149	
38.00	Total Non-Routine Medical Supply Charges	87,672	27,485	16,202	5,969	137,328	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 4/9/2019 3:29 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.237055	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		28,580,175	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		10,063,959	5.00	
6.00	Medicaid charges		151,997,597	6.00	
7.00	Medicaid cost (line 1 times line 6)		36,031,790	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		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		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)	19,223,377	10,036,279	29,259,656	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,556,998	10,036,279	14,593,277	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,556,998	10,036,279	14,593,277	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)		18,138,361	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		930,742	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,431,910	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		16,706,451	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,461,516	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		19,054,793	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,054,793	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		7,372,853	7,372,853	2,052,845	9,425,698	1.00
2.00	00200		0	0	5,230,365	5,230,365	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,272,429	17,515,157	18,787,586	-51,902	18,735,684	4.00
5.05	00590	12,769,320	-5,065,581	7,703,739	-7,344,627	359,112	5.05
6.00	00600	1,767,305	3,314,739	5,082,044	0	5,082,044	6.00
7.00	00700	324,786	4,317,693	4,642,479	0	4,642,479	7.00
8.00	00800	0	408,210	408,210	0	408,210	8.00
9.00	00900	1,579,997	358,450	1,938,447	0	1,938,447	9.00
10.00	01000	1,074,591	631,889	1,706,480	-1,225,941	480,539	10.00
11.00	01100	0	0	0	1,225,941	1,225,941	11.00
13.00	01300	3,915,885	679,421	4,595,306	-5,912	4,589,394	13.00
14.00	01400	302,822	637,484	940,306	-209,226	731,080	14.00
15.00	01500	2,750,419	27,771,626	30,522,045	-24,764,181	5,757,864	15.00
16.00	01600	222,565	82,336	304,901	-24	304,877	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	1,795	1,795	640,610	642,405	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	75,736	16,581	92,317	110,861	203,178	23.01
23.02	02302	72,640	52	72,692	4,564	77,256	23.02
23.03	02303	68,542	956	69,498	3,965	73,463	23.03
23.04	02304	480,616	21,686	502,302	2,922	505,224	23.04
23.05	02305	4,664	3,673	8,337	599	8,936	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,685,961	3,613,024	20,298,985	-3,147,523	17,151,462	30.00
31.00	03100	2,535,499	412,719	2,948,218	-324,727	2,623,491	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	653,127	35,443	688,570	-17,400	671,170	35.00
40.00	04000	3,032,222	19,503,522	22,535,744	-9,628	22,526,116	40.00
43.00	04300	0	0	0	1,481,111	1,481,111	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	885,362	3,773,363	4,658,725	-2,572,843	2,085,882	50.00
50.01	05001	38,230	-10,877	27,353	1,997	29,350	50.01
50.02	05002	932,240	347,671	1,279,911	-285,441	994,470	50.02
51.00	05100	301,333	17,127	318,460	-14,963	303,497	51.00
53.00	05300	58,066	3,021,985	3,080,051	-154,977	2,925,074	53.00
54.00	05400	1,307,085	238,840	1,545,925	-153,550	1,392,375	54.00
54.01	05401	678,461	548,111	1,226,572	-488,282	738,290	54.01
54.02	05402	408,332	63,717	472,049	7,669	479,718	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	470,327	488,648	958,975	-119,561	839,414	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	7,493,994	7,493,994	-111,089	7,382,905	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	484,209	484,209	-433,786	50,423	63.00
63.01	06301	211,965	379,996	591,961	-148,606	443,355	63.01
65.00	06500	1,328,041	470,199	1,798,240	-18,258	1,779,982	65.00
66.00	06600	2,577,673	104,199	2,681,872	-306,277	2,375,595	66.00
67.00	06700	536,505	20,493	556,998	34,163	591,161	67.00
68.00	06800	281,146	25,974	307,120	6,661	313,781	68.00
69.00	06900	348,052	433,926	781,978	-9,245	772,733	69.00
70.00	07000	88,024	17,137	105,161	-707	104,454	70.00
71.00	07100	0	0	0	5,545,622	5,545,622	71.00
72.00	07200	0	0	0	3,352,010	3,352,010	72.00
73.00	07300	0	0	0	25,067,101	25,067,101	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	45,312	17,894	63,206	-17,457	45,749	76.01
76.02	03140	964,487	2,349,357	3,313,844	-1,801,716	1,512,128	76.02
76.03	03957	398,124	16,457	414,581	9,096	423,677	76.03
76.04	03190	169,447	281,836	451,283	-2,170	449,113	76.04
76.05	03951	144,489	159,888	304,377	-5,949	298,428	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	3,590,624	3,590,624	0	3,590,624	76.07
76.08	03953	225,062	53,189	278,251	-43,291	234,960	76.08
76.09	03954	0	0	0	770,483	770,483	76.09
76.10	03955	2,488,242	926,368	3,414,610	-290,275	3,124,335	76.10
76.11	03956	0	104	104	0	104	76.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0004 Period: From 01/01/2018 To 12/31/2018 Worksheet A
 Date/Time Prepared: 4/9/2019 3:29 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.12	03958 ANTI COAGULATION CLINIC	446,170	27,913	474,083	-18,289	455,794	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	1,225	1,225	0	1,225	90.01
90.02	09002 CARDIOLOGY CLINIC	0	4,333	4,333	0	4,333	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	266	266	90.03
91.00	09100 EMERGENCY	10,426,936	2,648,399	13,075,335	-745,369	12,329,966	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,501,876	1,521,322	6,023,198	-163,031	5,860,167	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		146,692	146,692	-542,628	-395,936	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	79,850,113	111,298,041	191,148,154	0	191,148,154	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,272	64,129	107,401	0	107,401	190.00
190.01	19001 CONVENT	0	15,572	15,572	0	15,572	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	280,079	280,079	0	280,079	190.03
190.04	19004 WOMEN'S HEALTH CENTER	48,712	427	49,139	0	49,139	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	29,045	42,000	71,045	0	71,045	190.06
190.07	19007 IMAGE RECOVERY	0	-18	-18	0	-18	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	97,248	97,248	0	97,248	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	10,755	63	10,818	0	10,818	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	41,410	-1,644,667	-1,603,257	0	-1,603,257	192.00
192.01	19201 WORKING WELL	455,111	328,668	783,779	0	783,779	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	81	81	0	81	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	80,478,418	110,481,623	190,960,041	0	190,960,041	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,118,067	11,543,765	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,230,365	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,048,333	22,784,017	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	18,993,717	19,352,829	5.05
6.00	00600	MAINTENANCE & REPAIRS	-18,978	5,063,066	6.00
7.00	00700	OPERATION OF PLANT	0	4,642,479	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	408,210	8.00
9.00	00900	HOUSEKEEPING	0	1,938,447	9.00
10.00	01000	DIETARY	-271,557	208,982	10.00
11.00	01100	CAFETERIA	-744,556	481,385	11.00
13.00	01300	NURSING ADMINISTRATION	-136,860	4,452,534	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	287,692	1,018,772	14.00
15.00	01500	PHARMACY	-1,165,298	4,592,566	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,219,187	1,524,064	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	220,182	862,587	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED PRGM - LAB	0	203,178	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	77,256	23.02
23.03	02303	PARAMED PRGM - RESP THER	0	73,463	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	505,224	23.04
23.05	02305	PARAMED PRGM-EMT	0	8,936	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-78,228	17,073,234	30.00
31.00	03100	INTENSIVE CARE UNIT	-24,964	2,598,527	31.00
32.00	02060	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	-1,200	669,970	35.00
40.00	04000	SUBPROVIDER - IPF	-16,769,258	5,756,858	40.00
43.00	04300	NURSERY	0	1,481,111	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-235,817	1,850,065	50.00
50.01	05001	OPEN HEART SURGERY	0	29,350	50.01
50.02	05002	OUTPATIENT SURGERY	0	994,470	50.02
51.00	05100	RECOVERY ROOM	0	303,497	51.00
53.00	05300	ANESTHESIOLOGY	0	2,925,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-93,003	1,299,372	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	738,290	54.01
54.02	05402	ULTRASOUND	0	479,718	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-149,317	-149,317	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	839,414	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-2,179,539	5,203,366	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-6,227	44,196	63.00
63.01	06301	NUCLEAR MEDICINE	0	443,355	63.01
65.00	06500	RESPIRATORY THERAPY	-57,374	1,722,608	65.00
66.00	06600	PHYSICAL THERAPY	-58,530	2,317,065	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,401	589,760	67.00
68.00	06800	SPEECH PATHOLOGY	0	313,781	68.00
69.00	06900	ELECTROCARDIOLOGY	-355,877	416,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,162	103,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,545,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,352,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,067,101	73.00
76.00	03020	PAIN CLINIC	-1,253,027	-1,253,027	76.00
76.01	03950	ORTHOPEDICS	0	45,749	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-282,194	1,229,934	76.02
76.03	03957	CARDIAC REHABILITATION	-4,809	418,868	76.03
76.04	03190	RADIATION ONCOLOGY	0	449,113	76.04
76.05	03951	MRI	0	298,428	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	3,590,624	76.07
76.08	03953	WOUND CARE	-1,713	233,247	76.08
76.09	03954	RENAL DIALYSIS	0	770,483	76.09
76.10	03955	INFUSION	-20,592	3,103,743	76.10
76.11	03956	CARE TRANSITION CENTER	0	104	76.11
76.12	03958	ANTI COAGULATION CLINIC	-303	455,491	76.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	1,225	90.01
90.02	09002 CARDIOLOGY CLINIC	0	4,333	90.02
90.03	09003 SPECIALTY CLINIC	0	266	90.03
91.00	09100 EMERGENCY	-963,692	11,366,274	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	5,860,167	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	395,936	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,407,638	193,555,792	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	107,401	190.00
190.01	19001 CONVENT	0	15,572	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	280,079	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	49,139	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	71,045	190.06
190.07	19007 IMAGE RECOVERY	0	-18	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	97,248	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	10,818	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	-1,603,257	192.00
192.01	19201 WORKING WELL	0	783,779	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	81	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	2,407,638	193,367,679	200.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6
Date/Time Prepared:
4/9/2019 3:29 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,230,365	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,005,438	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	28,151	3.00
	TOTALS		0	8,263,954	
B - DIETARY					
1.00	CAFETERIA	11.00	771,990	453,951	1.00
	TOTALS		771,990	453,951	
C - INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	969,776	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	969,776	
D - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,900,228	1.00
2.00	OPEN HEART SURGERY	50.01	0	1,997	2.00
3.00	PARAMED ED PRGM-EMT	23.05	0	599	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
	TOTALS		0	8,902,824	
E - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,067,101	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
4/9/2019 3:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
TOTALS			0	25,067,101	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	5,187	0	1.00
2.00	ULTRASOUND	54.02	42,489	0	2.00
3.00	NUCLEAR MEDICINE	63.01	67,126	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	10,071	0	4.00
5.00	MRI	76.05	9,718	0	5.00
TOTALS			134,591	0	
G - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	640,610	1.00
TOTALS			0	640,610	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB	23.01	111,089	0	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	4,564	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	0	3,965	3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	7,920	0	4.00
5.00	PHARMACY	15.00	0	4,998	5.00
TOTALS			119,009	13,527	
I - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	228,122	321	1.00
2.00	OCCUPATIONAL THERAPY	67.00	38,099	54	2.00
3.00	SPEECH PATHOLOGY	68.00	16,091	23	3.00
4.00	CARDIAC REHABILITATION	76.03	17,038	24	4.00
TOTALS			299,350	422	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
TOTALS			0	18,000	
K - NURSERY					
1.00	NURSERY	43.00	1,131,395	349,716	1.00
TOTALS			1,131,395	349,716	
L - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	477,800	292,683	1.00
TOTALS			477,800	292,683	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,352,010	1.00
TOTALS			0	3,352,010	
N - SPECIALTY CLINIC					
1.00	SPECIALTY CLINIC	90.03	0	266	1.00
TOTALS			0	266	
O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,191,545	1.00
TOTALS			0	5,191,545	
P - MISC A&G					
1.00	INTEREST EXPENSE	113.00	0	4,668,089	1.00
TOTALS			0	4,668,089	
Q - CATH LAB RECOVERY					
1.00	CARDIOVASCULAR SERVICES	76.02	171,801	2,305	1.00
TOTALS			171,801	2,305	
500.00	Grand Total: Increases		3,105,936	58,186,779	500.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6
Date/Time Prepared:
4/9/2019 3:29 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - CAPITAL						
1.00	HOME HEALTH AGENCY	101.00	0	28,151	9	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,230,365	9	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,005,438	9	3.00
	TOTALS		0	8,263,954		
B - DIETARY						
1.00	DIETARY	10.00	771,990	453,951	0	1.00
	TOTALS		771,990	453,951		
C - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	959,924	12	1.00
2.00	INTEREST EXPENSE	113.00	0	1,172	0	2.00
3.00	HOME HEALTH AGENCY	101.00	0	8,680	0	3.00
	TOTALS		0	969,776		
D - CHARGEABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	2,557,334	0	1.00
2.00	OUTPATIENT SURGERY	50.02	0	281,392	0	2.00
3.00	RECOVERY ROOM	51.00	0	14,828	0	3.00
4.00	ANESTHESIOLOGY	53.00	0	119,424	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,395	0	5.00
6.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	496,652	0	6.00
7.00	ULTRASOUND	54.02	0	34,766	0	7.00
8.00	COMPUTED TOMOGRAPHY	55.01	0	119,561	0	8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	433,786	0	9.00
10.00	NUCLEAR MEDICINE	63.01	0	2,727	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	241,432	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	6,239	0	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	3,990	0	13.00
14.00	SPEECH PATHOLOGY	68.00	0	9,453	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	8,156	0	15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	707	0	16.00
17.00	ORTHOPEDI CS	76.01	0	17,457	0	17.00
18.00	CARDIOVASCULAR SERVICES	76.02	0	1,975,469	0	18.00
19.00	CARDIAC REHABILITATION	76.03	0	7,966	0	19.00
20.00	RADIATION ONCOLOGY	76.04	0	2,170	0	20.00
21.00	MRI	76.05	0	15,667	0	21.00
22.00	WOUND CARE	76.08	0	36,425	0	22.00
23.00	INFUSION	76.10	0	259,608	0	23.00
24.00	ANTI COAGULATION CLINIC	76.12	0	18,256	0	24.00
25.00	EMERGENCY	91.00	0	727,757	0	25.00
26.00	HOME HEALTH AGENCY	101.00	0	102,940	0	26.00
27.00	NURSING ADMINISTRATION	13.00	0	5,144	0	27.00
28.00	CENTRAL SERVICES & SUPPLY	14.00	0	208,742	0	28.00
29.00	PHARMACY	15.00	0	152,187	0	29.00
30.00	MEDICAL RECORDS & LIBRARY	16.00	0	24	0	30.00
31.00	PARAMED PRGM - LAB	23.01	0	228	0	31.00
32.00	ADULTS & PEDIATRICS	30.00	0	713,458	0	32.00
33.00	INTENSIVE CARE UNIT	31.00	0	284,909	0	33.00
34.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	17,351	0	34.00
35.00	SUBPROVIDER - IPF	40.00	0	9,628	0	35.00
36.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,596	0	36.00
	TOTALS		0	8,902,824		
E - PHARMACY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,902	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	768	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	484	0	3.00
4.00	PHARMACY	15.00	0	24,609,072	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	8,365	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	39,818	0	6.00
7.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	49	0	7.00
8.00	OPERATING ROOM	50.00	0	15,509	0	8.00
9.00	OUTPATIENT SURGERY	50.02	0	4,049	0	9.00
10.00	RECOVERY ROOM	51.00	0	135	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	35,553	0	11.00
12.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	1,701	0	12.00
13.00	ULTRASOUND	54.02	0	54	0	13.00
14.00	NUCLEAR MEDICINE	63.01	0	218,192	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,304	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	266	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,089	0	17.00
18.00	CARDIOVASCULAR SERVICES	76.02	0	353	0	18.00
19.00	WOUND CARE	76.08	0	6,866	0	19.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
4/9/2019 3:29 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
20.00	INFUSION	76.10	0	30,667	0		20.00
21.00	ANTI COAGULATION CLINIC	76.12	0	33	0		21.00
22.00	EMERGENCY	91.00	0	17,612	0		22.00
23.00	HOME HEALTH AGENCY	101.00	0	23,260	0		23.00
	TOTALS		0	25,067,101			
F - RADIOLOGY ADMINISTRATION							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	134,591	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		134,591	0			
G - MEDICAL EDUCATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	640,610	0		1.00
	TOTALS		0	640,610			
H - PARAMEDICAL EDUCATION							
1.00	LABORATORY	60.00	111,089	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,564	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	3,965	0		3.00
4.00	PHARMACY	15.00	7,920	0	0		4.00
5.00	PARAMED ED PRGM-PHARMACY	23.04	0	4,998	0		5.00
	TOTALS		119,009	13,527			
I - PROFESSIONAL SUPPORT SERVICES							
1.00	PHYSICAL THERAPY	66.00	299,350	422	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
	TOTALS		299,350	422			
J - RENT							
1.00	INTEREST EXPENSE	113.00	0	18,000	10		1.00
	TOTALS		0	18,000			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,131,395	349,716	0		1.00
	TOTALS		1,131,395	349,716			
L - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	477,800	292,683	0		1.00
	TOTALS		477,800	292,683			
M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,352,010	0		1.00
	TOTALS		0	3,352,010			
N - SPECIALTY CLINIC							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	266	0		1.00
	TOTALS		0	266			
O - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	5,191,545	10		1.00
	TOTALS		0	5,191,545			
P - MISC A&G							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,668,089	0		1.00
	TOTALS		0	4,668,089			
Q - CATH LAB RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	171,801	2,305	0		1.00
	TOTALS		171,801	2,305			
500.00	Grand Total: Decreases		3,105,936	58,186,779			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

	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	5,547,620	0	0	0	1.00
2.00	Land Improvements	3,655,975	0	0	0	2.00
3.00	Buildings and Fixtures	45,552,324	37,490	0	37,490	3.00
4.00	Building Improvements	147,396	0	0	0	4.00
5.00	Fixed Equipment	152,178,762	5,842,930	0	5,842,930	5.00
6.00	Movable Equipment	2,475,394	3,172,178	0	3,172,178	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	209,557,471	9,052,598	0	9,052,598	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	209,557,471	9,052,598	0	9,052,598	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,547,620	0			1.00
2.00	Land Improvements	3,655,975	3,284,014			2.00
3.00	Buildings and Fixtures	45,589,813	11,297,189			3.00
4.00	Building Improvements	147,396	124,730			4.00
5.00	Fixed Equipment	158,021,692	62,389,563			5.00
6.00	Movable Equipment	2,654,534	21,525,871			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	215,617,030	98,621,367			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	215,617,030	98,621,367			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part II
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,251,004	0	0	1,121,849	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,251,004	0	0	1,121,849	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,372,853				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,372,853				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part III
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,054,228	5,209,545	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,230,365	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,284,593	5,209,545	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-16,101	161,925	0	2,134,168	11,543,765	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,230,365	2.00
3.00	Total (sum of lines 1-2)	-16,101	161,925	0	2,134,168	16,774,130	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-15,553	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00 Investment income - other (chapter 2)	B	-5,248	INTEREST EXPENSE	113.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-137,829	CENTRAL SERVICES & SUPPLY	14.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	0		0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-17,609	OTHER ADMINISTRATIVE AND GENERAL	5.05		7.00
8.00 Television and radio service (chapter 21)		0		0.00		8.00
9.00 Parking lot (chapter 21)		0		0.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-625,634				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	0		0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	5,425,700				12.00
13.00 Laundry and linen service	B	0		0.00		13.00
14.00 Cafeteria-employees and guests	B	-725,415	CAFETERIA	11.00		14.00
15.00 Rental of quarters to employee and others		0		0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00 Sale of drugs to other than patients		0		0.00		17.00
18.00 Sale of medical records and abstracts	B		OTHER ADMINISTRATIVE AND GENERAL	5.05		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00 Vending machines	B	-19,141	CAFETERIA	11.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		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 - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00		26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant				0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest				0.00		32.00
33.00 KINDRED MEALS	B	-186,786	DIETARY	10.00		33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
4/9/2019 3:29 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	WELLNESS CENTER REVENUE	B	-460	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	PHYSICIAN APPLICATION FEES	B	-3,550	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.02
33.03	CARDIAC DIETETIC INSTRUCTION	B	-1,820	DIETARY	10.00	0 33.03
33.04	LOBBYING EXPENSE	A	-5,013	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.04
33.05	PROGRAM FEES	B	-27,056	NURSING ADMINISTRATION	13.00	0 33.05
33.06	LIFELINE	B	-17,017	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.06
33.07	UNNECESSARY BORROWING	A	-1,398,274	INTEREST EXPENSE	113.00	0 33.07
33.08	MISCELLANEOUS INCOME	B	-1,930	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
33.09	MISCELLANEOUS INCOME	B	-18,978	MAINTENANCE & REPAIRS	6.00	0 33.09
33.10	GOODWILL	A	-77,133	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.10
33.11	DONATIONS EXPENSE	A	-1	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.11
33.12	ADVERTISING EXPENSE	A	-1,440	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.12
33.13	ADVERTISING EXPENSE	A	-3,662	SUBPROVIDER - IPF	40.00	0 33.13
33.14	MISCELLANEOUS INCOME	B	-3,015	RADIOLOGY-DIAGNOSTIC	54.00	0 33.14
33.15	PATIENT INTEREST	B	-1	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.15
33.16	HAF ASSESSMENT	A	-3,079,559	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.16
33.17	PENSION COST	A	3,575,698	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.17
33.18	DISCOUNTS/REBATES	B	-72,311	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.18
33.19	CONTRA BENEFITS	A	473,205	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.20	DISCOUNTS/REBATES	B	-82,951	DIETARY	10.00	0 33.20
33.21	DISCOUNTS/REBATES	B	-86,710	PHARMACY	15.00	0 33.21
33.22	DISCOUNTS/REBATES	B	-85,464	OPERATING ROOM	50.00	0 33.22
33.23	DISCOUNTS/REBATES	B	-29,627	RADIOLOGY-DIAGNOSTIC	54.00	0 33.23
33.24	DISCOUNTS/REBATES	B	-19,149	LABORATORY	60.00	0 33.24
33.25	DISCOUNTS/REBATES	B	-7,602	RESPIRATORY THERAPY	65.00	0 33.25
33.26	DISCOUNTS/REBATES	B	-100,822	CARDIOVASCULAR SERVICES	76.02	0 33.26
33.27	DISCOUNTS/REBATES	B	-1,720	CAP REL COSTS-BLDG & FIXT	1.00	14 33.27
33.28	SALE OF MED RECORDS	B	-8,569	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.28
33.29	PODIATRY RESIDENTS ADD ON	A	220,182	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.29
33.30	BAD DEBT OTHER	A	-1	INTEREST EXPENSE	113.00	0 33.30
33.31	ADVERTISING EXPENSE	A	-110	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.31
33.32	MISCELLANEOUS INCOME	B	-1	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.32
33.33	PROPERTY TAXES	A	-1	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.33
33.34	MISCELLANEOUS INCOME	B	-36,250	ADULTS & PEDIATRICS	30.00	0 33.34
33.35	ADVERTISING EXPENSE	A	-981	PHYSICAL THERAPY	66.00	0 33.35
33.36	MISC OTHER OPERATING	B	-548	CAP REL COSTS-BLDG & FIXT	1.00	11 33.36
33.37	MISC OTHER OPERATING	B	-10,877	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.37
33.38	PATIENT INT	B	-307,723	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.38
33.39	PROGRAM FEES	B	-37,904	LABORATORY	60.00	0 33.39
33.40	EMERGENCY MED ED	B	-25,702	EMERGENCY	91.00	0 33.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,407,638			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared: 4/9/2019 3:29 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,135,888	0
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	DATA PROCESSING	7,769,593	0
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASING	51,970	0
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINITTING	1,398,649	2
4.01	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	12,104,740	27,132,805
4.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	425,521	0
4.03	15.00	PHARMACY	COEP / PHARMACY	227,798	0
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,219,187	0
4.05	113.00	INTEREST EXPENSE	INTEREST	1,799,459	0
4.06	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASED SERVICES OTHER	0	-28,404,307
4.07	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	5,012	55,593
4.08	15.00	PHARMACY	PHARMACY	261,392	1,567,778
4.09	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU)	0	2,345
4.10	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	6,814,932
4.11	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	12,067,216
4.12	50.00	OPERATING ROOM	SURGERY	1,021	6,267
4.13	63.00	BLOOD STORING, PROCESSING &	RADIOLOGY	1,047	6,358
4.14	54.00	RADIOLOGY-DIAGNOSTIC	ULTRASOUND	1,307	11,087
4.15	55.00	RADIOLOGY-THERAPEUTIC	COMPUTED TOMOGRAPHY	14,797	164,114
4.16	60.00	LABORATORY	CHEMISTRY	326,101	2,437,830
4.17	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	570	1,486
4.18	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	11,942	61,714
4.19	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	4,482	6,290
4.20	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	48,074	403,951
4.21	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	594	5,403
4.22	76.00	PAIN CLINIC	MRI	7,748	47,040
4.23	76.00	PAIN CLINIC	PSYCH THERAPY SERVICES	2,390,270	3,604,005
4.24	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATION	0	15,463
4.25	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	182	1,583
4.26	91.00	EMERGENCY	EMERGENCY ROOM	219,148	1,123,852
4.27	40.00	SUBPROVIDER - IPF	PSYCH UNIT OVERHEAD	2,132,015	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			32,558,507	27,132,807

* 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	FRANCSAN ALLI	100.00	FRANCSAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
4/9/2019 3:29 pm

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

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

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

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
4/9/2019 3:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,135,888	14	1.00
2.00	7,769,593	0	2.00
3.00	51,970	0	3.00
4.00	1,398,647	0	4.00
4.01	-15,028,065	0	4.01
4.02	425,521	0	4.02
4.03	227,798	0	4.03
4.04	1,219,187	0	4.04
4.05	1,799,459	0	4.05
4.06	28,404,307	0	4.06
4.07	-50,581	0	4.07
4.08	-1,306,386	0	4.08
4.09	-2,345	0	4.09
4.10	-6,814,932	0	4.10
4.11	-12,067,216	0	4.11
4.12	-5,246	0	4.12
4.13	-5,311	0	4.13
4.14	-9,780	0	4.14
4.15	-149,317	0	4.15
4.16	-2,111,729	0	4.16
4.17	-916	0	4.17
4.18	-49,772	0	4.18
4.19	-1,808	0	4.19
4.20	-355,877	0	4.20
4.21	-4,809	0	4.21
4.22	-39,292	0	4.22
4.23	-1,213,735	0	4.23
4.24	-15,463	0	4.24
4.25	-1,401	0	4.25
4.26	-904,704	0	4.26
4.27	2,132,015	0	4.27
5.00	5,425,700		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		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0004

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

Worksheet A-8-2

Date/Time Prepared:
4/9/2019 3:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	NURSING ADMINISTRATION	128,130	102,225	25,905	197,500	193	1.00
2.00	30.00	ADULTS & PEDIATRICS	55,965	34,500	21,465	197,500	172	2.00
3.00	31.00	INTENSIVE CARE UNIT	75,478	2,000	73,478	197,500	532	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	4,998	0	4,998	197,500	40	4.00
5.00	50.00	OPERATING ROOM	726,990	113,023	613,967	246,400	4,912	5.00
6.00	60.00	LABORATORY	39,425	9,185	30,240	246,400	242	6.00
7.00	66.00	PHYSICAL THERAPY	109,294	38,750	70,544	197,500	564	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	4,390	100	4,290	197,500	34	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	204,920	172,680	32,240	197,500	248	9.00
10.00	76.08	WOUND CARE	6,935	60	6,875	197,500	55	10.00
11.00	76.10	INFUSION	84,400	450	83,950	197,500	672	11.00
12.00	76.12	ANTI COAGULATION CLINIC	6,000	0	6,000	197,500	60	12.00
13.00	91.00	EMERGENCY	97,853	0	97,853	197,500	680	13.00
200.00			1,544,778	472,973	1,071,805		8,404	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	13.00	NURSING ADMINISTRATION	18,326	916	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	16,332	817	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	50,514	2,526	0	0	0	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	3,798	190	0	0	0	4.00
5.00	50.00	OPERATING ROOM	581,883	29,094	0	0	0	5.00
6.00	60.00	LABORATORY	28,668	1,433	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	53,553	2,678	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	3,228	161	0	0	0	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	23,548	1,177	0	0	0	9.00
10.00	76.08	WOUND CARE	5,222	261	0	0	0	10.00
11.00	76.10	INFUSION	63,808	3,190	0	0	0	11.00
12.00	76.12	ANTI COAGULATION CLINIC	5,697	285	0	0	0	12.00
13.00	91.00	EMERGENCY	64,567	3,228	0	0	0	13.00
200.00			919,144	45,956	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	13.00	NURSING ADMINISTRATION	0	18,326	7,579	109,804	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	16,332	5,133	39,633	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	50,514	22,964	24,964	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	0	3,798	1,200	1,200	4.00
5.00	50.00	OPERATING ROOM	0	581,883	32,084	145,107	5.00
6.00	60.00	LABORATORY	0	28,668	1,572	10,757	6.00
7.00	66.00	PHYSICAL THERAPY	0	53,553	16,991	55,741	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	3,228	1,062	1,162	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	0	23,548	8,692	181,372	9.00
10.00	76.08	WOUND CARE	0	5,222	1,653	1,713	10.00
11.00	76.10	INFUSION	0	63,808	20,142	20,592	11.00
12.00	76.12	ANTI COAGULATION CLINIC	0	5,697	303	303	12.00
13.00	91.00	EMERGENCY	0	64,567	33,286	33,286	13.00
200.00			0	919,144	152,661	625,634	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
4/9/2019 3: 29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,543,765	11,543,765			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,230,365		5,230,365		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,784,017	55,446	14,270	22,853,733	4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	19,352,829	1,194,081	690,772	3,684,396	5.05
6.00 00600	MAINTENANCE & REPAIRS	5,063,066	827,310	110,201	509,929	6.00
7.00 00700	OPERATION OF PLANT	4,642,479	544,576	21,530	93,712	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	408,210	14,411	93,976	0	8.00
9.00 00900	HOUSEKEEPING	1,938,447	210,258	29,106	455,884	9.00
10.00 01000	DIETARY	208,982	219,604	12,822	310,057	10.00
11.00 01100	CAFETERIA	481,385	127,481	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,452,534	141,395	102,731	1,129,870	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,018,772	203,989	107,911	87,375	14.00
15.00 01500	PHARMACY	4,592,566	122,283	6,382	793,592	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,524,064	362,242	2,968	64,218	16.00
17.00 01700	SOCIAL SERVICE	0	21,483	0	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	862,587	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM - LAB	203,178	0	0	21,852	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	77,256	0	0	20,959	23.02
23.03 02303	PARAMED ED PRGM - RESPTHER	73,463	0	0	19,777	23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	505,224	0	0	138,675	23.04
23.05 02305	PARAMED ED PRGM-EMT	8,936	0	0	1,346	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,073,234	2,490,949	1,031,105	4,814,520	30.00
31.00 03100	INTENSIVE CARE UNIT	2,598,527	367,880	180,310	731,580	31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	669,970	0	28,868	188,450	35.00
40.00 04000	SUBPROVIDER - IPF	5,756,858	0	0	874,902	40.00
43.00 04300	NURSERY	1,481,111	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,850,065	699,293	349,147	255,458	50.00
50.01 05001	OPEN HEART SURGERY	29,350	0	14,255	11,031	50.01
50.02 05002	OUTPATIENT SURGERY	994,470	534,160	127,370	268,984	50.02
51.00 05100	RECOVERY ROOM	303,497	0	31,427	86,945	51.00
53.00 05300	ANESTHESIOLOGY	2,925,074	0	151,291	16,754	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,299,372	323,176	312,203	377,140	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	738,290	78,018	328,371	195,760	54.01
54.02 05402	ULTRASOUND	479,718	38,837	194,087	117,818	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	-149,317	0	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	839,414	39,735	335,481	135,706	55.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	5,203,366	265,283	511	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	44,196	0	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	443,355	52,522	2,509	61,159	63.01
65.00 06500	RESPIRATORY THERAPY	1,722,608	105,387	161,338	383,186	65.00
66.00 06600	PHYSICAL THERAPY	2,317,065	272,661	3,945	743,749	66.00
67.00 06700	OCCUPATIONAL THERAPY	589,760	25,190	1,102	154,800	67.00
68.00 06800	SPEECH PATHOLOGY	313,781	78,056	3,882	81,120	68.00
69.00 06900	ELECTROCARDIOLOGY	416,856	43,864	74,285	100,425	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	103,292	35,626	31,477	25,398	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,545,622	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,352,010	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	25,067,101	0	0	0	73.00
76.00 03020	PAIN CLINIC	-1,253,027	0	0	0	76.00
76.01 03950	ORTHOPEDI CS	45,749	17,679	89	13,074	76.01
76.02 03140	CARDIOVASCULAR SERVICES	1,229,934	155,653	145,346	278,288	76.02
76.03 03957	CARDIAC REHABILITATION	418,868	33,524	44,061	114,873	76.03
76.04 03190	RADIATION ONCOLOGY	449,113	349,322	128,899	48,891	76.04
76.05 03951	MRI	298,428	76,489	7,683	41,690	76.05
76.06 03952	BARITRIC CENTER	0	0	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	3,590,624	0	0	0	76.07
76.08 03953	WOUND CARE	233,247	124,901	2,432	64,938	76.08
76.09 03954	RENAL DIALYSIS	770,483	241,221	0	0	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
76.10 03955 INFUSION	3,103,743	12,691	61,691	717,945	3,896,070	76.10
76.11 03956 CARE TRANSITION CENTER	104	0	0	0	104	76.11
76.12 03958 ANTI COAGULATION CLINIC	455,491	0	0	128,736	584,227	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	1,225	0	0	0	1,225	90.01
90.02 09002 CARDIOLOGY CLINIC	4,333	0	0	0	4,333	90.02
90.03 09003 SPECIALTY CLINIC	266	0	0	0	266	90.03
91.00 09100 EMERGENCY	11,366,274	298,023	200,296	3,008,536	14,873,129	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	5,860,167	224,745	12,940	1,298,949	7,396,801	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	193,555,792	11,029,444	5,159,070	22,672,447	192,788,890	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,401	25,879	138	12,485	145,903	190.00
190.01 19001 CONVENT	15,572	0	0	0	15,572	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	280,079	0	0	0	280,079	190.03
190.04 19004 WOMEN'S HEALTH CENTER	49,139	21,941	0	14,055	85,135	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	71,045	0	0	8,380	79,425	190.06
190.07 19007 IMAGE RECOVERY	-18	0	0	0	-18	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	97,248	0	0	0	97,248	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	10,818	9,614	1,085	3,103	24,620	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-1,603,257	118,460	138	11,948	-1,472,711	192.00
192.01 19201 WORKING WELL	783,779	0	47,081	131,315	962,175	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	81	338,427	22,853	0	361,361	194.01
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)	193,367,679	11,543,765	5,230,365	22,853,733	193,367,679	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	24,922,078					5.05
6.00	00600	MAINTENANCE & REPAIRS	947,624	7,458,130				6.00
7.00	00700	OPERATION OF PLANT	771,765	429,022	6,503,084			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	75,192	11,353	10,503	613,645		8.00
9.00	00900	HOUSEKEEPING	383,342	165,643	153,247	0	3,335,927	9.00
10.00	01000	DIETARY	109,378	173,006	160,059	0	84,227	10.00
11.00	01100	CAFETERIA	88,622	100,431	92,915	0	48,894	11.00
13.00	01300	NURSING ADMINISTRATION	848,069	111,392	103,056	0	54,231	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,401	160,704	148,678	0	78,238	14.00
15.00	01500	PHARMACY	802,699	96,335	89,126	0	46,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	284,337	285,377	264,021	0	138,935	16.00
17.00	01700	SOCIAL SERVICE	3,127	16,924	15,658	0	8,239	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	125,552	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	32,754	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	14,295	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	13,571	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	93,721	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	1,497	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,698,468	1,962,394	1,815,538	424,606	955,388	30.00
31.00	03100	INTENSIVE CARE UNIT	564,498	289,819	268,130	76,630	141,097	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	129,147	0	0	6,467	0	35.00
40.00	04000	SUBPROVIDER - IPF	965,273	0	0	0	0	40.00
43.00	04300	NURSERY	215,580	0	0	22,473	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	459,069	550,909	509,682	0	268,208	50.00
50.01	05001	OPEN HEART SURGERY	7,952	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	280,187	420,816	389,324	0	204,873	50.02
51.00	05100	RECOVERY ROOM	61,404	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	450,213	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	336,503	254,601	235,548	0	123,951	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	195,105	61,463	56,864	0	29,923	54.01
54.02	05402	ULTRASOUND	120,876	30,596	28,306	0	14,896	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	196,545	31,304	28,961	0	15,240	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	796,053	208,993	193,353	0	101,747	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,433	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	81,443	41,377	38,280	0	20,144	63.01
65.00	06500	RESPIRATORY THERAPY	345,327	83,025	76,812	0	40,420	65.00
66.00	06600	PHYSICAL THERAPY	485,771	214,805	198,730	0	104,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	112,200	19,845	18,360	0	9,662	67.00
68.00	06800	SPEECH PATHOLOGY	69,405	61,493	56,891	0	29,938	68.00
69.00	06900	ELECTROCARDIOLOGY	92,489	34,556	31,970	0	16,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,498	28,066	25,966	0	13,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	807,182	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	487,895	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,648,592	0	0	0	0	73.00
76.00	03020	PAI N CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	11,148	13,928	12,886	0	6,781	76.01
76.02	03140	CARDIOVASCULAR SERVICES	263,338	122,625	113,448	0	59,700	76.02
76.03	03957	CARDIAC REHABILITATION	88,980	26,410	24,434	0	12,858	76.03
76.04	03190	RADIATION ONCOLOGY	142,092	275,199	254,604	0	133,980	76.04
76.05	03951	MRI	61,757	60,259	55,749	0	29,337	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	522,626	0	0	0	0	76.07
76.08	03953	WOUND CARE	61,935	98,398	91,035	0	47,905	76.08
76.09	03954	RENAL DIALYSIS	147,257	190,036	175,814	0	92,518	76.09
76.10	03955	INFUSION	567,085	9,998	9,250	0	4,867	76.10
76.11	03956	CARE TRANSITION CENTER	15	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	85,036	0	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	178	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	631	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	39	0	0	0	0	90.03
91.00	09100 EMERGENCY	2,164,829	234,785	217,215	0	114,304	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,076,627	177,056	163,806	0	86,199	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	24,637,627	7,052,943	6,128,219	530,176	3,138,665	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,237	20,387	18,862	0	9,925	190.00
190.01	19001 CONVENT	2,267	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	40,766	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	12,392	17,286	15,992	0	8,415	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	11,561	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	3,584	7,574	7,007	0	3,687	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	93,324	86,340	0	45,434	192.00
192.01	19201 WORKING WELL	140,047	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	52,597	266,616	246,664	83,469	129,801	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)	24,922,078	7,458,130	6,503,084	613,645	3,335,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,278,135					10.00
11.00	01100	0	939,728				11.00
13.00	01300	0	65,803	7,009,081			13.00
14.00	01400	0	8,543	12,668	2,033,279		14.00
15.00	01500	0	43,063	0	84,787	6,677,734	15.00
16.00	01600	0	5,244	87	131	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	1,224	0	956	0	23.01
23.02	02302	0	1,389	0	0	0	23.02
23.03	02303	0	1,360	0	0	0	23.03
23.04	02304	0	8,359	0	0	0	23.04
23.05	02305	0	86	0	67	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	918,014	280,569	2,829,017	14,669	2,232	30.00
31.00	03100	165,678	48,532	787,004	1,780	10,623	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	13,982	9,853	165,260	0	0	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	17,489	152,316	2,347	4,138	50.00
50.01	05001	0	435	4,242	0	0	50.01
50.02	05002	0	14,644	218,821	4,419	1,080	50.02
51.00	05100	0	4,938	79,812	283	36	51.00
53.00	05300	0	2,063	0	834	9,486	53.00
54.00	05400	0	34,656	8,411	1,184	0	54.00
54.01	05401	0	10,759	96,852	1,068	454	54.01
54.02	05402	0	6,209	5,506	1,677	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	8,438	2,092	327	0	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	3,341	0	59	58,214	63.01
65.00	06500	0	27,535	0	3,496	348	65.00
66.00	06600	0	39,994	38,540	1,164	0	66.00
67.00	06700	0	8,351	0	162	0	67.00
68.00	06800	0	4,463	0	2,149	0	68.00
69.00	06900	0	8,476	3,240	667	291	69.00
70.00	07000	0	1,311	24,013	11	0	70.00
71.00	07100	0	0	0	1,190,589	0	71.00
72.00	07200	0	0	0	705,461	0	72.00
73.00	07300	0	0	0	0	6,565,721	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	687	13,074	0	0	76.01
76.02	03140	0	14,018	178,407	1,424	94	76.02
76.03	03957	0	7,415	57,164	395	0	76.03
76.04	03190	0	2,291	17,810	65	0	76.04
76.05	03951	0	2,338	814	128	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	4,726	70,907	257	1,832	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	41,182	539,201	3,546	8,182	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	5,977	0	104	9	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2018

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	93,072	968,447	3,316	4,699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	85,933	581,243	4,374	6,206	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,097,674	924,766	6,854,948	2,031,896	6,673,645	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,839	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	1,622	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	120	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	179	73	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,004	154,060	9	5	192.00
192.01	19201	WORKING WELL	0	10,198	0	1,374	4,084	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	180,461	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)	1,278,135	939,728	7,009,081	2,033,279	6,677,734	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,931,624				16.00
17.00	01700	SOCIAL SERVICE	0	65,431			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	988,139		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED PRGM - LAB	0	0	0	259,964	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	0	0	0	0	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	0	0	0	23.04
23.05	02305	PARAMED PRGM-EMT	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	155,409	3,469	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35,717	797	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	4,839	108	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	69,719	1,556	0	0	40.00
43.00	04300	NURSERY	8,065	180	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	85,602	1,911	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	26,916	601	0	0	50.02
51.00	05100	RECOVERY ROOM	15,816	353	0	0	51.00
53.00	05300	ANESTHESIOLOGY	42,577	950	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,762	1,066	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	37,736	842	0	0	54.01
54.02	05402	ULTRASOUND	36,535	815	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	156,196	3,486	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	207,906	4,641	0	213,171	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,033	112	0	41,594	63.00
63.01	06301	NUCLEAR MEDICINE	17,500	391	0	5,199	63.01
65.00	06500	RESPIRATORY THERAPY	73,920	1,650	0	0	65.00
66.00	06600	PHYSICAL THERAPY	22,196	495	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,960	334	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,154	137	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,410	1,058	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,258	117	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	93,472	2,086	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,110	337	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,150,700	25,682	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	49	1	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	59,938	1,338	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	6,683	149	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	10,336	231	0	0	76.04
76.05	03951	MRI	33,994	759	0	0	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	8,327	186	0	0	76.08
76.09	03954	RENAL DIALYSIS	11,749	262	0	0	76.09
76.10	03955	INFUSION	58,726	1,311	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
OUTPATIENT SERVICE COST CENTERS		2,879	64	0	0	0	
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	2	0	0	0	0	90.03
91.00	09100 EMERGENCY	290,630	6,487	988,139	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	65,803	1,469	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)	2,931,624	65,431	988,139	0	259,964	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,931,624	65,431	988,139	0	259,964	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
			23.02	23.03	23.04	23.05	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	113,899					23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		108,171				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			745,979			23.04
23.05	02305	PARAMED ED PRGM-EMT				11,932		23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	38,469,581	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	6,268,602	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	1,216,944	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	7,668,308	40.00
43.00	04300	NURSERY	0	0	0	0	1,727,409	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	5,205,634	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	67,265	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	3,486,665	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	584,511	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,599,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,204	0	0	0	3,463,777	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,278	0	0	0	1,833,783	54.01
54.02	05402	ULTRASOUND	1,139	0	0	0	1,077,015	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	-149,317	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,278	0	0	0	1,795,203	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	7,195,024	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	97,368	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	825,493	63.01
65.00	06500	RESPIRATORY THERAPY	0	108,171	0	0	3,133,223	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	4,443,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	954,726	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	707,469	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	872,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	322,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,638,951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,560,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	745,979	0	37,203,775	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	-1,253,027	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	135,145	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	2,623,551	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	835,814	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	1,812,833	76.04
76.05	03951	MRI	0	0	0	0	669,425	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	4,113,250	76.07
76.08	03953	WOUND CARE	0	0	0	0	811,026	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	1,629,340	76.09
76.10	03955	INFUSION	0	0	0	0	5,139,418	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	119	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	678,296	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Part I
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
		23.02	23.03	23.04	23.05	24.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	1,403	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	4,964	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	307	90.03
91.00	09100 EMERGENCY	0	0	0	11,932	19,970,984	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	9,645,517	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	113,899	108,171	745,979	11,932	191,088,628	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	218,153	190.00
190.01	19001 CONVENT	0	0	0	0	17,839	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	320,845	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	140,842	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	91,106	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	-18	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	97,248	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	46,724	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	-1,092,535	192.00
192.01	19201 WORKING WELL	0	0	0	0	1,117,878	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	1,320,969	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	113,899	108,171	745,979	11,932	193,367,679	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED PRGM - LAB		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		23.03
23.04	02304	PARAMED ED PRGM-PHARMACY		23.04
23.05	02305	PARAMED ED PRGM-EMT		23.05
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	38,469,581	30.00
31.00	03100	INTENSIVE CARE UNIT	6,268,602	31.00
32.00	02060	CORONARY CARE UNIT	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	1,216,944	35.00
40.00	04000	SUBPROVIDER - I PF	7,668,308	40.00
43.00	04300	NURSERY	1,727,409	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	5,205,634	50.00
50.01	05001	OPEN HEART SURGERY	67,265	50.01
50.02	05002	OUTPATIENT SURGERY	3,486,665	50.02
51.00	05100	RECOVERY ROOM	584,511	51.00
53.00	05300	ANESTHESIOLOGY	3,599,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,463,777	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,833,783	54.01
54.02	05402	ULTRASOUND	1,077,015	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-149,317	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,795,203	55.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	7,195,024	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	97,368	63.00
63.01	06301	NUCLEAR MEDICINE	825,493	63.01
65.00	06500	RESPIRATORY THERAPY	3,133,223	65.00
66.00	06600	PHYSICAL THERAPY	4,443,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	954,726	67.00
68.00	06800	SPEECH PATHOLOGY	707,469	68.00
69.00	06900	ELECTROCARDIOLOGY	872,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,638,951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,560,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,203,775	73.00
76.00	03020	PAIN CLINIC	-1,253,027	76.00
76.01	03950	ORTHOPEDI CS	135,145	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,623,551	76.02
76.03	03957	CARDIAC REHABILITATION	835,814	76.03
76.04	03190	RADIATION ONCOLOGY	1,812,833	76.04
76.05	03951	MRI	669,425	76.05
76.06	03952	BARIATRIC CENTER	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	4,113,250	76.07
76.08	03953	WOUND CARE	811,026	76.08
76.09	03954	RENAL DIALYSIS	1,629,340	76.09
76.10	03955	INFUSION	5,139,418	76.10
76.11	03956	CARE TRANSITION CENTER	119	76.11

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.12	03958 ANTI COAGULATION CLINIC	0	678,296	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	1,403	90.01
90.02	09002 CARDIOLOGY CLINIC	0	4,964	90.02
90.03	09003 SPECIALTY CLINIC	0	307	90.03
91.00	09100 EMERGENCY	-988,139	18,982,845	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	9,645,517	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-988,139	190,100,489	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	218,153	190.00
190.01	19001 CONVENT	0	17,839	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	320,845	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	140,842	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	91,106	190.06
190.07	19007 IMAGE RECOVERY	0	-18	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	97,248	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	46,724	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINIAS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	-1,092,535	192.00
192.01	19201 WORKING WELL	0	1,117,878	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	1,320,969	194.01
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	-988,139	192,379,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	55,446	14,270	69,716	69,716 4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	1,194,081	690,772	1,884,853	11,237 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	827,310	110,201	937,511	1,555 6.00
7.00 00700	OPERATION OF PLANT	0	544,576	21,530	566,106	286 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	14,411	93,976	108,387	0 8.00
9.00 00900	HOUSEKEEPING	0	210,258	29,106	239,364	1,390 9.00
10.00 01000	DIETARY	0	219,604	12,822	232,426	946 10.00
11.00 01100	CAFETERIA	0	127,481	0	127,481	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	141,395	102,731	244,126	3,446 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	203,989	107,911	311,900	266 14.00
15.00 01500	PHARMACY	0	122,283	6,382	128,665	2,420 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	362,242	2,968	365,210	196 16.00
17.00 01700	SOCIAL SERVICE	0	21,483	0	21,483	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	0	0	67 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	64 23.02
23.03 02303	PARAMED ED PRGM - RESP THER	0	0	0	0	60 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	423 23.04
23.05 02305	PARAMED ED PRGM-EMT	0	0	0	0	4 23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,490,949	1,031,105	3,522,054	14,701 30.00
31.00 03100	INTENSIVE CARE UNIT	0	367,880	180,310	548,190	2,231 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	28,868	28,868	575 35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	2,668 40.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	699,293	349,147	1,048,440	779 50.00
50.01 05001	OPEN HEART SURGERY	0	0	14,255	14,255	34 50.01
50.02 05002	OUTPATIENT SURGERY	0	534,160	127,370	661,530	820 50.02
51.00 05100	RECOVERY ROOM	0	0	31,427	31,427	265 51.00
53.00 05300	ANESTHESIOLOGY	0	0	151,291	151,291	51 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	323,176	312,203	635,379	1,150 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	78,018	328,371	406,389	597 54.01
54.02 05402	ULTRASOUND	0	38,837	194,087	232,924	359 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	39,735	335,481	375,216	414 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	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	265,283	511	265,794	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	0	52,522	2,509	55,031	187 63.01
65.00 06500	RESPIRATORY THERAPY	0	105,387	161,338	266,725	1,169 65.00
66.00 06600	PHYSICAL THERAPY	0	272,661	3,945	276,606	2,268 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	25,190	1,102	26,292	472 67.00
68.00 06800	SPEECH PATHOLOGY	0	78,056	3,882	81,938	247 68.00
69.00 06900	ELECTROCARDIOLOGY	0	43,864	74,285	118,149	306 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	35,626	31,477	67,103	77 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDICS	0	17,679	89	17,768	40 76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	155,653	145,346	300,999	849 76.02
76.03 03957	CARDIAC REHABILITATION	0	33,524	44,061	77,585	350 76.03
76.04 03190	RADIATION ONCOLOGY	0	349,322	128,899	478,221	149 76.04
76.05 03951	MRI	0	76,489	7,683	84,172	127 76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08 03953	WOUND CARE	0	124,901	2,432	127,333	198 76.08
76.09 03954	RENAL DIALYSIS	0	241,221	0	241,221	0 76.09
76.10 03955	INFUSION	0	12,691	61,691	74,382	2,190 76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	393	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	298,023	200,296	498,319	9,176	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	224,745	12,940	237,685	3,962	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0					113.00
118.00		11,029,444	5,159,070	16,188,514	69,164	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,879	138	26,017	38	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	21,941	0	21,941	43	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	26	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	9,614	1,085	10,699	9	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	118,460	138	118,598	36	192.00
192.01 19201 WORKING WELL	0	0	47,081	47,081	400	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	338,427	22,853	361,280	0	194.01
200.00				0	0	200.00
201.00		0	0	0	0	201.00
202.00		11,543,765	5,230,365	16,774,130	69,716	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 4/9/2019 3:29 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	1,896,090					5.05
6.00	00600	MAINTENANCE & REPAIRS	72,097	1,011,163				6.00
7.00	00700	OPERATION OF PLANT	58,718	58,166	683,276			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,721	1,539	1,104	116,751		8.00
9.00	00900	HOUSEKEEPING	29,166	22,458	16,102	0	308,480	9.00
10.00	01000	DIETARY	8,322	23,456	16,817	0	7,789	10.00
11.00	01100	CAFETERIA	6,743	13,616	9,763	0	4,521	11.00
13.00	01300	NURSING ADMINISTRATION	64,523	15,102	10,828	0	5,015	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,703	21,788	15,622	0	7,235	14.00
15.00	01500	PHARMACY	61,071	13,061	9,364	0	4,337	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,633	38,691	27,741	0	12,848	16.00
17.00	01700	SOCIAL SERVICE	238	2,295	1,645	0	762	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,552	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	2,492	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,088	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	1,033	0	0	1,033	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	7,131	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	114	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	281,346	266,058	190,756	80,785	88,346	30.00
31.00	03100	INTENSIVE CARE UNIT	42,948	39,293	28,172	14,579	13,048	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	9,826	0	0	1,230	0	35.00
40.00	04000	SUBPROVIDER - IPF	73,440	0	0	0	0	40.00
43.00	04300	NURSERY	16,402	0	0	4,276	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,927	74,692	53,552	0	24,802	50.00
50.01	05001	OPEN HEART SURGERY	605	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	21,317	57,054	40,906	0	18,945	50.02
51.00	05100	RECOVERY ROOM	4,672	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	34,253	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,602	34,518	24,749	0	11,462	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	14,844	8,333	5,975	0	2,767	54.01
54.02	05402	ULTRASOUND	9,197	4,148	2,974	0	1,377	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	14,954	4,244	3,043	0	1,409	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	60,565	28,335	20,315	0	9,409	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	489	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	6,196	5,610	4,022	0	1,863	63.01
65.00	06500	RESPIRATORY THERAPY	26,273	11,256	8,071	0	3,738	65.00
66.00	06600	PHYSICAL THERAPY	36,959	29,123	20,880	0	9,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,536	2,691	1,929	0	893	67.00
68.00	06800	SPEECH PATHOLOGY	5,281	8,337	5,978	0	2,768	68.00
69.00	06900	ELECTROCARDIOLOGY	7,037	4,685	3,359	0	1,556	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,168	3,805	2,728	0	1,264	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,412	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,120	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,593	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	848	1,888	1,354	0	627	76.01
76.02	03140	CARDIOVASCULAR SERVICES	20,035	16,625	11,920	0	5,521	76.02
76.03	03957	CARDIAC REHABILITATION	6,770	3,581	2,567	0	1,189	76.03
76.04	03190	RADIATION ONCOLOGY	10,811	37,311	26,751	0	12,389	76.04
76.05	03951	MRI	4,699	8,170	5,858	0	2,713	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	39,763	0	0	0	0	76.07
76.08	03953	WOUND CARE	4,712	13,341	9,565	0	4,430	76.08
76.09	03954	RENAL DIALYSIS	11,204	25,765	18,473	0	8,555	76.09
76.10	03955	INFUSION	43,145	1,356	972	0	450	76.10
76.11	03956	CARE TRANSITION CENTER	1	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	6,470	0	0	0	0	76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	14	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	48	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	3	0	0	0	0	90.03
91.00	09100 EMERGENCY	164,705	31,832	22,823	0	10,570	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	81,912	24,005	17,211	0	7,971	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,874,447	956,228	643,889	100,870	290,239	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,616	2,764	1,982	0	918	190.00
190.01	19001 CONVENT	172	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	3,102	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	943	2,344	1,680	0	778	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	880	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	273	1,027	736	0	341	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	12,653	9,072	0	4,201	192.00
192.01	19201 WORKING WELL	10,655	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	4,002	36,147	25,917	15,881	12,003	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)	1,896,090	1,011,163	683,276	116,751	308,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 4/9/2019 3:29 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	289,756					10.00
11.00	01100	CAFETERIA	0	162,124				11.00
13.00	01300	NURSING ADMINISTRATION	0	11,352	354,392			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,474	640	374,628		14.00
15.00	01500	PHARMACY	0	7,429	0	15,622	241,969	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	905	4	24	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	211	0	176	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	240	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	235	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	1,442	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	15	0	12	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	208,115	48,408	143,041	2,703	81	30.00
31.00	03100	INTENSIVE CARE UNIT	37,560	8,373	39,792	328	385	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	3,170	1,700	8,356	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,017	7,701	432	150	50.00
50.01	05001	OPEN HEART SURGERY	0	75	214	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	2,526	11,064	814	39	50.02
51.00	05100	RECOVERY ROOM	0	852	4,035	52	1	51.00
53.00	05300	ANESTHESIOLOGY	0	356	0	154	344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,979	425	218	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	1,856	4,897	197	16	54.01
54.02	05402	ULTRASOUND	0	1,071	278	309	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	1,456	106	60	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	576	0	11	2,109	63.01
65.00	06500	RESPIRATORY THERAPY	0	4,750	0	644	13	65.00
66.00	06600	PHYSICAL THERAPY	0	6,900	1,949	214	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,441	0	30	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	770	0	396	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,462	164	123	11	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	226	1,214	2	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	219,364	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	129,981	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	237,912	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	118	661	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	2,418	9,021	262	3	76.02
76.03	03957	CARDIAC REHABILITATION	0	1,279	2,890	73	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	395	901	12	0	76.04
76.05	03951	MRI	0	403	41	24	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	815	3,585	47	66	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	7,105	27,263	653	296	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	1,031	0	19	0	76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	16,057	48,967	611	170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	14,825	29,389	806	225	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,845	159,543	346,598	374,373	241,821	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	317	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	280	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	21	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	31	4	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	173	7,790	2	0	192.00
192.01	19201	WORKING WELL	0	1,759	0	253	148	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	40,911	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)	289,756	162,124	354,392	374,628	241,969	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	467,252				16.00
17.00	01700	SOCIAL SERVICE	0	26,423			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	9,552		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED PRGM - LAB	0	0	0	2,946	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	0	0	0	0	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	0	0	0	23.04
23.05	02305	PARAMED PRGM-EMT	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,752	1,413			30.00
31.00	03100	INTENSIVE CARE UNIT	5,689	325			31.00
32.00	02060	CORONARY CARE UNIT	0	0			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	771	44			35.00
40.00	04000	SUBPROVIDER - IPF	11,104	634			40.00
43.00	04300	NURSERY	1,285	73			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,634	778			50.00
50.01	05001	OPEN HEART SURGERY	0	0			50.01
50.02	05002	OUTPATIENT SURGERY	4,287	245			50.02
51.00	05100	RECOVERY ROOM	2,519	144			51.00
53.00	05300	ANESTHESIOLOGY	6,781	387			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,607	434			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,010	343			54.01
54.02	05402	ULTRASOUND	5,819	332			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	24,878	1,420			55.01
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	33,114	1,891			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	802	46			63.00
63.01	06301	NUCLEAR MEDICINE	2,787	159			63.01
65.00	06500	RESPIRATORY THERAPY	11,773	672			65.00
66.00	06600	PHYSICAL THERAPY	3,535	202			66.00
67.00	06700	OCCUPATIONAL THERAPY	2,383	136			67.00
68.00	06800	SPEECH PATHOLOGY	980	56			68.00
69.00	06900	ELECTROCARDIOLOGY	7,551	431			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	837	48			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,888	850			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,407	137			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	183,601	10,230			73.00
76.00	03020	PAIN CLINIC	0	0			76.00
76.01	03950	ORTHOPEDICS	8	0			76.01
76.02	03140	CARDIOVASCULAR SERVICES	9,547	545			76.02
76.03	03957	CARDIAC REHABILITATION	1,064	61			76.03
76.04	03190	RADIATION ONCOLOGY	1,646	94			76.04
76.05	03951	MRI	5,414	309			76.05
76.06	03952	BARITRIC CENTER	0	0			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0			76.07
76.08	03953	WOUND CARE	1,326	76			76.08
76.09	03954	RENAL DIALYSIS	1,871	107			76.09
76.10	03955	INFUSION	9,353	534			76.10
76.11	03956	CARE TRANSITION CENTER	0	0			76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
OUTPATIENT SERVICE COST CENTERS		459	26				
88.00	08800 RURAL HEALTH CLINIC	0	0				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000 CLINIC	0	0				90.00
90.01	09001 OCC HEALTH CLINIC	0	0				90.01
90.02	09002 CARDIOLOGY CLINIC	0	0				90.02
90.03	09003 SPECIALTY CLINIC	0	0				90.03
91.00	09100 EMERGENCY	46,289	2,643				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0				99.00
99.10	09910 CORF	0	0				99.10
101.00	10100 HOME HEALTH AGENCY	10,481	598				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	467,252	26,423	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001 CONVENT	0	0				190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0				190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0				190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0				190.04
190.05	19005 DEVELOPMENT	0	0				190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0				190.06
190.07	19007 IMAGE RECOVERY	0	0				190.07
190.08	19008 FAMILY SERVICES	0	0				190.08
190.09	19009 MDWISE	0	0				190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0				190.10
190.11	19011 CENTER OF HOPE	0	0				190.11
190.12	19012 SELECT	0	0				190.12
190.13	19013 PERCINI AS	0	0				190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201 WORKING WELL	0	0				192.01
193.00	19300 NONPAID WORKERS	0	0				193.00
194.01	07951 REHAB	0	0				194.01
200.00	Cross Foot Adjustments			9,552	0	2,946	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	467,252	26,423	9,552	0	2,946	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 4/9/2019 3:29 pm	
Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
			23.02	23.03	23.04	23.05	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,392					23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		1,328				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			8,996			23.04
23.05	02305	PARAMED ED PRGM-EMT				145		23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					4,872,559	30.00
31.00	03100	INTENSIVE CARE UNIT					780,913	31.00
32.00	02060	CORONARY CARE UNIT					0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT					54,540	35.00
40.00	04000	SUBPROVIDER - IPF					87,846	40.00
43.00	04300	NURSERY					22,036	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
45.00	04500	NURSING FACILITY					0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					1,262,904	50.00
50.01	05001	OPEN HEART SURGERY					15,183	50.01
50.02	05002	OUTPATIENT SURGERY					819,547	50.02
51.00	05100	RECOVERY ROOM					43,967	51.00
53.00	05300	ANESTHESIOLOGY					193,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					747,523	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES					452,224	54.01
54.02	05402	ULTRASOUND					258,788	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
55.01	05501	COMPUTED TOMOGRAPHY					427,200	55.01
57.00	05700	CT SCAN					0	57.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
60.00	06000	LABORATORY					419,423	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					1,337	63.00
63.01	06301	NUCLEAR MEDICINE					78,551	63.01
65.00	06500	RESPIRATORY THERAPY					335,084	65.00
66.00	06600	PHYSICAL THERAPY					388,306	66.00
67.00	06700	OCCUPATIONAL THERAPY					44,803	67.00
68.00	06800	SPEECH PATHOLOGY					106,751	68.00
69.00	06900	ELECTROCARDIOLOGY					144,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					79,472	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					296,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					169,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					709,336	73.00
76.00	03020	PAIN CLINIC					0	76.00
76.01	03950	ORTHOPEDICS					23,312	76.01
76.02	03140	CARDIOVASCULAR SERVICES					377,745	76.02
76.03	03957	CARDIAC REHABILITATION					97,409	76.03
76.04	03190	RADIATION ONCOLOGY					568,680	76.04
76.05	03951	MRI					111,930	76.05
76.06	03952	BARIATRIC CENTER					0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY					39,763	76.07
76.08	03953	WOUND CARE					165,494	76.08
76.09	03954	RENAL DIALYSIS					307,196	76.09
76.10	03955	INFUSION					167,699	76.10
76.11	03956	CARE TRANSITION CENTER					1	76.11
76.12	03958	ANTI COAGULATION CLINIC					8,398	76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
		23.02	23.03	23.04	23.05	24.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC					0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000 CLINIC					0	90.00
90.01	09001 OCC HEALTH CLINIC					14	90.01
90.02	09002 CARDIOLOGY CLINIC					48	90.02
90.03	09003 SPECIALTY CLINIC					3	90.03
91.00	09100 EMERGENCY					852,162	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC					0	99.00
99.10	09910 CORF					0	99.10
101.00	10100 HOME HEALTH AGENCY					429,070	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	15,961,827	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					33,652	190.00
190.01	19001 CONVENT					172	190.01
190.02	19002 HOME MEDICAL EQUIPMENT					0	190.02
190.03	19003 MEDICAL ARTS BUILDING					3,102	190.03
190.04	19004 WOMEN'S HEALTH CENTER					28,009	190.04
190.05	19005 DEVELOPMENT					0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES					927	190.06
190.07	19007 IMAGE RECOVERY					0	190.07
190.08	19008 FAMILY SERVICES					0	190.08
190.09	19009 MDWISE					0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC					0	190.10
190.11	19011 CENTER OF HOPE					13,120	190.11
190.12	19012 SELECT					0	190.12
190.13	19013 PERCINI AS					0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES					152,525	192.00
192.01	19201 WORKING WELL					60,296	192.01
193.00	19300 NONPAID WORKERS					0	193.00
194.01	07951 REHAB					496,141	194.01
200.00	Cross Foot Adjustments	1,392	1,328	8,996	145	24,359	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,392	1,328	8,996	145	16,774,130	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED PRGM - LAB		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		23.03
23.04	02304	PARAMED ED PRGM-PHARMACY		23.04
23.05	02305	PARAMED ED PRGM-EMT		23.05
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	4,872,559	30.00
31.00	03100	INTENSIVE CARE UNIT	780,913	31.00
32.00	02060	CORONARY CARE UNIT	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	54,540	35.00
40.00	04000	SUBPROVIDER - IPF	87,846	40.00
43.00	04300	NURSERY	22,036	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,262,904	50.00
50.01	05001	OPEN HEART SURGERY	15,183	50.01
50.02	05002	OUTPATIENT SURGERY	819,547	50.02
51.00	05100	RECOVERY ROOM	43,967	51.00
53.00	05300	ANESTHESIOLOGY	193,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	747,523	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	452,224	54.01
54.02	05402	ULTRASOUND	258,788	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	427,200	55.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	419,423	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,337	63.00
63.01	06301	NUCLEAR MEDICINE	78,551	63.01
65.00	06500	RESPIRATORY THERAPY	335,084	65.00
66.00	06600	PHYSICAL THERAPY	388,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,803	67.00
68.00	06800	SPEECH PATHOLOGY	106,751	68.00
69.00	06900	ELECTROCARDIOLOGY	144,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,472	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	296,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	709,336	73.00
76.00	03020	PAIN CLINIC	0	76.00
76.01	03950	ORTHOPEDI CS	23,312	76.01
76.02	03140	CARDIOVASCULAR SERVICES	377,745	76.02
76.03	03957	CARDIAC REHABILITATION	97,409	76.03
76.04	03190	RADIATION ONCOLOGY	568,680	76.04
76.05	03951	MRI	111,930	76.05
76.06	03952	BARITRIC CENTER	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	39,763	76.07
76.08	03953	WOUND CARE	165,494	76.08
76.09	03954	RENAL DIALYSIS	307,196	76.09
76.10	03955	INFUSION	167,699	76.10
76.11	03956	CARE TRANSITION CENTER	1	76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
76.12	03958	ANTI COAGULATION CLINIC	0	8,398	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	14	90.01
90.02	09002	CARDIOLOGY CLINIC	0	48	90.02
90.03	09003	SPECIALTY CLINIC	0	3	90.03
91.00	09100	EMERGENCY	0	852,162	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	429,070	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	15,961,827	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,652	190.00
190.01	19001	CONVENT	0	172	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	3,102	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	28,009	190.04
190.05	19005	DEVELOPMENT	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	927	190.06
190.07	19007	IMAGE RECOVERY	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	190.08
190.09	19009	MDWISE	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011	CENTER OF HOPE	0	13,120	190.11
190.12	19012	SELECT	0	0	190.12
190.13	19013	PERCINI AS	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	152,525	192.00
192.01	19201	WORKING WELL	0	60,296	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.01	07951	REHAB	0	496,141	194.01
200.00		Cross Foot Adjustments	0	24,359	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	16,774,130	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5A.05	5.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	603,986					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		3,450,195				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,901	9,413	79,205,989			4.00
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL	62,476	455,666	12,769,320	-24,922,078	171,223,426	5.05
6.00 00600 MAINTENANCE & REPAIRS	43,286	72,694	1,767,305	0	6,510,506	6.00
7.00 00700 OPERATION OF PLANT	28,493	14,202	324,786	0	5,302,297	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	754	61,991	0	0	516,597	8.00
9.00 00900 HOUSEKEEPING	11,001	19,200	1,579,997	0	2,633,695	9.00
10.00 01000 DIETARY	11,490	8,458	1,074,591	0	751,465	10.00
11.00 01100 CAFETERIA	6,670	0	0	0	608,866	11.00
13.00 01300 NURSING ADMINISTRATION	7,398	67,766	3,915,885	0	5,826,530	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	10,673	71,183	302,822	0	1,418,047	14.00
15.00 01500 PHARMACY	6,398	4,210	2,750,419	0	5,514,823	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	18,953	1,958	222,565	0	1,953,492	16.00
17.00 01700 SOCIAL SERVICE	1,124	0	0	0	21,483	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	862,587	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM - LAB	0	0	75,736	0	225,030	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	72,640	0	98,215	23.02
23.03 02303 PARAMED ED PRGM - RESPTHER	0	0	68,542	0	93,240	23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	0	0	480,616	0	643,899	23.04
23.05 02305 PARAMED ED PRGM-EMT	0	0	4,664	0	10,282	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	130,330	680,163	16,685,961	0	25,409,808	30.00
31.00 03100 INTENSIVE CARE UNIT	19,248	118,941	2,535,499	0	3,878,297	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	19,043	653,127	0	887,288	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	3,032,222	0	6,631,760	40.00
43.00 04300 NURSERY	0	0	0	0	1,481,111	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	36,588	230,314	885,362	0	3,153,963	50.00
50.01 05001 OPEN HEART SURGERY	0	9,403	38,230	0	54,636	50.01
50.02 05002 OUTPATIENT SURGERY	27,948	84,019	932,240	0	1,924,984	50.02
51.00 05100 RECOVERY ROOM	0	20,731	301,333	0	421,869	51.00
53.00 05300 ANESTHESIOLOGY	0	99,799	58,066	0	3,093,119	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,909	205,944	1,307,085	0	2,311,891	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	4,082	216,609	678,461	0	1,340,439	54.01
54.02 05402 ULTRASOUND	2,032	128,029	408,332	0	830,460	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	149,317	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	2,079	221,299	470,327	0	1,350,336	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	13,880	337	0	0	5,469,160	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	44,196	63.00
63.01 06301 NUCLEAR MEDICINE	2,748	1,655	211,965	0	559,545	63.01
65.00 06500 RESPIRATORY THERAPY	5,514	106,426	1,328,041	0	2,372,519	65.00
66.00 06600 PHYSICAL THERAPY	14,266	2,602	2,577,673	0	3,337,420	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,318	727	536,505	0	770,852	67.00
68.00 06800 SPEECH PATHOLOGY	4,084	2,561	281,146	0	476,839	68.00
69.00 06900 ELECTROCARDIOLOGY	2,295	49,002	348,052	0	635,430	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,864	20,764	88,024	0	195,793	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,545,622	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,352,010	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	25,067,101	73.00
76.00 03020 PAIN CLINIC	0	0	0	1,253,027	0	76.00
76.01 03950 ORTHOPEDICS	925	59	45,312	0	76,591	76.01
76.02 03140 CARDIOVASCULAR SERVICES	8,144	95,877	964,487	0	1,809,221	76.02
76.03 03957 CARDIAC REHABILITATION	1,754	29,065	398,124	0	611,326	76.03
76.04 03190 RADIATION ONCOLOGY	18,277	85,028	169,447	0	976,225	76.04
76.05 03951 MRI	4,002	5,068	144,489	0	424,290	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	3,590,624	76.07
76.08 03953 WOUND CARE	6,535	1,604	225,062	0	425,518	76.08
76.09 03954 RENAL DIALYSIS	12,621	0	0	0	1,011,704	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
76.10 03955 INFUSION	664	40,694	2,488,242	0	3,896,070	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	104	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	446,170	0	584,227	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	1,225	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	4,333	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	266	90.03
91.00 09100 EMERGENCY	15,593	132,125	10,426,936	0	14,873,129	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	11,759	8,536	4,501,876	0	7,396,801	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	577,076	3,403,165	78,577,684	-23,519,734	169,269,156	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	91	43,272	0	145,903	190.00
190.01 19001 CONVENT	0	0	0	0	15,572	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	280,079	190.03
190.04 19004 WOMEN'S HEALTH CENTER	1,148	0	48,712	0	85,135	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	29,045	0	79,425	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	18	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	-97,248	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	503	716	10,755	0	24,620	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	6,198	91	41,410	1,472,711	0	192.00
192.01 19201 WORKING WELL	0	31,057	455,111	0	962,175	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	17,707	15,075	0	0	361,361	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)	11,543,765	5,230,365	22,853,733		24,922,078	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.112637	1.515962	0.288535		0.145553	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			69,716		1,896,090	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000880		0.011074	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	495,323				6.00
7.00	00700	OPERATION OF PLANT	28,493	466,830			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	754	595,294		8.00
9.00	00900	HOUSEKEEPING	11,001	11,001	0	455,075	9.00
10.00	01000	DIETARY	11,490	11,490	0	11,490	153,296
11.00	01100	CAFETERIA	6,670	6,670	0	6,670	0
13.00	01300	NURSING ADMINISTRATION	7,398	7,398	0	7,398	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	10,673	0	10,673	0
15.00	01500	PHARMACY	6,398	6,398	0	6,398	0
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	18,953	0	18,953	0
17.00	01700	SOCIAL SERVICE	1,124	1,124	0	1,124	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,330	130,330	411,908	130,330	110,104
31.00	03100	INTENSIVE CARE UNIT	19,248	19,248	74,338	19,248	19,871
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	6,274	0	1,677
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	21,801	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,588	36,588	0	36,588	0
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	27,948	27,948	0	27,948	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	16,909	0	16,909	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	4,082	0	4,082	0
54.02	05402	ULTRASOUND	2,032	2,032	0	2,032	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	2,079	2,079	0	2,079	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,880	13,880	0	13,880	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	2,748	2,748	0	2,748	0
65.00	06500	RESPIRATORY THERAPY	5,514	5,514	0	5,514	0
66.00	06600	PHYSICAL THERAPY	14,266	14,266	0	14,266	0
67.00	06700	OCCUPATIONAL THERAPY	1,318	1,318	0	1,318	0
68.00	06800	SPEECH PATHOLOGY	4,084	4,084	0	4,084	0
69.00	06900	ELECTROCARDIOLOGY	2,295	2,295	0	2,295	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	1,864	0	1,864	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDI CS	925	925	0	925	0
76.02	03140	CARDIOVASCULAR SERVICES	8,144	8,144	0	8,144	0
76.03	03957	CARDIAC REHABILITATION	1,754	1,754	0	1,754	0
76.04	03190	RADIATION ONCOLOGY	18,277	18,277	0	18,277	0
76.05	03951	MRI	4,002	4,002	0	4,002	0
76.06	03952	BARITRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	6,535	6,535	0	6,535	0
76.09	03954	RENAL DIALYSIS	12,621	12,621	0	12,621	0
76.10	03955	INFUSION	664	664	0	664	0
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	15,593	15,593	0	15,593	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	11,759	0	11,759	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	468,413	439,920	514,321	428,165	131,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	1,354	0	1,354	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	1,148	0	1,148	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	503	0	503	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	6,198	0	6,198	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	17,707	80,973	17,707	21,644	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)	7,458,130	6,503,084	613,645	3,335,927	1,278,135	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.057104	13.930304	1.030827	7.330499	8.337693	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,011,163	683,276	116,751	308,480	289,756	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.041421	1.463651	0.196123	0.677866	1.890173	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description			CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,437,152					11.00
13.00	01300	NURSING ADMINISTRATION	100,634	482,484				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,065	872	9,661,177			14.00
15.00	01500	PHARMACY	65,858	0	402,867	25,028,905		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,020	6	623	0	807,842,297	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	1,872	0	4,544	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	2,125	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	2,080	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	12,784	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	132	0	316	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	429,077	194,741	69,698	8,365	42,824,105	30.00
31.00	03100	INTENSIVE CARE UNIT	74,222	54,175	8,458	39,818	9,842,027	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	15,068	11,376	0	0	1,333,462	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	19,211,626	40.00
43.00	04300	NURSERY	0	0	0	0	2,222,446	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,747	10,485	11,150	15,509	23,588,356	50.00
50.01	05001	OPEN HEART SURGERY	666	292	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	22,396	15,063	20,997	4,049	7,416,854	50.02
51.00	05100	RECOVERY ROOM	7,552	5,494	1,345	135	4,358,128	51.00
53.00	05300	ANESTHESIOLOGY	3,155	0	3,964	35,553	11,732,322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,000	579	5,626	0	13,161,188	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	16,454	6,667	5,076	1,701	10,398,500	54.01
54.02	05402	ULTRASOUND	9,495	379	7,970	0	10,067,441	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	12,905	144	1,554	0	43,041,090	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	57,290,268	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,386,841	63.00
63.01	06301	NUCLEAR MEDICINE	5,110	0	282	218,192	4,822,391	63.01
65.00	06500	RESPIRATORY THERAPY	42,110	0	16,610	1,304	20,369,331	65.00
66.00	06600	PHYSICAL THERAPY	61,164	2,653	5,530	0	6,116,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,772	0	769	0	4,122,236	67.00
68.00	06800	SPEECH PATHOLOGY	6,825	0	10,213	0	1,695,754	68.00
69.00	06900	ELECTROCARDIOLOGY	12,963	223	3,168	1,089	13,064,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,005	1,653	53	0	1,448,776	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,657,125	0	25,757,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,352,010	0	4,163,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,609,072	317,094,632	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	1,050	900	0	0	13,474	76.01
76.02	03140	CARDIOVASCULAR SERVICES	21,438	12,281	6,764	353	16,516,522	76.02
76.03	03957	CARDIAC REHABILITATION	11,340	3,935	1,876	0	1,841,502	76.03
76.04	03190	RADIATION ONCOLOGY	3,503	1,226	308	0	2,848,224	76.04
76.05	03951	MRI	3,575	56	610	0	9,367,365	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	7,228	4,881	1,221	6,866	2,294,520	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	3,237,426	76.09
76.10	03955	INFUSION	62,981	37,117	16,847	30,667	16,182,350	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
76.12	03958 ANTI COAGULATION CLINIC	9,141	0	496	33	793,308	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	560	90.03
91.00	09100 EMERGENCY	142,338	66,665	15,754	17,612	80,085,441	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	131,419	40,011	20,782	23,260	18,132,495	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,414,269	471,874	9,654,606	25,013,578	807,842,297	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,813	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	2,481	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	184	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	274	5	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,535	10,605	42	18	0	192.00
192.01	19201 WORKING WELL	15,596	0	6,529	15,309	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	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)	939,728	7,009,081	2,033,279	6,677,734	2,931,624	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.653882	14.527074	0.210459	0.266801	0.003629	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	162,124	354,392	374,628	241,969	467,252	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.112809	0.734516	0.038777	0.009668	0.000578	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	807,842,297					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	100				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0		764			23.00
23.01 02301 PARAMED PRGM - LAB	0			177,707		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0				179,458	23.02
23.03 02303 PARAMED PRGM - RESPTHER	0					23.03
23.04 02304 PARAMED PRGM-PHARMACY	0					23.04
23.05 02305 PARAMED PRGM-EMT	0					23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	42,824,105	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	9,842,027	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	1,333,462	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	19,211,626	0	0	0	0	40.00
43.00 04300 NURSERY	2,222,446	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	23,588,356	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	7,416,854	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	4,358,128	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	11,732,322	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,161,188	0	0	0	170,485	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	10,398,500	0	0	0	3,589	54.01
54.02 05402 ULTRASOUND	10,067,441	0	0	0	1,795	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	43,041,090	0	0	0	3,589	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	57,290,268	0	0	145,720	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,386,841	0	0	28,433	0	63.00
63.01 06301 NUCLEAR MEDICINE	4,822,391	0	0	3,554	0	63.01
65.00 06500 RESPIRATORY THERAPY	20,369,331	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	6,116,315	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,122,236	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,695,754	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	13,064,204	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,448,776	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	25,757,055	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,163,762	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	317,094,632	0	764	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	13,474	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	16,516,522	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	1,841,502	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	2,848,224	0	0	0	0	76.04
76.05 03951 MRI	9,367,365	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	2,294,520	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	3,237,426	0	0	0	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	17.00	22.00	23.00	23.01	23.02	
76.10 03955 INFUSION	16,182,350	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	793,308	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	560	0	0	0	0	90.03
91.00 09100 EMERGENCY	80,085,441	100	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	18,132,495	0	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)	807,842,297	100	764	177,707	179,458	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	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)	65,431	988,139	0	259,964	113,899	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000081	9,881.390000	0.000000	1.462880	0.634683	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	26,423	9,552	0	2,946	1,392	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000033	95.520000	0.000000	0.016578	0.007757	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		PARAMED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)	
		23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.05	00590				5.05
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303	114,230			23.03
23.04	02304		715,898		23.04
23.05	02305			100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	02060	0	0	0	32.00
35.00	02040	0	0	0	35.00
40.00	04000	0	0	0	40.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
50.01	05001	0	0	0	50.01
50.02	05002	0	0	0	50.02
51.00	05100	0	0	0	51.00
53.00	05300	0	0	0	53.00
54.00	05400	0	0	0	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
55.00	05500	0	0	0	55.00
55.01	05501	0	0	0	55.01
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
63.00	06300	0	0	0	63.00
63.01	06301	0	0	0	63.01
65.00	06500	114,230	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	715,898	0	73.00
76.00	03020	0	0	0	76.00
76.01	03950	0	0	0	76.01
76.02	03140	0	0	0	76.02
76.03	03957	0	0	0	76.03
76.04	03190	0	0	0	76.04
76.05	03951	0	0	0	76.05
76.06	03952	0	0	0	76.06
76.07	03550	0	0	0	76.07
76.08	03953	0	0	0	76.08
76.09	03954	0	0	0	76.09
76.10	03955	0	0	0	76.10
76.11	03956	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	
		23.03	23.04	23.05	
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	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)	114,230	715,898	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	190.11
190.12	19012 SELECT	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.01	07951 REHAB	0	0	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)	108,171	745,979	11,932	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.946958	1.042019	119.320000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,328	8,996	145	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.011626	0.012566	1.450000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 4/9/2019 3:29 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		38,469,581	5,133	38,474,714	30.00
31.00	03100 INTENSIVE CARE UNIT		6,268,602	22,964	6,291,566	31.00
32.00	02060 CORONARY CARE UNIT		0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		1,216,944	1,200	1,218,144	35.00
40.00	04000 SUBPROVIDER - IPF		7,668,308	0	7,668,308	40.00
43.00	04300 NURSERY		1,727,409	0	1,727,409	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		5,205,634	32,084	5,237,718	50.00
50.01	05001 OPEN HEART SURGERY		67,265	0	67,265	50.01
50.02	05002 OUTPATIENT SURGERY		3,486,665	0	3,486,665	50.02
51.00	05100 RECOVERY ROOM		584,511	0	584,511	51.00
53.00	05300 ANESTHESIOLOGY		3,599,242	0	3,599,242	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,463,777	0	3,463,777	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES		1,833,783	0	1,833,783	54.01
54.02	05402 ULTRASOUND		1,077,015	0	1,077,015	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY		1,795,203	0	1,795,203	55.01
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		7,195,024	1,572	7,196,596	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		97,368	0	97,368	63.00
63.01	06301 NUCLEAR MEDICINE		825,493	0	825,493	63.01
65.00	06500 RESPIRATORY THERAPY	0	3,133,223	0	3,133,223	65.00
66.00	06600 PHYSICAL THERAPY	0	4,443,692	16,991	4,460,683	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	954,726	0	954,726	67.00
68.00	06800 SPEECH PATHOLOGY	0	707,469	0	707,469	68.00
69.00	06900 ELECTROCARDIOLOGY		872,410	0	872,410	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		322,697	1,062	323,759	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,638,951	0	7,638,951	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,560,813	0	4,560,813	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,203,775	0	37,203,775	73.00
76.00	03020 PAIN CLINIC		0	0	0	76.00
76.01	03950 ORTHOPEDICS		135,145	0	135,145	76.01
76.02	03140 CARDIOVASCULAR SERVICES		2,623,551	8,692	2,632,243	76.02
76.03	03957 CARDIAC REHABILITATION		835,814	0	835,814	76.03
76.04	03190 RADIATION ONCOLOGY		1,812,833	0	1,812,833	76.04
76.05	03951 MRI		669,425	0	669,425	76.05
76.06	03952 BARIATRIC CENTER		0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY		4,113,250	0	4,113,250	76.07
76.08	03953 WOUND CARE		811,026	1,653	812,679	76.08
76.09	03954 RENAL DIALYSIS		1,629,340	0	1,629,340	76.09
76.10	03955 INFUSION		5,139,418	20,142	5,159,560	76.10
76.11	03956 CARE TRANSITION CENTER		119	0	119	76.11
76.12	03958 ANTI COAGULATION CLINIC		678,296	303	678,599	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC		1,403	0	1,403	90.01
90.02	09002 CARDIOLOGY CLINIC		4,964	0	4,964	90.02
90.03	09003 SPECIALTY CLINIC		307	0	307	90.03
91.00	09100 EMERGENCY		18,982,845	33,286	19,016,131	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		11,684,955	0	11,684,955	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		9,645,517	0	9,645,517	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		203,187,788	145,082	203,332,870	200.00
201.00	Less Observation Beds		11,684,955	0	11,684,955	201.00
202.00	Total (see instructions)		191,502,833	145,082	191,647,915	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,539,721		29,539,721		30.00
31.00	03100	INTENSIVE CARE UNIT	9,842,027		9,842,027		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	1,333,462		1,333,462		35.00
40.00	04000	SUBPROVIDER - I/PF	19,211,626		19,211,626		40.00
43.00	04300	NURSERY	2,222,446		2,222,446		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,279,642	16,308,714	23,588,356	0.220687	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	1,905,063	5,511,791	7,416,854	0.470100	50.02
51.00	05100	RECOVERY ROOM	1,135,236	3,222,892	4,358,128	0.134120	51.00
53.00	05300	ANESTHESIOLOGY	3,523,381	8,208,941	11,732,322	0.306780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,695,451	9,465,737	13,161,188	0.263181	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,235,571	6,162,929	10,398,500	0.176351	54.01
54.02	05402	ULTRASOUND	2,942,509	7,124,932	10,067,441	0.106980	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	12,239,312	30,801,778	43,041,090	0.041709	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	26,244,514	31,045,754	57,290,268	0.125589	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	870,223	516,618	1,386,841	0.070208	63.00
63.01	06301	NUCLEAR MEDICINE	1,012,543	3,809,848	4,822,391	0.171179	63.01
65.00	06500	RESPIRATORY THERAPY	17,680,010	2,689,321	20,369,331	0.153821	65.00
66.00	06600	PHYSICAL THERAPY	3,741,524	2,374,791	6,116,315	0.726531	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,314,110	808,126	4,122,236	0.231604	67.00
68.00	06800	SPEECH PATHOLOGY	1,375,300	320,454	1,695,754	0.417200	68.00
69.00	06900	ELECTROCARDIOLOGY	5,827,327	7,236,877	13,064,204	0.066779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,448,776	1,448,776	0.222738	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,965,571	12,791,484	25,757,055	0.296577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,322,937	1,840,825	4,163,762	1.095359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,276,548	281,818,084	317,094,632	0.117327	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	2,138	11,336	13,474	10.030058	76.01
76.02	03140	CARDIOVASCULAR SERVICES	7,965,893	8,550,629	16,516,522	0.158844	76.02
76.03	03957	CARDIAC REHABILITATION	480,586	1,360,916	1,841,502	0.453876	76.03
76.04	03190	RADIATION ONCOLOGY	74,769	2,773,455	2,848,224	0.636478	76.04
76.05	03951	MRI	3,227,876	6,139,489	9,367,365	0.071464	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	19,930	2,274,590	2,294,520	0.353462	76.08
76.09	03954	RENAL DIALYSIS	2,484,102	753,324	3,237,426	0.503283	76.09
76.10	03955	INFUSION	7,666	16,174,684	16,182,350	0.317594	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	912	792,396	793,308	0.855022	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	560	560	0.548214	90.03
91.00	09100	EMERGENCY	16,222,999	63,862,442	80,085,441	0.237032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,284,384	13,284,384	0.879601	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	18,132,495	18,132,495		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	240,222,925	567,619,372	807,842,297		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	240,222,925	567,619,372	807,842,297		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 4/9/2019 3:29 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222047		50.00
50.01	05001	OPEN HEART SURGERY	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	0.470100		50.02
51.00	05100	RECOVERY ROOM	0.134120		51.00
53.00	05300	ANESTHESIOLOGY	0.306780		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263181		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.176351		54.01
54.02	05402	ULTRASOUND	0.106980		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.041709		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.125616		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.070208		63.00
63.01	06301	NUCLEAR MEDICINE	0.171179		63.01
65.00	06500	RESPIRATORY THERAPY	0.153821		65.00
66.00	06600	PHYSICAL THERAPY	0.729309		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231604		67.00
68.00	06800	SPEECH PATHOLOGY	0.417200		68.00
69.00	06900	ELECTROCARDIOLOGY	0.066779		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.223471		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.095359		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117327		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDECS	10.030058		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.159370		76.02
76.03	03957	CARDIAC REHABILITATION	0.453876		76.03
76.04	03190	RADIATION ONCOLOGY	0.636478		76.04
76.05	03951	MRI	0.071464		76.05
76.06	03952	BARITRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	0.354183		76.08
76.09	03954	RENAL DIALYSIS	0.503283		76.09
76.10	03955	INFUSION	0.318839		76.10
76.11	03956	CARE TRANSITION CENTER	0.000000		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.855404		76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	0.548214		90.03
91.00	09100	EMERGENCY	0.237448		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.879601		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
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: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		38,469,581	5,133	38,474,714	30.00
31.00	03100 INTENSIVE CARE UNIT		6,268,602	22,964	6,291,566	31.00
32.00	02060 CORONARY CARE UNIT		0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		1,216,944	1,200	1,218,144	35.00
40.00	04000 SUBPROVIDER - IPF		7,668,308	0	7,668,308	40.00
43.00	04300 NURSERY		1,727,409	0	1,727,409	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		5,205,634	32,084	5,237,718	50.00
50.01	05001 OPEN HEART SURGERY		67,265	0	67,265	50.01
50.02	05002 OUTPATIENT SURGERY		3,486,665	0	3,486,665	50.02
51.00	05100 RECOVERY ROOM		584,511	0	584,511	51.00
53.00	05300 ANESTHESIOLOGY		3,599,242	0	3,599,242	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,463,777	0	3,463,777	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES		1,833,783	0	1,833,783	54.01
54.02	05402 ULTRASOUND		1,077,015	0	1,077,015	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY		1,795,203	0	1,795,203	55.01
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		7,195,024	1,572	7,196,596	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		97,368	0	97,368	63.00
63.01	06301 NUCLEAR MEDICINE		825,493	0	825,493	63.01
65.00	06500 RESPIRATORY THERAPY	0	3,133,223	0	3,133,223	65.00
66.00	06600 PHYSICAL THERAPY	0	4,443,692	16,991	4,460,683	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	954,726	0	954,726	67.00
68.00	06800 SPEECH PATHOLOGY	0	707,469	0	707,469	68.00
69.00	06900 ELECTROCARDIOLOGY		872,410	0	872,410	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		322,697	1,062	323,759	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,638,951	0	7,638,951	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,560,813	0	4,560,813	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,203,775	0	37,203,775	73.00
76.00	03020 PAIN CLINIC		0	0	0	76.00
76.01	03950 ORTHOPEDICS		135,145	0	135,145	76.01
76.02	03140 CARDIOVASCULAR SERVICES		2,623,551	8,692	2,632,243	76.02
76.03	03957 CARDIAC REHABILITATION		835,814	0	835,814	76.03
76.04	03190 RADIATION ONCOLOGY		1,812,833	0	1,812,833	76.04
76.05	03951 MRI		669,425	0	669,425	76.05
76.06	03952 BARIATRIC CENTER		0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY		4,113,250	0	4,113,250	76.07
76.08	03953 WOUND CARE		811,026	1,653	812,679	76.08
76.09	03954 RENAL DIALYSIS		1,629,340	0	1,629,340	76.09
76.10	03955 INFUSION		5,139,418	20,142	5,159,560	76.10
76.11	03956 CARE TRANSITION CENTER		119	0	119	76.11
76.12	03958 ANTI COAGULATION CLINIC		678,296	303	678,599	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC		1,403	0	1,403	90.01
90.02	09002 CARDIOLOGY CLINIC		4,964	0	4,964	90.02
90.03	09003 SPECIALTY CLINIC		307	0	307	90.03
91.00	09100 EMERGENCY		18,982,845	33,286	19,016,131	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		11,684,955	0	11,684,955	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		9,645,517	0	9,645,517	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		203,187,788	145,082	203,332,870	200.00
201.00	Less Observation Beds		11,684,955	0	11,684,955	201.00
202.00	Total (see instructions)		191,502,833	145,082	191,647,915	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,539,721		29,539,721		30.00
31.00	03100	INTENSIVE CARE UNIT	9,842,027		9,842,027		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	1,333,462		1,333,462		35.00
40.00	04000	SUBPROVIDER - I/PF	19,211,626		19,211,626		40.00
43.00	04300	NURSERY	2,222,446		2,222,446		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,279,642	16,308,714	23,588,356	0.220687	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	1,905,063	5,511,791	7,416,854	0.470100	50.02
51.00	05100	RECOVERY ROOM	1,135,236	3,222,892	4,358,128	0.134120	51.00
53.00	05300	ANESTHESIOLOGY	3,523,381	8,208,941	11,732,322	0.306780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,695,451	9,465,737	13,161,188	0.263181	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,235,571	6,162,929	10,398,500	0.176351	54.01
54.02	05402	ULTRASOUND	2,942,509	7,124,932	10,067,441	0.106980	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	12,239,312	30,801,778	43,041,090	0.041709	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	26,244,514	31,045,754	57,290,268	0.125589	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	870,223	516,618	1,386,841	0.070208	63.00
63.01	06301	NUCLEAR MEDICINE	1,012,543	3,809,848	4,822,391	0.171179	63.01
65.00	06500	RESPIRATORY THERAPY	17,680,010	2,689,321	20,369,331	0.153821	65.00
66.00	06600	PHYSICAL THERAPY	3,741,524	2,374,791	6,116,315	0.726531	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,314,110	808,126	4,122,236	0.231604	67.00
68.00	06800	SPEECH PATHOLOGY	1,375,300	320,454	1,695,754	0.417200	68.00
69.00	06900	ELECTROCARDIOLOGY	5,827,327	7,236,877	13,064,204	0.066779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,448,776	1,448,776	0.222738	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,965,571	12,791,484	25,757,055	0.296577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,322,937	1,840,825	4,163,762	1.095359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,276,548	281,818,084	317,094,632	0.117327	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	2,138	11,336	13,474	10.030058	76.01
76.02	03140	CARDIOVASCULAR SERVICES	7,965,893	8,550,629	16,516,522	0.158844	76.02
76.03	03957	CARDIAC REHABILITATION	480,586	1,360,916	1,841,502	0.453876	76.03
76.04	03190	RADIATION ONCOLOGY	74,769	2,773,455	2,848,224	0.636478	76.04
76.05	03951	MRI	3,227,876	6,139,489	9,367,365	0.071464	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	19,930	2,274,590	2,294,520	0.353462	76.08
76.09	03954	RENAL DIALYSIS	2,484,102	753,324	3,237,426	0.503283	76.09
76.10	03955	INFUSION	7,666	16,174,684	16,182,350	0.317594	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	912	792,396	793,308	0.855022	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	560	560	0.548214	90.03
91.00	09100	EMERGENCY	16,222,999	63,862,442	80,085,441	0.237032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,284,384	13,284,384	0.879601	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	18,132,495	18,132,495		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	240,222,925	567,619,372	807,842,297		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	240,222,925	567,619,372	807,842,297		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 4/9/2019 3:29 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222047		50.00
50.01	05001	OPEN HEART SURGERY	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	0.470100		50.02
51.00	05100	RECOVERY ROOM	0.134120		51.00
53.00	05300	ANESTHESIOLOGY	0.306780		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263181		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.176351		54.01
54.02	05402	ULTRASOUND	0.106980		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.041709		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.125616		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.070208		63.00
63.01	06301	NUCLEAR MEDICINE	0.171179		63.01
65.00	06500	RESPIRATORY THERAPY	0.153821		65.00
66.00	06600	PHYSICAL THERAPY	0.729309		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231604		67.00
68.00	06800	SPEECH PATHOLOGY	0.417200		68.00
69.00	06900	ELECTROCARDIOLOGY	0.066779		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.223471		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.095359		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117327		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDECS	10.030058		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.159370		76.02
76.03	03957	CARDIAC REHABILITATION	0.453876		76.03
76.04	03190	RADIATION ONCOLOGY	0.636478		76.04
76.05	03951	MRI	0.071464		76.05
76.06	03952	BARIATRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	0.354183		76.08
76.09	03954	RENAL DIALYSIS	0.503283		76.09
76.10	03955	INFUSION	0.318839		76.10
76.11	03956	CARE TRANSITION CENTER	0.000000		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.855404		76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	0.548214		90.03
91.00	09100	EMERGENCY	0.237448		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.879601		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
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: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 4/9/2019 3:29 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,872,559	0	4,872,559	25,989	187.49	30.00
31.00	INTENSIVE CARE UNIT	780,913		780,913	3,294	237.07	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEWBORN INTENSIVE CARE UNIT	54,540		54,540	278	196.19	35.00
40.00	SUBPROVIDER - IPF	87,846	0	87,846	9,115	9.64	40.00
43.00	NURSERY	22,036		22,036	966	22.81	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,817,894		5,817,894	39,642		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,832	1,468,422				
31.00	INTENSIVE CARE UNIT	1,458	345,648				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEWBORN INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,049	10,112				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	10,339	1,824,182				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 4/9/2019 3:29 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,262,904	23,588,356	0.053539	2,995,473	160,375	50.00
50.01	05001	OPEN HEART SURGERY	15,183	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	819,547	7,416,854	0.110498	960,546	106,138	50.02
51.00	05100	RECOVERY ROOM	43,967	4,358,128	0.010089	495,534	4,999	51.00
53.00	05300	ANESTHESIOLOGY	193,617	11,732,322	0.016503	1,215,681	20,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	747,523	13,161,188	0.056798	2,100,167	119,285	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	452,224	10,398,500	0.043489	1,504,218	65,417	54.01
54.02	05402	ULTRASOUND	258,788	10,067,441	0.025705	1,349,303	34,684	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	427,200	43,041,090	0.009925	5,145,493	51,069	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	419,423	57,290,268	0.007321	11,862,300	86,844	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,337	1,386,841	0.000964	560,424	540	63.00
63.01	06301	NUCLEAR MEDICINE	78,551	4,822,391	0.016289	487,046	7,933	63.01
65.00	06500	RESPIRATORY THERAPY	335,084	20,369,331	0.016450	7,815,871	128,571	65.00
66.00	06600	PHYSICAL THERAPY	388,306	6,116,315	0.063487	834,671	52,991	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,803	4,122,236	0.010869	694,492	7,548	67.00
68.00	06800	SPEECH PATHOLOGY	106,751	1,695,754	0.062952	326,786	20,572	68.00
69.00	06900	ELECTROCARDIOLOGY	144,834	13,064,204	0.011086	2,622,352	29,071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,472	1,448,776	0.054855	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	296,514	25,757,055	0.011512	4,131,095	47,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,645	4,163,762	0.040743	1,335,339	54,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	709,336	317,094,632	0.002237	16,531,644	36,981	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	23,312	13,474	1.730147	1,162	2,010	76.01
76.02	03140	CARDIOVASCULAR SERVICES	377,745	16,516,522	0.022871	1,889,276	43,210	76.02
76.03	03957	CARDIAC REHABILITATION	97,409	1,841,502	0.052896	181,758	9,614	76.03
76.04	03190	RADIATION ONCOLOGY	568,680	2,848,224	0.199661	63,155	12,610	76.04
76.05	03951	MRI	111,930	9,367,365	0.011949	1,291,946	15,437	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	39,763	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	165,494	2,294,520	0.072126	19,666	1,418	76.08
76.09	03954	RENAL DIALYSIS	307,196	3,237,426	0.094889	1,191,344	113,045	76.09
76.10	03955	INFUSION	167,699	16,182,350	0.010363	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	1	0	0.000000	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	8,398	793,308	0.010586	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	14	0	0.000000	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	48	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	3	560	0.005357	0	0	90.03
91.00	09100	EMERGENCY	852,162	80,085,441	0.010641	4,755,008	50,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,479,818	13,284,384	0.111395	0	0	92.00
200.00		Total (lines 50 through 199)	11,194,681	727,560,520		72,361,750	1,282,985	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 4/9/2019 3:29 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of 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	25,989	0.00	7,832	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,294	0.00	1,458	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	278	0.00	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	9,115	0.00	1,049	40.00
43.00	04300	NURSERY	0	0	966	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	0	39,642		10,339	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	02060	CORONARY CARE UNIT	0					32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm
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Cost Center Description	Title XVIII			Hospital		PPS		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	108,204	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,278	54.01
54.02	05402	ULTRASOUND	0	0	0	0	1,139	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	0	2,278	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	213,171	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	41,594	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	5,199	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	108,171	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	745,979	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	11,932	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	1,239,945	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm
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Cost Center Description	Title XVIII				Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	23,588,356	0.000000	50.00	
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0.000000	50.01	
50.02 05002 OUTPATIENT SURGERY	0	0	0	7,416,854	0.000000	50.02	
51.00 05100 RECOVERY ROOM	0	0	0	4,358,128	0.000000	51.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	11,732,322	0.000000	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	108,204	108,204	13,161,188	0.008221	54.00	
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	2,278	2,278	10,398,500	0.000219	54.01	
54.02 05402 ULTRASOUND	0	1,139	1,139	10,067,441	0.000113	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00	
55.01 05501 COMPUTED TOMOGRAPHY	0	2,278	2,278	43,041,090	0.000053	55.01	
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00	
58.00 05800 MRI	0	0	0	0	0.000000	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00 06000 LABORATORY	0	213,171	213,171	57,290,268	0.003721	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	41,594	41,594	1,386,841	0.029992	63.00	
63.01 06301 NUCLEAR MEDICINE	0	5,199	5,199	4,822,391	0.001078	63.01	
65.00 06500 RESPIRATORY THERAPY	0	108,171	108,171	20,369,331	0.005310	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	6,116,315	0.000000	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,122,236	0.000000	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,695,754	0.000000	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	13,064,204	0.000000	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,448,776	0.000000	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,757,055	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,163,762	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	745,979	745,979	317,094,632	0.002353	73.00	
76.00 03020 PAIN CLINIC	0	0	0	0	0.000000	76.00	
76.01 03950 ORTHOPEDICS	0	0	0	13,474	0.000000	76.01	
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	16,516,522	0.000000	76.02	
76.03 03957 CARDIAC REHABILITATION	0	0	0	1,841,502	0.000000	76.03	
76.04 03190 RADIATION ONCOLOGY	0	0	0	2,848,224	0.000000	76.04	
76.05 03951 MRI	0	0	0	9,367,365	0.000000	76.05	
76.06 03952 BARIATRIC CENTER	0	0	0	0	0.000000	76.06	
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07	
76.08 03953 WOUND CARE	0	0	0	2,294,520	0.000000	76.08	
76.09 03954 RENAL DIALYSIS	0	0	0	3,237,426	0.000000	76.09	
76.10 03955 INFUSION	0	0	0	16,182,350	0.000000	76.10	
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11	
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	793,308	0.000000	76.12	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00	
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00	
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01	
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0.000000	90.02	
90.03 09003 SPECIALTY CLINIC	0	0	0	560	0.000000	90.03	
91.00 09100 EMERGENCY	0	11,932	11,932	80,085,441	0.000149	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,284,384	0.000000	92.00	
200.00 Total (lines 50 through 199)	0	1,239,945	1,239,945	727,560,520		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm
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Cost Center Description	Title XVIII					Hospital	PPS
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.000000	2,995,473	0	4,148,246	0	50.00	
50.01 05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01	
50.02 05002 OUTPATIENT SURGERY	0.000000	960,546	0	989,382	0	50.02	
51.00 05100 RECOVERY ROOM	0.000000	495,534	0	770,463	0	51.00	
53.00 05300 ANESTHESIOLOGY	0.000000	1,215,681	0	1,542,714	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.008221	2,100,167	17,265	1,831,973	15,061	54.00	
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0.000219	1,504,218	329	2,943,837	645	54.01	
54.02 05402 ULTRASOUND	0.000113	1,349,303	152	1,078,697	122	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
55.01 05501 COMPUTED TOMOGRAPHY	0.000053	5,145,493	273	6,073,789	322	55.01	
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00 05800 MRI	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.003721	11,862,300	44,140	5,022,692	18,689	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.029992	560,424	16,808	133,051	3,990	63.00	
63.01 06301 NUCLEAR MEDICINE	0.001078	487,046	525	1,500,858	1,618	63.01	
65.00 06500 RESPIRATORY THERAPY	0.005310	7,815,871	41,502	610,128	3,240	65.00	
66.00 06600 PHYSICAL THERAPY	0.000000	834,671	0	93,531	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.000000	694,492	0	59,280	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.000000	326,786	0	26,369	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.000000	2,622,352	0	2,027,725	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	710,578	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,131,095	0	2,906,734	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,335,339	0	1,301,637	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.002353	16,531,644	38,899	115,048,571	270,709	73.00	
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0	76.00	
76.01 03950 ORTHOPEDICS	0.000000	1,162	0	1,654	0	76.01	
76.02 03140 CARDIOVASCULAR SERVICES	0.000000	1,889,276	0	2,752,954	0	76.02	
76.03 03957 CARDIAC REHABILITATION	0.000000	181,758	0	439,612	0	76.03	
76.04 03190 RADIATION ONCOLOGY	0.000000	63,155	0	1,080,611	0	76.04	
76.05 03951 MRI	0.000000	1,291,946	0	1,324,728	0	76.05	
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06	
76.07 03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07	
76.08 03953 WOUND CARE	0.000000	19,666	0	2,115,616	0	76.08	
76.09 03954 RENAL DIALYSIS	0.000000	1,191,344	0	0	0	76.09	
76.10 03955 INFUSION	0.000000	0	0	1,920,168	0	76.10	
76.11 03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11	
76.12 03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01	
90.02 09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02	
90.03 09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0.000149	4,755,008	708	7,764,705	1,157	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	1,851,443	0	92.00	
200.00 Total (lines 50 through 199)		72,361,750	160,601	168,071,746	315,553	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 4/9/2019 3:29 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.220687	4,148,246	0	0	915,464	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.470100	989,382	0	0	465,108	50.02
51.00	05100	RECOVERY ROOM	0.134120	770,463	0	0	103,334	51.00
53.00	05300	ANESTHESIOLOGY	0.306780	1,542,714	0	0	473,274	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263181	1,831,973	0	0	482,140	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.176351	2,943,837	0	0	519,149	54.01
54.02	05402	ULTRASOUND	0.106980	1,078,697	0	0	115,399	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.041709	6,073,789	0	0	253,332	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.125589	5,022,692	0	0	630,795	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.070208	133,051	0	0	9,341	63.00
63.01	06301	NUCLEAR MEDICINE	0.171179	1,500,858	0	0	256,915	63.01
65.00	06500	RESPIRATORY THERAPY	0.153821	610,128	0	0	93,850	65.00
66.00	06600	PHYSICAL THERAPY	0.726531	93,531	0	0	67,953	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231604	59,280	0	0	13,729	67.00
68.00	06800	SPEECH PATHOLOGY	0.417200	26,369	0	0	11,001	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066779	2,027,725	0	0	135,409	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222738	710,578	0	0	158,273	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577	2,906,734	0	0	862,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.095359	1,301,637	0	0	1,425,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117327	115,048,571	0	99,985	13,498,304	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	10.030058	1,654	0	0	16,590	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.158844	2,752,954	0	0	437,290	76.02
76.03	03957	CARDIAC REHABILITATION	0.453876	439,612	0	0	199,529	76.03
76.04	03190	RADIATION ONCOLOGY	0.636478	1,080,611	0	0	687,785	76.04
76.05	03951	MRI	0.071464	1,324,728	0	0	94,670	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE	0.353462	2,115,616	0	0	747,790	76.08
76.09	03954	RENAL DIALYSIS	0.503283	0	0	0	0	76.09
76.10	03955	INFUSION	0.317594	1,920,168	0	0	609,834	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.855022	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0.548214	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.237032	7,764,705	0	86	1,840,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.879601	1,851,443	0	0	1,628,531	92.00
200.00		Subtotal (see instructions)		168,071,746	0	100,071	26,753,103	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		168,071,746	0	100,071	26,753,103	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	63.01
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 PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,731	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDECS	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	76.04
76.05	03951	MRI	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	76.07
76.08	03953	WOUND CARE	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	76.09
76.10	03955	INFUSION	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	20	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	11,751	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	11,751	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 4/9/2019 3:29 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,262,904	23,588,356	0.053539	0	0	50.00
50.01	05001	OPEN HEART SURGERY	15,183	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	819,547	7,416,854	0.110498	0	0	50.02
51.00	05100	RECOVERY ROOM	43,967	4,358,128	0.010089	0	0	51.00
53.00	05300	ANESTHESIOLOGY	193,617	11,732,322	0.016503	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	747,523	13,161,188	0.056798	15,725	893	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	452,224	10,398,500	0.043489	0	0	54.01
54.02	05402	ULTRASOUND	258,788	10,067,441	0.025705	3,355	86	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	427,200	43,041,090	0.009925	56,742	563	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	419,423	57,290,268	0.007321	255,813	1,873	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,337	1,386,841	0.000964	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	78,551	4,822,391	0.016289	6,620	108	63.01
65.00	06500	RESPIRATORY THERAPY	335,084	20,369,331	0.016450	15,820	260	65.00
66.00	06600	PHYSICAL THERAPY	388,306	6,116,315	0.063487	3,180	202	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,803	4,122,236	0.010869	1,727	19	67.00
68.00	06800	SPEECH PATHOLOGY	106,751	1,695,754	0.062952	710	45	68.00
69.00	06900	ELECTROCARDIOLOGY	144,834	13,064,204	0.011086	58,091	644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,472	1,448,776	0.054855	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	296,514	25,757,055	0.011512	31,899	367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,645	4,163,762	0.040743	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	709,336	317,094,632	0.002237	500,387	1,119	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	23,312	13,474	1.730147	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	377,745	16,516,522	0.022871	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	97,409	1,841,502	0.052896	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	568,680	2,848,224	0.199661	0	0	76.04
76.05	03951	MRI	111,930	9,367,365	0.011949	7,679	92	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	39,763	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	165,494	2,294,520	0.072126	0	0	76.08
76.09	03954	RENAL DIALYSIS	307,196	3,237,426	0.094889	0	0	76.09
76.10	03955	INFUSION	167,699	16,182,350	0.010363	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	1	0	0.000000	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	8,398	793,308	0.010586	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	14	0	0.000000	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	48	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	3	560	0.005357	0	0	90.03
91.00	09100	EMERGENCY	852,162	80,085,441	0.010641	228,040	2,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,284,384	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	9,714,863	727,560,520		1,185,788	8,698	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm	
Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
	1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	0
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0
51.00 05100 RECOVERY ROOM	0	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	108,204
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,278
54.02 05402 ULTRASOUND	0	0	0	0	1,139
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,278
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MRI	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	0	0	0	0	213,171
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	41,594
63.01 06301 NUCLEAR MEDICINE	0	0	0	0	5,199
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	108,171
66.00 06600 PHYSICAL THERAPY	0	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	0	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	745,979
76.00 03020 PAIN CLINIC	0	0	0	0	0
76.01 03950 ORTHOPEDICS	0	0	0	0	0
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0
76.05 03951 MRI	0	0	0	0	0
76.06 03952 BARIATRIC CENTER	0	0	0	0	0
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08 03953 WOUND CARE	0	0	0	0	0
76.09 03954 RENAL DIALYSIS	0	0	0	0	0
76.10 03955 INFUSION	0	0	0	0	0
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	0	0	0	0	0
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0
91.00 09100 EMERGENCY	0	0	0	0	11,932
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
200.00 Total (lines 50 through 199)	0	0	0	0	1,239,945

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	23,588,356	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	7,416,854	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	4,358,128	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,732,322	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,204	108,204	13,161,188	0.008221	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,278	2,278	10,398,500	0.000219	54.01
54.02	05402	ULTRASOUND	0	1,139	1,139	10,067,441	0.000113	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,278	2,278	43,041,090	0.000053	55.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	213,171	213,171	57,290,268	0.003721	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	41,594	41,594	1,386,841	0.029992	63.00
63.01	06301	NUCLEAR MEDICINE	0	5,199	5,199	4,822,391	0.001078	63.01
65.00	06500	RESPIRATORY THERAPY	0	108,171	108,171	20,369,331	0.005310	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,116,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,122,236	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,695,754	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,064,204	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,448,776	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,757,055	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,163,762	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	745,979	745,979	317,094,632	0.002353	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	13,474	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,516,522	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	1,841,502	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	2,848,224	0.000000	76.04
76.05	03951	MRI	0	0	0	9,367,365	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	2,294,520	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	3,237,426	0.000000	76.09
76.10	03955	INFUSION	0	0	0	16,182,350	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	793,308	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	560	0.000000	90.03
91.00	09100	EMERGENCY	0	11,932	11,932	80,085,441	0.000149	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,284,384	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,239,945	1,239,945	727,560,520		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.008221	15,725	129	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000219	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000113	3,355	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000053	56,742	3	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.003721	255,813	952	3,831	14	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.029992	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.001078	6,620	7	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.005310	15,820	84	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,180	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,727	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	710	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	58,091	0	1,283	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	31,899	0	200	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002353	500,387	1,177	84	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	7,679	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10	03955 INFUSION	0.000000	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000149	228,040	34	9,279	1	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,971	0	92.00
200.00	Total (lines 50 through 199)		1,185,788	2,386	17,648	15	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 4/9/2019 3:29 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.220687	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0.470100	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.134120	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.306780	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.263181	0	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0.176351	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.106980	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0.041709	0	0	0	0	55.01
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.125589	3,831	0	0	481	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.070208	0	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0.171179	0	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0.153821	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.726531	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.231604	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.417200	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.066779	1,283	0	0	86	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.222738	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577	200	0	0	59	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1.095359	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.117327	84	0	35	10	73.00
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	10.030058	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0.158844	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0.453876	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0.636478	0	0	0	0	76.04
76.05 03951 MRI	0.071464	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08 03953 WOUND CARE	0.353462	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0.503283	0	0	0	0	76.09
76.10 03955 INFUSION	0.317594	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0.855022	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0.548214	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.237032	9,279	0	0	2,199	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.879601	2,971	0	0	2,613	92.00
200.00 Subtotal (see instructions)		17,648	0	35	5,448	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		17,648	0	35	5,448	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 4/9/2019 3:29 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
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 PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
90.02 09002 RADIOLOGY CLINIC	0	0		90.02
90.03 09003 SPECIALTY CLINIC	0	0		90.03
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	4		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	4		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 4/9/2019 3:29 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.220687	7,483,493	0	0	1,651,510	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.470100	1,563,409	0	0	734,959	50.02
51.00	05100	RECOVERY ROOM	0.134120	2,154,236	0	0	288,926	51.00
53.00	05300	ANESTHESIOLOGY	0.306780	3,569,349	0	0	1,095,005	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263181	2,584,975	0	0	680,316	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.176351	998,021	0	0	176,002	54.01
54.02	05402	ULTRASOUND	0.106980	2,601,005	0	0	278,256	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.041709	7,558,216	0	0	315,246	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.125589	10,473,416	0	0	1,315,346	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.070208	347,464	0	0	24,395	63.00
63.01	06301	NUCLEAR MEDICINE	0.171179	1,065,635	0	0	182,414	63.01
65.00	06500	RESPIRATORY THERAPY	0.153821	706,654	0	0	108,698	65.00
66.00	06600	PHYSICAL THERAPY	0.726531	755,411	0	0	548,830	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231604	227,914	0	0	52,786	67.00
68.00	06800	SPEECH PATHOLOGY	0.417200	116,227	0	0	48,490	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066779	1,567,248	0	0	104,659	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222738	43,754	0	0	9,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577	1,669,184	0	0	495,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.095359	434,394	0	0	475,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117327	32,123,798	0	0	3,768,989	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	10.030058	9,642	0	0	96,710	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.158844	925,981	0	0	147,087	76.02
76.03	03957	CARDIAC REHABILITATION	0.453876	134,420	0	0	61,010	76.03
76.04	03190	RADIATION ONCOLOGY	0.636478	604,071	0	0	384,478	76.04
76.05	03951	MRI	0.071464	1,913,943	0	0	136,778	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE	0.353462	155,121	0	0	54,829	76.08
76.09	03954	RENAL DIALYSIS	0.503283	80,000	0	0	40,263	76.09
76.10	03955	INFUSION	0.317594	2,101,697	0	0	667,486	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.855022	102,962	0	0	88,035	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0.548214	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.237032	19,334,998	0	0	4,583,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.879601	0	0	0	0	92.00
200.00		Subtotal (see instructions)		103,406,638	0	0	18,615,121	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		103,406,638	0	0	18,615,121	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 4/9/2019 3:29 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 05001	OPEN HEART SURGERY	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	51.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	0	54.01
54.02 05402	ULTRASOUND	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	0	55.01
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	0	0	63.01
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 PATIENT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020	PAIN CLINIC	0	0	76.00
76.01 03950	ORTHOPEDECS	0	0	76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	0	76.02
76.03 03957	CARDIAC REHABILITATION	0	0	76.03
76.04 03190	RADIATION ONCOLOGY	0	0	76.04
76.05 03951	MRI	0	0	76.05
76.06 03952	BARIATRIC CENTER	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	76.07
76.08 03953	WOUND CARE	0	0	76.08
76.09 03954	RENAL DIALYSIS	0	0	76.09
76.10 03955	INFUSION	0	0	76.10
76.11 03956	CARE TRANSITION CENTER	0	0	76.11
76.12 03958	ANTICOAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	OCC HEALTH CLINIC	0	0	90.01
90.02 09002	CARDIOLOGY CLINIC	0	0	90.02
90.03 09003	SPECIALTY CLINIC	0	0	90.03
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	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,262,904	23,588,356	0.053539	0	0
50.01	05001	OPEN HEART SURGERY	15,183	0	0.000000	0	0
50.02	05002	OUTPATIENT SURGERY	819,547	7,416,854	0.110498	0	0
51.00	05100	RECOVERY ROOM	43,967	4,358,128	0.010089	0	0
53.00	05300	ANESTHESIOLOGY	193,617	11,732,322	0.016503	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	747,523	13,161,188	0.056798	0	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	452,224	10,398,500	0.043489	0	0
54.02	05402	ULTRASOUND	258,788	10,067,441	0.025705	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
55.01	05501	COMPUTED TOMOGRAPHY	427,200	43,041,090	0.009925	0	0
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MRI	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	419,423	57,290,268	0.007321	0	0
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,337	1,386,841	0.000964	0	0
63.01	06301	NUCLEAR MEDICINE	78,551	4,822,391	0.016289	0	0
65.00	06500	RESPIRATORY THERAPY	335,084	20,369,331	0.016450	0	0
66.00	06600	PHYSICAL THERAPY	388,306	6,116,315	0.063487	0	0
67.00	06700	OCCUPATIONAL THERAPY	44,803	4,122,236	0.010869	0	0
68.00	06800	SPEECH PATHOLOGY	106,751	1,695,754	0.062952	0	0
69.00	06900	ELECTROCARDIOLOGY	144,834	13,064,204	0.011086	216,775	2,403
70.00	07000	ELECTROENCEPHALOGRAPHY	79,472	1,448,776	0.054855	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	296,514	25,757,055	0.011512	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,645	4,163,762	0.040743	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	709,336	317,094,632	0.002237	0	0
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0
76.01	03950	ORTHOPEDI CS	23,312	13,474	1.730147	0	0
76.02	03140	CARDIOVASCULAR SERVICES	377,745	16,516,522	0.022871	0	0
76.03	03957	CARDIAC REHABILITATION	97,409	1,841,502	0.052896	0	0
76.04	03190	RADIATION ONCOLOGY	568,680	2,848,224	0.199661	0	0
76.05	03951	MRI	111,930	9,367,365	0.011949	0	0
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	39,763	0	0.000000	0	0
76.08	03953	WOUND CARE	165,494	2,294,520	0.072126	0	0
76.09	03954	RENAL DIALYSIS	307,196	3,237,426	0.094889	0	0
76.10	03955	INFUSION	167,699	16,182,350	0.010363	0	0
76.11	03956	CARE TRANSITION CENTER	1	0	0.000000	0	0
76.12	03958	ANTI COAGULATION CLINIC	8,398	793,308	0.010586	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	OCC HEALTH CLINIC	14	0	0.000000	0	0
90.02	09002	CARDIOLOGY CLINIC	48	0	0.000000	0	0
90.03	09003	SPECIALTY CLINIC	3	560	0.005357	0	0
91.00	09100	EMERGENCY	852,162	80,085,441	0.010641	1,551	17
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,284,384	0.000000	0	0
200.00		Total (lines 50 through 199)	9,714,863	727,560,520		218,326	2,420

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	108,204	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,278	54.01
54.02	05402 ULTRASOUND	0	0	0	0	1,139	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,278	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	213,171	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	41,594	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	0	5,199	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	108,171	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 PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	745,979	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951 MRI	0	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	11,932	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	1,239,945	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	23,588,356	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	7,416,854	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	4,358,128	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,732,322	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,204	108,204	13,161,188	0.008221	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,278	2,278	10,398,500	0.000219	54.01
54.02	05402	ULTRASOUND	0	1,139	1,139	10,067,441	0.000113	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,278	2,278	43,041,090	0.000053	55.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	213,171	213,171	57,290,268	0.003721	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	41,594	41,594	1,386,841	0.029992	63.00
63.01	06301	NUCLEAR MEDICINE	0	5,199	5,199	4,822,391	0.001078	63.01
65.00	06500	RESPIRATORY THERAPY	0	108,171	108,171	20,369,331	0.005310	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,116,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,122,236	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,695,754	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,064,204	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,448,776	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,757,055	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,163,762	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	745,979	745,979	317,094,632	0.002353	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	13,474	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,516,522	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	1,841,502	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	2,848,224	0.000000	76.04
76.05	03951	MRI	0	0	0	9,367,365	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	2,294,520	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	3,237,426	0.000000	76.09
76.10	03955	INFUSION	0	0	0	16,182,350	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	793,308	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	560	0.000000	90.03
91.00	09100	EMERGENCY	0	11,932	11,932	80,085,441	0.000149	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,284,384	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,239,945	1,239,945	727,560,520		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.008221	0	0	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000219	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000113	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000053	0	0	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.003721	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.029992	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.001078	0	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.005310	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	216,775	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002353	0	0	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10	03955 INFUSION	0.000000	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000149	1,551	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)		218,326	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 4/9/2019 3:29 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,989	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,989	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		18,096	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,832	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)		38,474,714	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)		38,474,714	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		38,474,714	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)		1,480.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,594,649	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)		11,594,649	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,291,566	3,294	1,910.01	1,458	2,784,795	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	1,218,144	278	4,381.81	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,520,000	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,899,444	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)					1,814,070	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,443,586	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,257,656	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,641,788	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,893	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,480.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,684,955	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 4/9/2019 3:29 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,872,559	38,474,714	0.126643	11,684,955	1,479,818	90.00
91.00	Nursing School cost	0	38,474,714	0.000000	11,684,955	0	91.00
92.00	Allied health cost	0	38,474,714	0.000000	11,684,955	0	92.00
93.00	All other Medical Education	0	38,474,714	0.000000	11,684,955	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,115	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,115	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,115	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,049	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,668,308	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,668,308	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,668,308	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)		841.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		882,503	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)		882,503	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				172,326		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,054,829		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)				10,112		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				11,084		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				21,196		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				1,033,633		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	87,846	7,668,308	0.011456	0	0	90.00
91.00	Nursing School cost	0	7,668,308	0.000000	0	0	91.00
92.00	Allied health cost	0	7,668,308	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,668,308	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 4/9/2019 3:29 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,115	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,115	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,115	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,958	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)		966	15.00
16.00	Nursery days (title V or XIX only)		198	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,668,308	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,668,308	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,668,308	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)		841.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,329,786	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,329,786	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-S004		Date/Time Prepared: 4/9/2019 3:29 pm	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,844		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,344,630		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)					2,420		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,420		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,342,210		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	7,668,308	0.000000	0	0	90.00
91.00	Nursing School cost	0	7,668,308	0.000000	0	0	91.00
92.00	Allied health cost	0	7,668,308	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,668,308	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 4/9/2019 3:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,478,195	30.00
31.00	03100	INTENSIVE CARE UNIT		4,235,728	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222047	2,995,473	665,136 50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0.470100	960,546	451,553 50.02
51.00	05100	RECOVERY ROOM	0.134120	495,534	66,461 51.00
53.00	05300	ANESTHESIOLOGY	0.306780	1,215,681	372,947 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263181	2,100,167	552,724 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.176351	1,504,218	265,270 54.01
54.02	05402	ULTRASOUND	0.106980	1,349,303	144,348 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.041709	5,145,493	214,613 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.125616	11,862,300	1,490,095 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.070208	560,424	39,346 63.00
63.01	06301	NUCLEAR MEDICINE	0.171179	487,046	83,372 63.01
65.00	06500	RESPIRATORY THERAPY	0.153821	7,815,871	1,202,245 65.00
66.00	06600	PHYSICAL THERAPY	0.729309	834,671	608,733 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231604	694,492	160,847 67.00
68.00	06800	SPEECH PATHOLOGY	0.417200	326,786	136,335 68.00
69.00	06900	ELECTROCARDIOLOGY	0.066779	2,622,352	175,118 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.223471	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577	4,131,095	1,225,188 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.095359	1,335,339	1,462,676 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117327	16,531,644	1,939,608 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03950	ORTHOPEDI CS	10.030058	1,162	11,655 76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.159370	1,889,276	301,094 76.02
76.03	03957	CARDIAC REHABILITATION	0.453876	181,758	82,496 76.03
76.04	03190	RADIATION ONCOLOGY	0.636478	63,155	40,197 76.04
76.05	03951	MRI	0.071464	1,291,946	92,328 76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0 76.07
76.08	03953	WOUND CARE	0.354183	19,666	6,965 76.08
76.09	03954	RENAL DIALYSIS	0.503283	1,191,344	599,583 76.09
76.10	03955	INFUSION	0.318839	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0 76.11
76.12	03958	ANTICOAGULATION CLINIC	0.855404	0	0 76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0 90.02
90.03	09003	SPECIALTY CLINIC	0.548214	0	0 90.03
91.00	09100	EMERGENCY	0.237448	4,755,008	1,129,067 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.879601	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		72,361,750	13,520,000 200.00
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)		72,361,750	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 CORONARY CARE UNIT		0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		2,729,488		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.222047	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.470100	0	0	50.02
51.00	05100 RECOVERY ROOM	0.134120	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.306780	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.263181	15,725	4,139	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.176351	0	0	54.01
54.02	05402 ULTRASOUND	0.106980	3,355	359	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.041709	56,742	2,367	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.125616	255,813	32,134	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.070208	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.171179	6,620	1,133	63.01
65.00	06500 RESPIRATORY THERAPY	0.153821	15,820	2,433	65.00
66.00	06600 PHYSICAL THERAPY	0.729309	3,180	2,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.231604	1,727	400	67.00
68.00	06800 SPEECH PATHOLOGY	0.417200	710	296	68.00
69.00	06900 ELECTROCARDIOLOGY	0.066779	58,091	3,879	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.223471	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577	31,899	9,461	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1.095359	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.117327	500,387	58,709	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	10.030058	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.159370	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.453876	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.636478	0	0	76.04
76.05	03951 MRI	0.071464	7,679	549	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	76.07
76.08	03953 WOUND CARE	0.354183	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.503283	0	0	76.09
76.10	03955 INFUSION	0.318839	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.855404	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.548214	0	0	90.03
91.00	09100 EMERGENCY	0.237448	228,040	54,148	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.879601	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,185,788	172,326	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,185,788		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 4/9/2019 3:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,627,844	30.00
31.00	03100	INTENSIVE CARE UNIT		2,164,239	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		1,329,459	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220687	2,687,140	593,017 50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0.470100	315,702	148,412 50.02
51.00	05100	RECOVERY ROOM	0.134120	341,495	45,801 51.00
53.00	05300	ANESTHESIOLOGY	0.306780	1,274,765	391,072 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263181	667,804	175,753 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.176351	885,173	156,101 54.01
54.02	05402	ULTRASOUND	0.106980	610,452	65,306 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.041709	2,350,236	98,026 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.125589	5,907,139	741,872 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.070208	300,962	21,130 63.00
63.01	06301	NUCLEAR MEDICINE	0.171179	285,445	48,862 63.01
65.00	06500	RESPIRATORY THERAPY	0.153821	2,485,333	382,296 65.00
66.00	06600	PHYSICAL THERAPY	0.726531	677,406	492,156 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231604	636,976	147,526 67.00
68.00	06800	SPEECH PATHOLOGY	0.417200	305,131	127,301 68.00
69.00	06900	ELECTROCARDIOLOGY	0.066779	884,066	59,037 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222738	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577	1,974,953	585,726 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.095359	677,901	742,545 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117327	8,018,464	940,782 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03950	ORTHOPEDI CS	10.030058	0	0 76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.158844	1,437,725	228,374 76.02
76.03	03957	CARDIAC REHABILITATION	0.453876	98,062	44,508 76.03
76.04	03190	RADIATION ONCOLOGY	0.636478	0	0 76.04
76.05	03951	MRI	0.071464	812,991	58,100 76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0 76.07
76.08	03953	WOUND CARE	0.353462	0	0 76.08
76.09	03954	RENAL DIALYSIS	0.503283	0	0 76.09
76.10	03955	INFUSION	0.317594	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0 76.11
76.12	03958	ANTICOAGULATION CLINIC	0.855022	0	0 76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0 90.02
90.03	09003	SPECIALTY CLINIC	0.548214	0	0 90.03
91.00	09100	EMERGENCY	0.237032	3,096,663	734,008 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.879601	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,731,984	7,027,711 200.00
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)		36,731,984	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		9,123,739	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222047	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.470100	0	50.02
51.00	05100	RECOVERY ROOM	0.134120	0	51.00
53.00	05300	ANESTHESIOLOGY	0.306780	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263181	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.176351	0	54.01
54.02	05402	ULTRASOUND	0.106980	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.041709	0	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.125616	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.070208	0	63.00
63.01	06301	NUCLEAR MEDICINE	0.171179	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.153821	0	65.00
66.00	06600	PHYSICAL THERAPY	0.729309	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231604	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.417200	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066779	216,775	14,476 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.223471	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296577	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.095359	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117327	0	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	10.030058	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.159370	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.453876	0	76.03
76.04	03190	RADIATION ONCOLOGY	0.636478	0	76.04
76.05	03951	MRI	0.071464	0	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	0.354183	0	76.08
76.09	03954	RENAL DIALYSIS	0.503283	0	76.09
76.10	03955	INFUSION	0.318839	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.855404	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.548214	0	90.03
91.00	09100	EMERGENCY	0.237448	1,551	368 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.879601	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		218,326	14,844 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		218,326	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,574,701	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,287,816	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,276,685	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		5,977,393	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		154.92	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)		6.11	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)		1.72	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)		4.39	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.51	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.71	11.00
12.00	Current year allowable FTE (see instructions)		7.10	12.00
13.00	Total allowable FTE count for the prior year.		6.84	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		5.62	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.52	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		6.52	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.042086	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.039387	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039387	21.00
22.00	IME payment adjustment (see instructions)		358,969	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		127,247	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)		0.12	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)		358,969	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		127,247	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.70	31.00
32.00	Sum of lines 30 and 31		35.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.10	33.00
34.00	Disproportionate share adjustment (see instructions)		763,029	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000194967	0.000549468	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,319,280	4,545,681	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	986,749	1,145,762	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,132,511		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)	2,412		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	350		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	350		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	14.51		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	2,570		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.048980		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	164,409		46.00
47.00	Subtotal (see instructions)	21,558,120		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)		21,685,367	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,739,401	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).		125,925	52.00
53.00	Nursing and Allied Health Managed Care payment		164,049	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)		160,601	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,875,343	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,875,343	61.00
62.00	Deductibles billed to program beneficiaries		1,479,024	62.00
63.00	Coinurance billed to program beneficiaries		144,247	63.00
64.00	Allowable bad debts (see instructions)		572,039	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		371,825	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		247,099	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,623,897	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)		-14,615	70.93
70.94	HRR adjustment amount (see instructions)		-216,611	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		231,936	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,160,735	71.00
71.01	Sequestration adjustment (see instructions)		443,215	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		21,200,021	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)		517,499	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		843,266	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: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/9/2019 3:29 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,574,701	0	12,574,701		12,574,701	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,287,816	0		4,287,816	4,287,816	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,276,685	0	1,207,211	69,474	1,276,685	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	5,977,393	0	4,319,900	0	4,319,900	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.039387	0.039387	0.039387	0.039387		5.00
6.00	IME payment adjustment (see instructions)	22.00	358,969	0	267,690	91,279	358,969	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	127,247	0	127,247	0	127,247	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	358,969	0	267,690	91,279	358,969	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	127,247	0	127,247	0	127,247	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1810	0.1810	0.1810	0.1810		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	763,029	0	569,005	194,024	763,029	11.00
11.01	Uncompensated care payments	36.00	2,132,511	0	1,138,044	332,531	1,470,575	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	164,409	0	122,969	41,440	164,409	12.00
13.00	Subtotal (see instructions)	47.00	21,558,120	0	16,541,556	5,016,564	21,558,120	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	21,685,367	0	16,668,803	5,016,564	21,685,367	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,739,401	0	1,338,710	400,691	1,739,401	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/9/2019 3:29 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	18,007,513	5,417,255	23,424,768	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	1,380,063	0	1,031,196	348,867	1,380,063	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	214,707	0	199,445	15,262	214,707	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	0.0313	0.0313	0.0313	0.0313		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	43,196	0	32,276	10,920	43,196	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0735	0.0735	0.0735	0.0735		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	101,435	0	75,793	25,642	101,435	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,739,401	0	1,338,710	400,691	1,739,401	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: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/9/2019 3:29 pm	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,574,701	12,574,701		12,574,701		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,287,816		4,287,816	4,287,816		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0		1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,276,685	1,207,211	69,474	1,276,685		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	5,977,393	4,319,900	1,657,493	5,977,393		4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.039387	0.039387	0.039387			5.00
6.00	IME payment adjustment (see instructions)	22.00	358,969	267,690	91,279	358,969		6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	127,247	91,962	35,285	127,247		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	358,969	267,690	91,279	358,969		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	127,247	91,962	35,285	127,247		9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1810	0.1810	0.1810			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	763,029	569,005	194,024	763,029		11.00
11.01	Uncompensated care payments	36.00	2,132,511	986,749	1,145,762	2,132,511		11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	164,409	122,969	41,440	164,409		12.00
13.00	Subtotal (see instructions)	47.00	21,558,120	15,728,325	5,829,795	21,558,120		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	21,685,367	15,820,287	5,865,080	21,685,367		15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,739,401	1,338,710	400,691	1,739,401		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			17,158,997	6,265,771	23,424,768		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0004

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/9/2019 3:29 pm

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,380,063	1,031,196	348,867	1,380,063	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	214,707	199,445	15,262	214,707	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	0.0313	0.0313	0.0313		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	43,196	32,276	10,920	43,196	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0735	0.0735	0.0735		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	101,435	75,793	25,642	101,435	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,739,401	1,338,710	400,691	1,739,401	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	-14,615	0	-14,615	-14,615	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	-216,611	-164,728	-51,883	-216,611	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		169,943	61,993	231,936	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,751	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,437,550	2.00
3.00	OPPS payments		22,653,660	3.00
4.00	Outlier payment (see instructions)		211,101	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		315,553	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,751	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		100,071	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)		100,071	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)		100,071	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		88,320	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		11,751	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)		23,180,314	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)		4,339,286	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)		18,852,779	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		116,389	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)		18,969,168	30.00
31.00	Primary payer payments		2,216	31.00
32.00	Subtotal (line 30 minus line 31)		18,966,952	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)		823,224	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		535,096	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		454,768	36.00
37.00	Subtotal (see instructions)		19,502,048	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-20	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)		19,502,068	40.00
40.01	Sequestration adjustment (see instructions)		390,041	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		19,090,952	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		21,075	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,433	2.00
3.00	OPPS payments		5,321	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		15	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		35	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)		35	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)		35	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		31	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)		4	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)		5,336	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)		1,057	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)		4,283	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)		4,283	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,283	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)		4,283	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		4,283	40.00
40.01	Sequestration adjustment (see instructions)		86	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,179	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		18	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0004		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,200,021		19,090,952	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,200,021		19,090,952	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		517,499		21,075	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,717,520		19,112,027	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0004
Component CCN: 15-S004

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

Worksheet E-1
Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		735,294		4,179	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		735,294		4,179	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		25,695		18	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		760,989		4,197	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			899,107 1.00
2.00	Net IPF PPS Outlier Payments			4,587 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			24.972603 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			903,694 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			903,694 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			903,694 18.00
19.00	Deductibles			139,312 19.00
20.00	Subtotal (line 18 minus line 19)			764,382 20.00
21.00	Coinsurance			14,070 21.00
22.00	Subtotal (line 20 minus line 21)			750,312 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,647 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			23,821 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,421 25.00
26.00	Subtotal (sum of lines 22 and 24)			774,133 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,386 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			776,519 31.00
31.01	Sequestration adjustment (see instructions)			15,530 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			735,294 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			25,695 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			4,587 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		36,731,984	103,406,638	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		36,731,984	103,406,638	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		36,731,984	103,406,638	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		36,731,984	103,406,638	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 4/9/2019 3:29 pm
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		218,326	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		218,326	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		218,326	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		218,326	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 4/9/2019 3:29 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			4.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.51	6.00
7.00	Enter the lesser of line 5 or line 6			4.36	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	4.47	4.47	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	4.32	4.32	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.71		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	7.03		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.61		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	5.54		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.39		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	6.39		17.00
18.00	Per resident amount	90,382.22	85,583.99		18.00
19.00	Approved amount for resident costs	0	546,882	546,882	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.15	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			546,882	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,339	3,924		26.00
27.00	Total Inpatient Days (see instructions)	30,939	30,939		27.00
28.00	Ratio of inpatient days to total inpatient days	0.334174	0.126830		28.00
29.00	Program direct GME amount	182,754	69,361		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		9,801		30.00
31.00	Net Program direct GME amount			242,314	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		28,954,273	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		28,954,273	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		26,772,045	42.00
43.00	Primary payer payments (see instructions)		10,510	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,761,535	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		55,715,808	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.519678	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.480322	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		242,314	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		125,925	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		116,389	50.00

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

Provider CCN: 15-0004

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

Worksheet G
Date/Time Prepared:
4/9/2019 3:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-268,598,532	0	0	0	1.00
2.00	Temporary investments	11,952,323	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	130,807,793	0	0	0	4.00
5.00	Other receivable	15,554,538	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,977,840	0	0	0	6.00
7.00	Inventory	3,768,164	0	0	0	7.00
8.00	Prepaid expenses	0	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)	-114,493,554	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,655,975	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,581,772	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	147,396	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	164,232,931	0	0	0	23.00
24.00	Accumulated depreciation	-166,833,436	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)	51,332,258	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	1,950,682	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,950,682	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	-61,210,614	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,224,743	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,515,796	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	10,381,270	0	0	0	43.00
44.00	Other current liabilities	-325,097,009	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-297,975,200	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-62,881,379	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-62,881,379	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-360,856,579	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	299,645,965				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)	299,645,965	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-61,210,614	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0004

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

Worksheet G-1

Date/Time Prepared:
4/9/2019 3:29 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		288,642,180		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		57,202,934			2.00
3.00	Total (sum of line 1 and line 2)		345,845,114		0	3.00
4.00	CONTRIBUTIONS TO PPE	144,149		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)		144,149		0	10.00
11.00	Subtotal (line 3 plus line 10)		345,989,263		0	11.00
12.00	EQUITY TRANSFERS	46,343,298		0		12.00
13.00	MISC	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)		46,343,298		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		299,645,965		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	CONTRIBUTIONS TO PPE		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	EQUITY TRANSFERS		0			12.00
13.00	MISC		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0004

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/9/2019 3:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,629,233		27,629,233	1.00
2.00	SUBPROVIDER - IPF	19,208,090		19,208,090	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	46,837,323		46,837,323	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,951,259		10,951,259	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,951,259		10,951,259	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	57,788,582		57,788,582	17.00
18.00	Ancillary services	162,460,887	493,920,875	656,381,762	18.00
19.00	Outpatient services	17,779,543	72,385,445	90,164,988	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		18,297,532	18,297,532	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIM COST CENTERS	0	1,125,695	1,125,695	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	238,029,012	585,729,547	823,758,559	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		190,960,041		29.00
30.00	BAD DEBTS	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)		190,960,041		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0004

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

Worksheet G-3

Date/Time Prepared:
4/9/2019 3:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	823,758,559	1.00
2.00	Less contractual allowances and discounts on patients' accounts	581,833,836	2.00
3.00	Net patient revenues (line 1 minus line 2)	241,924,723	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	190,960,041	4.00
5.00	Net income from service to patients (line 3 minus line 4)	50,964,682	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	383,288	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	624,185	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	1,138,466	13.00
14.00	Revenue from meals sold to employees and guests	712,275	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	8,569	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	91,166	20.00
21.00	Rental of vending machines	19,141	21.00
22.00	Rental of hospital space	1,100,242	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - MISC. REVENUE	2,160,920	24.00
25.00	Total other income (sum of lines 6-24)	6,238,252	25.00
26.00	Total (line 5 plus line 25)	57,202,934	26.00
27.00	NON OPER REV/EXPENSE	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	57,202,934	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0004

Period: From 01/01/2018

Worksheet H

HHA CCN: 15-7145

To 12/31/2018

Date/Time Prepared: 4/9/2019 3:29 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,453,388	0	144,109	11,742	351,588	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,007,683	0	57,273	138	0	6.00
7.00	Physical Therapy	827,622	0	26,107	720,391	0	7.00
8.00	Occupational Therapy	0	0	0	76,653	0	8.00
9.00	Speech Pathology	35,738	0	0	22,881	0	9.00
10.00	Medical Social Services	1,684	0	0	0	0	10.00
11.00	Home Health Aide	175,760	0	0	0	206	11.00
12.00	Supplies (see instructions)	0	0	0	0	97,838	12.00
13.00	Drugs	0	0	0	0	12,397	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,501,875	0	227,489	831,805	462,029	24.00
	Reclassified	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-163,031	1,797,796	0	1,797,796		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,065,094	0	2,065,094		6.00
7.00	Physical Therapy	0	1,574,120	0	1,574,120		7.00
8.00	Occupational Therapy	0	76,653	0	76,653		8.00
9.00	Speech Pathology	0	58,619	0	58,619		9.00
10.00	Medical Social Services	0	1,684	0	1,684		10.00
11.00	Home Health Aide	0	175,966	0	175,966		11.00
12.00	Supplies (see instructions)	0	97,838	0	97,838		12.00
13.00	Drugs	0	12,397	0	12,397		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)	-163,031	5,860,167	0	5,860,167		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
 4/9/2019 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet H-1 Part I Date/Time Prepared: 4/9/2019 3:29 pm
		HHA CCN: 15-7145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,797,796	0	0	0	1,797,796	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,065,094	0	0	0	2,065,094	6.00
7.00	Physical Therapy	1,574,120	0	0	0	1,574,120	7.00
8.00	Occupational Therapy	76,653	0	0	0	76,653	8.00
9.00	Speech Pathology	58,619	0	0	0	58,619	9.00
10.00	Medical Social Services	1,684	0	0	0	1,684	10.00
11.00	Home Health Aide	175,966	0	0	0	175,966	11.00
12.00	Supplies (see instructions)	97,838	0	0	0	97,838	12.00
13.00	Drugs	12,397	0	0	0	12,397	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,860,167	0	0	0	5,860,167	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,797,796					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	913,905	2,978,999				6.00
7.00	Physical Therapy	696,624	2,270,744				7.00
8.00	Occupational Therapy	33,923	110,576				8.00
9.00	Speech Pathology	25,942	84,561				9.00
10.00	Medical Social Services	745	2,429				10.00
11.00	Home Health Aide	77,873	253,839				11.00
12.00	Supplies (see instructions)	43,298	141,136				12.00
13.00	Drugs	5,486	17,883				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	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		5,860,167				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0004

Period: From 01/01/2018

Worksheet H-1

HHA CCN: 15-7145

To 12/31/2018

Part II
Date/Time Prepared:
4/9/2019 3:29 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,797,796	4,062,371
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,065,094
7.00	Physical Therapy	0	0	0	0	0	1,574,120
8.00	Occupational Therapy	0	0	0	0	0	76,653
9.00	Speech Pathology	0	0	0	0	0	58,619
10.00	Medical Social Services	0	0	0	0	0	1,684
11.00	Home Health Aide	0	0	0	0	0	175,966
12.00	Supplies (see instructions)	0	0	0	0	0	97,838
13.00	Drugs	0	0	0	0	0	12,397
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	-1,797,796	4,062,371
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,797,796
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.442548

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

Period: From 01/01/2018

Worksheet H-2 Part I

HHA CCN: 15-7145

To 12/31/2018

Date/Time Prepared: 4/9/2019 3:29 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	224,745	12,940	1,298,949	1,536,634	223,662	1.00
2.00 Skilled Nursing Care	2,978,999	0	0	0	2,978,999	433,601	2.00
3.00 Physical Therapy	2,270,744	0	0	0	2,270,744	330,514	3.00
4.00 Occupational Therapy	110,576	0	0	0	110,576	16,095	4.00
5.00 Speech Pathology	84,561	0	0	0	84,561	12,308	5.00
6.00 Medical Social Services	2,429	0	0	0	2,429	354	6.00
7.00 Home Health Aide	253,839	0	0	0	253,839	36,947	7.00
8.00 Supplies (see instructions)	141,136	0	0	0	141,136	20,543	8.00
9.00 Drugs	17,883	0	0	0	17,883	2,603	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)	5,860,167	224,745	12,940	1,298,949	7,396,801	1,076,627	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	177,056	163,806	0	86,199	0	85,933	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)	177,056	163,806	0	86,199	0	85,933	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part I Date/Time Prepared: 4/9/2019 3:29 pm
		HHA CCN: 15-7145	Home Health Agency I	PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV		
	13.00	14.00	15.00	16.00	17.00	22.00		
1.00	Administrative and General	581,243	4,374	6,206	65,803	1,469	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)	581,243	4,374	6,206	65,803	1,469	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT		
	23.00	23.01	23.02	23.03	23.04	23.05		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7145

To 12/31/2018

Part I
Date/Time Prepared:
4/9/2019 3:29 pm

Home Health Agency I

PPS

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	2,932,385	0	2,932,385				1.00
2.00 Skilled Nursing Care	3,412,600	0	3,412,600	1,490,669	4,903,269		2.00
3.00 Physical Therapy	2,601,258	0	2,601,258	1,136,263	3,737,521		3.00
4.00 Occupational Therapy	126,671	0	126,671	55,332	182,003		4.00
5.00 Speech Pathology	96,869	0	96,869	42,314	139,183		5.00
6.00 Medical Social Services	2,783	0	2,783	1,216	3,999		6.00
7.00 Home Health Aide	290,786	0	290,786	127,019	417,805		7.00
8.00 Supplies (see instructions)	161,679	0	161,679	70,623	232,302		8.00
9.00 Drugs	20,486	0	20,486	8,949	29,435		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)	9,645,517	0	9,645,517	2,932,385	9,645,517		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.				0.436813			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 4/9/2019 3:29 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00						4.00
1.00	Administrative and General	11,759	8,536	4,501,876	0	1,536,634	11,759	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,978,999	0	2.00
3.00	Physical Therapy	0	0	0	0	2,270,744	0	3.00
4.00	Occupational Therapy	0	0	0	0	110,576	0	4.00
5.00	Speech Pathology	0	0	0	0	84,561	0	5.00
6.00	Medical Social Services	0	0	0	0	2,429	0	6.00
7.00	Home Health Aide	0	0	0	0	253,839	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	141,136	0	8.00
9.00	Drugs	0	0	0	0	17,883	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)	11,759	8,536	4,501,876	0	7,396,801	11,759	20.00
21.00	Total cost to be allocated	224,745	12,940	1,298,949	0	1,076,627	177,056	21.00
22.00	Unit cost multiplier	19.112595	1.515933	0.288535	0	0.145553	15.057063	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)		
	7.00	8.00	9.00	10.00	11.00	13.00		
1.00	Administrative and General	11,759	0	11,759	0	131,419	40,011	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)	11,759	0	11,759	0	131,419	40,011	20.00
21.00	Total cost to be allocated	163,806	0	86,199	0	85,933	581,243	21.00
22.00	Unit cost multiplier	13.930266	0.000000	7.330470	0.000000	0.653886	14.527080	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 4/9/2019 3:29 pm
		Home Health Agency I	PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	22.00	23.00	
1.00 Administrative and General	20,782	23,260	18,132,495	18,132,495	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)	20,782	23,260	18,132,495	18,132,495	0	0	20.00
21.00 Total cost to be allocated	4,374	6,206	65,803	1,469	0	0	21.00
22.00 Unit cost multiplier	0.210471	0.266810	0.003629	0.000081	0.000000	0.000000	22.00
Cost Center Description	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)		
	23.01	23.02	23.03	23.04	23.05		
1.00 Administrative and General	0	0	0	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	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 4/9/2019 3:29 pm		
				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	4,903,269		4,903,269	21,970	223.18	1.00
2.00	Physical Therapy	3.00	3,737,521	0	3,737,521	22,660	164.94	2.00
3.00	Occupational Therapy	4.00	182,003	0	182,003	1,721	105.75	3.00
4.00	Speech Pathology	5.00	139,183	0	139,183	437	318.50	4.00
5.00	Medical Social Services	6.00	3,999		3,999	18	222.17	5.00
6.00	Home Health Aide	7.00	417,805		417,805	4,498	92.89	6.00
7.00	Total (sum of lines 1-6)		9,383,780	0	9,383,780	51,304		7.00
Program Visits								
Part B								
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		16974	0	37			8.00
8.01	Skilled Nursing Care		23844	0	8,131			8.01
8.02	Skilled Nursing Care		33140	0	3,730			8.02
9.00	Physical Therapy		16974	0	32			9.00
9.01	Physical Therapy		23844	0	7,737			9.01
9.02	Physical Therapy		33140	0	5,144			9.02
10.00	Occupational Therapy		16974	0	2			10.00
10.01	Occupational Therapy		23844	0	633			10.01
10.02	Occupational Therapy		33140	0	336			10.02
11.00	Speech Pathology		16974	0	0			11.00
11.01	Speech Pathology		23844	0	151			11.01
11.02	Speech Pathology		33140	0	104			11.02
12.00	Medical Social Services		16974	0	0			12.00
12.01	Medical Social Services		23844	0	13			12.01
12.02	Medical Social Services		33140	0	0			12.02
13.00	Home Health Aide		16974	0	14			13.00
13.01	Home Health Aide		23844	0	2,138			13.01
13.02	Home Health Aide		33140	0	810			13.02
14.00	Total (sum of lines 8-13)			0	29,012			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	232,302	0	232,302	153,248	1.515857	15.00
16.00	Cost of Drugs	9.00	29,435	0	29,435	21,395	1.375789	16.00
Program Visits								
Cost of Services								
Part B								
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	11,898		0	2,655,396		1.00
2.00	Physical Therapy	0	12,913		0	2,129,870		2.00
3.00	Occupational Therapy	0	971		0	102,683		3.00
4.00	Speech Pathology	0	255		0	81,218		4.00
5.00	Medical Social Services	0	13		0	2,888		5.00
6.00	Home Health Aide	0	2,962		0	275,140		6.00
7.00	Total (sum of lines 1-6)	0	29,012		0	5,247,195		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0004

Period: From 01/01/2018

Worksheet H-3

HHA CCN: 15-7145

To 12/31/2018

Part I
Date/Time Prepared:
4/9/2019 3:29 pm

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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	40,934	0	0	62,050	0	15.00
16.00	Cost of Drugs		1,264	0		1,739	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,655,396						1.00
2.00	Physical Therapy	2,129,870						2.00
3.00	Occupational Therapy	102,683						3.00
4.00	Speech Pathology	81,218						4.00
5.00	Medical Social Services	2,888						5.00
6.00	Home Health Aide	275,140						6.00
7.00	Total (sum of lines 1-6)	5,247,195						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part II Date/Time Prepared: 4/9/2019 3:29 pm	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated			
	0	1.00	2.00	3.00	4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS								
1.00	Physical Therapy	66.00	0.726531	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.231604	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.417200	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.296577	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.117327	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-11 Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	1,739	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	1,739	0
9.00	Primary payer amounts	0	8,294	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	-6,555
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,478,383
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	448,172
13.00	Total PPS Reimbursement - LUPA Episodes		0	101,332
14.00	Total PPS Reimbursement - PEP Episodes		0	83,446
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	100,969
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	5,104
17.00	Total Other Payments		0	-1,146
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	5,209,705
23.00	Excess reasonable cost (from line 8)		0	1,739
24.00	Subtotal (line 22 minus line 23)		0	5,207,966
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,207,966
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	5,207,966
30.00	OTHER ADJUSTMENTS		0	32
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	5,207,998
31.01	Sequestration adjustment (see instructions)		0	104,159
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	5,103,839
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0004
HHA CCN: 15-7145

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

Worksheet H-5
Date/Time Prepared:
4/9/2019 3:29 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,103,839	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		5,103,839	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		5,103,839	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: 15-0004	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 4/9/2019 3:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,380,063	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		214,707	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)		59.79	3.00
4.00	Number of interns & residents (see instructions)		6.52	4.00
5.00	Indirect medical education percentage (see instructions)		3.13	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)		43,196	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.70	8.00
9.00	Sum of lines 7 and 8		35.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.35	10.00
11.00	Disproportionate share adjustment (see instructions)		101,435	11.00
12.00	Total prospective capital payments (see instructions)		1,739,401	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