

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: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/27/2019 12:17 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: 2/27/2019	Time: 12:17 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 DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	10,748	2,750	0	0	1.00
2.00 Subprovider - IPF	0	12,042	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	22,790	2,750	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: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 12:17 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47747- County: VANDERBURGH				
1.00 Street: 600 MARY STREET		2.00 City: EVANSVILLE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00	Subprovider - IPF	DEACONESS PSYCHIATRIC UNIT	15S082	21780	4	10/01/2009	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									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					From:		To:			
					1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)				10/01/2017		09/30/2018		20.00	
21.00	Type of Control (see instructions)				2				21.00	
					1.00		2.00		3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.			Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			N	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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.				N				23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.			2,573	842	1,665	862	16,758	335	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 12:17 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	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
		NAHE 413.85 Y/N		Worksheet A Line #		Pass-Through Qualification Criteria Code			
		1.00		2.00		3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.03	2	60.03

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.30	16.16	0.124594		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	3.05	16.46	0.156330		67.00
				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	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 12:17 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,772,496	339,951			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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		HB0778		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 12:17 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: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001			
142.00	Street: 600 MARY STREET	PO Box:					
143.00	City: EVANSVILLE	State: IN	Zip Code: 47710				
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00	2.00		
				Y			
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
				Y			
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
				N			
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
				N			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
				N			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
				N			
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
165.00 Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
				N			
		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
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
				Y			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						
				0			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						
				9.99			
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2018		12/31/2018			
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
				N			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 12:17 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)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	N				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					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.				Y		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	01/25/2019	Y	01/25/2019		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: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 12:17 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 12:17 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT COORDINATOR		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: 15-0082

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2019 12:17 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	448	149,506	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)		448	149,506	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		531	179,801	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		547				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: 15-0082

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2019 12:17 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)	45,599	3,792	104,529			1.00
2.00 HMO and other (see instructions)	20,581	18,133				2.00
3.00 HMO IPF Subprovider	253	1,012				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)	45,599	3,792	104,529			7.00
8.00 INTENSIVE CARE UNIT	7,606	932	17,684			8.00
9.00 CORONARY CARE UNIT	2,089	178	4,208			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	55,294	4,902	126,421	19.21	4,130.97	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,387	298	3,374	0.00	21.22	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				19.21	4,152.19	27.00
28.00 Observation Bed Days		2,820	9,408			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	0	0			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: 15-0082

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2019 12:17 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	12,564	1,102	29,815	1.00
2.00	HMO and other (see instructions)			4,146	3,731		2.00
3.00	HMO IPF Subprovider				168		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	12,564	1,102	29,815	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	148	32	422	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2019 12:17 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	268,720,597	-942,309	267,778,288	8,644,588.00	30.98	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		2,124,920	0	2,124,920	23,750.00	89.47	3.00
4.00	Physician-Part A - Administrative		3,599,409	120,200	3,719,609	15,358.00	242.19	4.00
4.01	Physicians - Part A - Teaching		0	1,781,485	1,781,485	13,958.00	127.63	4.01
5.00	Physician and Non-Physician-Part B		42,109,997	0	42,109,997	265,642.00	158.52	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,533,464	1,533,464	45,989.00	33.34	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		70,814,743	0	70,814,743	2,931,706.00	24.15	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,944,327	1,909,855	15,854,182	486,269.00	32.60	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,451,312	0	1,451,312	10,336.00	140.41	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		9,863,830	0	9,863,830	79,970.00	123.34	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		52,143,970	0	52,143,970	2,218,209.00	23.51	14.01
14.02	Related organization salaries		11,247,928	0	11,247,928	379,098.00	29.67	14.02
15.00	Home office: Physician Part A - Administrative		227,056	0	227,056	1,084.00	209.46	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		64,855,612	0	64,855,612			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		12,436,239	0	12,436,239			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		278,727	0	278,727			21.00
22.00	Physician Part A - Administrative		258,085	0	258,085			22.00
22.01	Physician Part A - Teaching		167,540	0	167,540			22.01
23.00	Physician Part B		3,652,383	0	3,652,383			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		290,446	0	290,446			25.00
25.50	Home office wage-related (core)		15,208,649	0	15,208,649			25.50
25.51	Related organization wage-related (core)		2,726,374	0	2,726,374			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		40,069	0	40,069			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,927,426	132,405	2,059,831	69,794.00	29.51	26.00
27.00	Administrative & General	5.00	48,125,657	-5,496,921	42,628,736	1,471,337.00	28.97	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2019 12:17 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.)		24,481,622	0	24,481,622	143,061.00	171.13	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,421,789	241,453	3,663,242	132,977.00	27.55	30.00
31.00	Laundry & Linen Service	8.00	651,369	10,352	661,721	53,655.00	12.33	31.00
32.00	Housekeeping	9.00	4,122,747	232,438	4,355,185	316,580.00	13.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,969,990	-2,150,661	1,819,329	131,363.00	13.85	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,411,692	1,411,692	102,035.00	13.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,894,810	85,314	1,980,124	81,293.00	24.36	38.00
39.00	Central Services and Supply	14.00	2,053,009	73,506	2,126,515	112,816.00	18.85	39.00
40.00	Pharmacy	15.00	8,861,039	224,908	9,085,947	257,789.00	35.25	40.00
41.00	Medical Records & Medical Records Library	16.00	3,972,207	26,062	3,998,269	186,851.00	21.40	41.00
42.00	Social Service	17.00	4,653,391	101,161	4,754,552	144,740.00	32.85	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

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

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2019 12:17 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)	178,152,559	-4,257,258	173,895,301	5,506,604.00	31.58	1.00
2.00	Excluded area salaries (see instructions)	13,944,327	1,909,855	15,854,182	486,269.00	32.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	164,208,232	-6,167,113	158,041,119	5,020,335.00	31.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	74,934,096	0	74,934,096	2,688,697.00	27.87	4.00
5.00	Subtotal wage-related costs (see inst.)	83,088,789	0	83,088,789	0.00	52.57	5.00
6.00	Total (sum of lines 3 thru 5)	322,231,117	-6,167,113	316,064,004	7,709,032.00	41.00	6.00
7.00	Total overhead cost (see instructions)	108,135,056	-5,108,291	103,026,765	3,204,291.00	32.15	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2019 12:17 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			10,803,283 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)			9,181,678 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			6,325 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			207,719 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)			37,997,604 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			960,712 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			256,627 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			3,298 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			3,289,797 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,807,787 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			15,315,825 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			26,920 19.00
20.00	State or Federal Unemployment Taxes			2,621 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			1,010,554 21.00
22.00	Day Care Cost and Allowances			572,629 22.00
23.00	Tuition Reimbursement			495,651 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			81,939,030 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: 15-0082

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

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2019 12:17 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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/27/2019 12:17 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)		0.224450	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		52,136,594	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		315,781,255	6.00	
7.00	Medicaid cost (line 1 times line 6)		70,877,103	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)		18,740,509	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)		18,740,509	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)	43,448,838	4,370,684	47,819,522	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,752,092	4,370,684	14,122,776	21.00
22.00	Payments received from patients for amounts previously written off as charity care	96,505	1,517	98,022	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,655,587	4,369,167	14,024,754	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)			15,832,115	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,624,133	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,498,666	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,333,449	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,867,226	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			17,891,980	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			36,632,489	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

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

Worksheet A
Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		30,746,981	30,746,981	4,186,877	34,933,858	1.00
1.01	00101		0	0	141,437	141,437	1.01
2.00	00200		5,650,641	5,650,641	20,593,575	26,244,216	2.00
4.00	00400	1,927,426	49,666,894	51,594,320	2,929,661	54,523,981	4.00
5.00	00500	48,125,657	92,243,688	140,369,345	-18,647,177	121,722,168	5.00
7.00	00700	3,421,789	15,571,408	18,993,197	-4,397,718	14,595,479	7.00
8.00	00800	651,369	590,349	1,241,718	-146,035	1,095,683	8.00
9.00	00900	4,122,747	1,465,835	5,588,582	217,935	5,806,517	9.00
10.00	01000	3,969,990	4,021,829	7,991,819	-4,452,660	3,539,159	10.00
11.00	01100	0	0	0	2,737,476	2,737,476	11.00
13.00	01300	1,894,810	1,179,974	3,074,784	-306,998	2,767,786	13.00
14.00	01400	2,053,009	1,838,923	3,891,932	-460,735	3,431,197	14.00
15.00	01500	8,861,039	63,751,353	72,612,392	-61,943,142	10,669,250	15.00
16.00	01600	3,972,207	-634,583	3,337,624	-50,840	3,286,784	16.00
17.00	01700	4,653,391	773,952	5,427,343	148,253	5,575,596	17.00
21.00	02100	0	0	0	1,533,464	1,533,464	21.00
22.00	02200	0	0	0	2,126,123	2,126,123	22.00
23.00	02300	208,513	55,541	264,054	43,498	307,552	23.00
23.01	02301	0	0	0	237,323	237,323	23.01
23.03	02303	0	0	0	585,256	585,256	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	55,874,907	14,479,535	70,354,442	-223,577	70,130,865	30.00
31.00	03100	10,718,304	2,943,026	13,661,330	161,199	13,822,529	31.00
32.00	03200	2,741,255	782,012	3,523,267	24,507	3,547,774	32.00
40.00	04000	906,189	97,404	1,003,593	48,800	1,052,393	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	26,721,861	86,697,595	113,419,456	-31,335,480	82,083,976	50.00
54.00	05400	10,788,725	13,971,920	24,760,645	-13,356,240	11,404,405	54.00
55.00	05500	1,165,927	12,759,214	13,925,141	49,998	13,975,139	55.00
56.00	05600	0	0	0	3,820,227	3,820,227	56.00
57.00	05700	0	0	0	3,438,042	3,438,042	57.00
58.00	05800	0	0	0	2,784,609	2,784,609	58.00
59.00	05900	1,549,649	5,619,924	7,169,573	-2,137,318	5,032,255	59.00
60.00	06000	13,675,095	21,105,186	34,780,281	-258,628	34,521,653	60.00
64.00	06400	689,167	1,315,739	2,004,906	2,934	2,007,840	64.00
65.00	06500	3,369,011	1,663,199	5,032,210	-239,253	4,792,957	65.00
66.00	06600	0	15,117,288	15,117,288	-22,327	15,094,961	66.00
69.00	06900	554,191	1,468,429	2,022,620	-13,262	2,009,358	69.00
71.00	07100	0	0	0	12,014,013	12,014,013	71.00
72.00	07200	0	0	0	22,181,123	22,181,123	72.00
73.00	07300	0	0	0	62,104,136	62,104,136	73.00
74.00	07400	0	1,409,549	1,409,549	-9,752	1,399,797	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,594,898	537,907	2,132,805	10,803	2,143,608	90.00
90.01	09001	4,033,585	873,076	4,906,661	-3,524,866	1,381,795	90.01
90.02	09002	623,831	263,210	887,041	23,677	910,718	90.02
90.03	09003	960,905	494,706	1,455,611	8,043	1,463,654	90.03
90.04	09004	2,050,377	635,417	2,685,794	29,569	2,715,363	90.04
90.05	09005	2,244,621	1,296,786	3,541,407	-483,323	3,058,084	90.05
90.06	09006	987,010	399,896	1,386,906	17,090	1,403,996	90.06
90.07	09007	2,806,327	794,541	3,600,868	-23,953	3,576,915	90.07
90.08	09008	552,655	151,049	703,704	7,606	711,310	90.08
90.09	09009	258,571	101,080	359,651	5,780	365,431	90.09
91.00	09100	21,592,173	12,072,594	33,664,767	-149,492	33,515,275	91.00
92.00	09200						92.00
92.01	09201	2,654,193	488,653	3,142,846	-622,252	2,520,594	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	2,915,598	6,660,067	9,575,665	-269,523	9,306,142	96.00
SPECIAL PURPOSE COST CENTERS							
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		255,890,972	471,121,787	727,012,759	-861,517	726,151,242	
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	1,674,554	1,674,554	190.00
192.00	19200	7,572,779	1,747,591	9,320,370	-352,472	8,967,898	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	938	938	0	938	192.02
192.03	19203	1,290,746	20,847,022	22,137,768	-677,314	21,460,454	192.03
194.00	07950	1,079,896	1,738,932	2,818,828	-33,458	2,785,370	194.00
194.01	07951	362,543	178,544	541,087	17,828	558,915	194.01
194.02	07952	368,304	3,076,466	3,444,770	145,498	3,590,268	194.02
194.03	07953	0	95,813	95,813	0	95,813	194.03
194.04	07954	733,868	1,265,974	1,999,842	23,145	2,022,987	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

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

Worksheet A

Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.05 07955 CHILD CARE CENTER	1,421,489	456,562	1,878,051	66,424	1,944,475	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	71,956	71,956	-2,688	69,268	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	-3	-3	0	-3	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	268,720,597	500,601,582	769,322,179	0	769,322,179	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

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

Worksheet A
Date/Time Prepared:
2/27/2019 12:17 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	-1,886,325	33,047,533	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	141,437	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	26,244,216	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-19,489,079	35,034,902	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-62,970,880	58,751,288	5.00
7.00	00700	OPERATION OF PLANT	-6,836,844	7,758,635	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-255,613	840,070	8.00
9.00	00900	HOUSEKEEPING	-1,444,103	4,362,414	9.00
10.00	01000	DIETARY	-409,959	3,129,200	10.00
11.00	01100	CAFETERIA	-12,445	2,725,031	11.00
13.00	01300	NURSING ADMINISTRATION	-252,919	2,514,867	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-290,914	3,140,283	14.00
15.00	01500	PHARMACY	-2,775,847	7,893,403	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,256,210	2,030,574	16.00
17.00	01700	SOCIAL SERVICE	-620,861	4,954,735	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,533,464	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,126,123	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	307,552	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	237,323	23.01
23.03	02303	PARAMED PRGM-NURSING	0	585,256	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-20,524,634	49,606,231	30.00
31.00	03100	INTENSIVE CARE UNIT	-122,746	13,699,783	31.00
32.00	03200	CORONARY CARE UNIT	0	3,547,774	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,052,393	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-35,410,581	46,673,395	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-320,643	11,083,762	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-7,652,185	6,322,954	55.00
56.00	05600	RADIOISOTOPE	-522,433	3,297,794	56.00
57.00	05700	CT SCAN	0	3,438,042	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,784,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	-84,582	4,947,673	59.00
60.00	06000	LABORATORY	-518,332	34,003,321	60.00
64.00	06400	INTRAVENOUS THERAPY	338,077	2,345,917	64.00
65.00	06500	RESPIRATORY THERAPY	-24,758	4,768,199	65.00
66.00	06600	PHYSICAL THERAPY	-5,449,623	9,645,338	66.00
69.00	06900	ELECTROCARDIOLOGY	653,062	2,662,420	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-69,165	11,944,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	400,697	22,581,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,406	62,109,542	73.00
74.00	07400	RENAL DIALYSIS	-2,201	1,397,596	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-6,711	2,136,897	90.00
90.01	09001	FAMILY PRACTICE CLINIC	5,342	1,387,137	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	910,718	90.02
90.03	09003	CHEMO	-949	1,462,705	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,464,323	1,251,040	90.04
90.05	09005	PAIN MANAGEMENT	-361,238	2,696,846	90.05
90.06	09006	WOUND CARE	-109,805	1,294,191	90.06
90.07	09007	SLEEP CENTER	-1,176,810	2,400,105	90.07
90.08	09008	HEMATOLOGY	-59,279	652,031	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	-103,033	262,398	90.09
91.00	09100	EMERGENCY	-13,919,790	19,595,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION UNIT	0	2,520,594	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	698	9,306,840	96.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-185,002,538	541,148,704	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,674,554	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,967,898	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HEARTCARE	0	938	192.02
192.03	19203	FAMILY PHARMACY	0	21,460,454	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	2,785,370	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	558,915	194.01
194.02	07952	OTHER FACILITIES	0	3,590,268	194.02
194.03	07953	THE HEART HOSPITAL	0	95,813	194.03
194.04	07954	PR	0	2,022,987	194.04
194.05	07955	CHILD CARE CENTER	0	1,944,475	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	69,268	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet A Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.07	07957	6.00	7.00	
		0	-3	194.07
194.08	07958	0	0	194.08
194.09	07959	0	0	194.09
200.00		-185,002,538	584,319,641	200.00
TOTAL (SUM OF LINES 118 through 199)				

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,465,081	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
TOTALS			0	4,465,081	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,830,237	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
TOTALS			0	19,830,237	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	333,290	1.00
2.00	OTHER FACILITIES	194.02	0	156,814	2.00
3.00		0.00	0	0	3.00
TOTALS			0	490,104	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,411,692	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	863,553	0	2.00
3.00		0.00	0	0	3.00
4.00	CAFETERIA	11.00	0	1,325,784	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	811,001	5.00
6.00		0.00	0	0	6.00
TOTALS			2,275,245	2,136,785	

RECLASSIFICATIONS

Provider CCN: 15-0082

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

Worksheet A-6

Date/Time Prepared:
2/27/2019 12:17 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
E - INCENTIVE COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	131,733	0	1.00	
2.00	OPERATION OF PLANT	7.00	247,373	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	11,071	0	3.00	
4.00	HOUSEKEEPING	9.00	248,617	0	4.00	
5.00	DIETARY	10.00	130,117	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	91,776	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	79,479	0	7.00	
8.00	PHARMACY	15.00	297,670	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	23,533	0	9.00	
10.00	SOCIAL SERVICE	17.00	138,347	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	708,705	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	270,472	0	12.00	
13.00	CORONARY CARE UNIT	32.00	71,231	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	10,806	0	14.00	
15.00	OPERATING ROOM	50.00	369,807	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	295,415	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	59,209	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	45,857	0	18.00	
19.00	LABORATORY	60.00	518,409	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	7,971	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	87,665	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	6,909	0	22.00	
23.00	CLINIC	90.00	36,802	0	23.00	
24.00	FAMILY PRACTICE CLINIC	90.01	108,181	0	24.00	
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	23,346	0	25.00	
26.00	CHEMO	90.03	20,327	0	26.00	
27.00	PRIMARY CARE FOR SENIORS	90.04	38,232	0	27.00	
28.00	PAIN MANAGEMENT	90.05	40,347	0	28.00	
29.00	WOUND CARE	90.06	29,435	0	29.00	
30.00	SLEEP CENTER	90.07	42,815	0	30.00	
31.00	HEMATOLOGY	90.08	10,584	0	31.00	
32.00	MULTI-SPECIALTY CLINIC	90.09	16,995	0	32.00	
33.00	EMERGENCY	91.00	100,243	0	33.00	
34.00	OBSERVATION UNIT	92.01	38,607	0	34.00	
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	32,948	0	35.00	
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	71,493	0	36.00	
37.00	FAMILY PHARMACY	192.03	49,858	0	37.00	
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	14,969	0	38.00	
39.00	OCCUPATIONAL HEALTH	194.01	16,910	0	39.00	
40.00	PR	194.04	29,878	0	40.00	
41.00	CHILD CARE CENTER	194.05	67,492	0	41.00	
42.00	TOTALS	0.00	0	0	42.00	
			4,641,634	0		
F - LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	464,869	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	343,482	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	
			0	808,351		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	62,104,136	1.00	
2.00		0.00	0	0	2.00	
			0	62,104,136		
H - CENTRAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	281,697	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,378	2.00	
3.00		0.00	0	0	3.00	
			0	295,075		
I - RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,533,464	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,781,485	0	2.00	
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	344,638	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

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

Worksheet A-6
Date/Time Prepared:
2/27/2019 12:17 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
6.00		0.00	0	0	6.00
TOTALS			3,314,949	344,638	
J - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	213,447	0	1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	23,876	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
TOTALS			213,447	23,876	
K - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	838,677	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	4,155	2.00
3.00	OTHER FACILITIES	194.02	0	10,826	3.00
4.00		0.00	0	0	4.00
TOTALS			0	853,658	
L - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	242	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,284	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
TOTALS			242	4,284	
M - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	585,256	0	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
TOTALS			585,256	0	
N - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,732,316	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	22,167,745	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
TOTALS			0	33,900,061	
P - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,829,651	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	18,600	0	4.00
5.00		0.00	0	0	5.00
TOTALS			18,600	2,829,651	
Q - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	39,383	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	86,566	2.00
3.00		0.00	0	0	3.00
TOTALS			0	125,949	
R - DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,052	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	134,398	2.00
3.00	OPERATION OF PLANT	7.00	0	18,657	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	3,036	4.00
5.00	HOUSEKEEPING	9.00	0	26,335	5.00
6.00	DIETARY	10.00	0	14,823	6.00
7.00	NURSING ADMINISTRATION	13.00	0	12,551	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,142	8.00
9.00	PHARMACY	15.00	0	63,417	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,322	10.00
11.00	SOCIAL SERVICE	17.00	0	50,971	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	320,629	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	108,062	13.00
14.00	CORONARY CARE UNIT	32.00	0	13,647	14.00

RECLASSIFICATIONS

Provider CCN: 15-0082

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

Worksheet A-6
Date/Time Prepared:
2/27/2019 12:17 pm

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
15.00	SUBPROVIDER - IPF	40.00	0	2,206	15.00
16.00	OPERATING ROOM	50.00	0	152,749	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	63,947	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,147	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,915	19.00
20.00	LABORATORY	60.00	0	110,910	20.00
21.00	INTRAVENOUS THERAPY	64.00	0	4,625	21.00
22.00	RESPIRATORY THERAPY	65.00	0	11,196	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,169	23.00
24.00	CLINIC	90.00	0	5,869	24.00
25.00	FAMILY PRACTICE CLINIC	90.01	0	557	25.00
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	1,906	26.00
27.00	CHEMO	90.03	0	6,289	27.00
28.00	PRIMARY CARE FOR SENIORS	90.04	0	3,833	28.00
29.00	PAIN MANAGEMENT	90.05	0	13,132	29.00
30.00	WOUND CARE	90.06	0	4,477	30.00
31.00	SLEEP CENTER	90.07	0	13,664	31.00
32.00	HEMATOLOGY	90.08	0	1,077	32.00
33.00	MULTI-SPECIALTY CLINIC	90.09	0	418	33.00
34.00	EMERGENCY	91.00	0	57,102	34.00
35.00	OBSERVATION UNIT	92.01	0	6,751	35.00
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	10,029	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,518	37.00
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	1,352	38.00
39.00	CHILD CARE CENTER	194.05	0	3,223	39.00
	TOTALS		0	1,280,103	
S - SALARY IN NON-SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	325	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	5,210	0	2.00
3.00	OPERATION OF PLANT	7.00	900	0	3.00
4.00	HOUSEKEEPING	9.00	1,405	0	4.00
5.00	DIETARY	10.00	750	0	5.00
6.00	NURSING ADMINISTRATION	13.00	25	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	50	0	7.00
8.00	PHARMACY	15.00	460	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	1,055	0	9.00
10.00	SOCIAL SERVICE	17.00	1,795	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	47,576	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	949	0	12.00
13.00	CORONARY CARE UNIT	32.00	25	0	13.00
14.00	SUBPROVIDER - IPF	40.00	175	0	14.00
15.00	OPERATING ROOM	50.00	4,759	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	825	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	350	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	25	0	18.00
19.00	LABORATORY	60.00	2,230	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	200	0	20.00
21.00	RESPIRATORY THERAPY	65.00	675	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	150	0	22.00
23.00	FAMILY PRACTICE CLINIC	90.01	7,642	0	23.00
24.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	450	0	24.00
25.00	CHEMO	90.03	5,025	0	25.00
26.00	PRIMARY CARE FOR SENIORS	90.04	4,825	0	26.00
27.00	PAIN MANAGEMENT	90.05	650	0	27.00
28.00	WOUND CARE	90.06	540	0	28.00
29.00	SLEEP CENTER	90.07	1,214	0	29.00
30.00	HEMATOLOGY	90.08	3,000	0	30.00
31.00	MULTI-SPECIALTY CLINIC	90.09	1,200	0	31.00
32.00	EMERGENCY	91.00	4,656	0	32.00
33.00	OBSERVATION UNIT	92.01	50	0	33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	700	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	12,655	0	35.00
36.00	FAMILY PHARMACY	192.03	100	0	36.00
37.00	OCCUPATIONAL HEALTH	194.01	25	0	37.00
38.00	CHILD CARE CENTER	194.05	77	0	38.00
	TOTALS		112,723	0	
T - PART A PHYSICIAN					
1.00	INTENSIVE CARE UNIT	31.00	120,200	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	9,000	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			120,200	9,000	
U - HEART SALARIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	630	0	1.00
2.00	DIETARY	10.00	361	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	18,901	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	43,511	0	4.00
5.00	OPERATING ROOM	50.00	59,251	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	294	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	4,355	0	7.00
8.00	INTRAVENOUS THERAPY	64.00	24,001	0	8.00
9.00	EMERGENCY	91.00	287	0	9.00
10.00	OBSERVATION UNIT	92.01	1,738	0	10.00
TOTALS			153,329	0	
V - HSB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	137,282	1.00
2.00		0.00	0	0	2.00
TOTALS			0	137,282	
W - ACTIVITY THERAPY					
1.00	SUBPROVIDER - IPF	40.00	31,683	0	1.00
2.00		0.00	0	0	2.00
3.00	SUBPROVIDER - IPF	40.00	0	4,040	3.00
4.00		0.00	0	0	4.00
TOTALS			31,683	4,040	
X - PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,097	0	1.00
2.00	OPERATION OF PLANT	7.00	11,837	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	2,317	0	3.00
4.00	HOUSEKEEPING	9.00	8,751	0	4.00
5.00	DIETARY	10.00	8,179	0	5.00
6.00	NURSING ADMINISTRATION	13.00	6,064	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	5,119	0	7.00
8.00	PHARMACY	15.00	33,693	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	13,796	0	9.00
10.00	SOCIAL SERVICE	17.00	11,990	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	88,479	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	23,897	0	12.00
13.00	CORONARY CARE UNIT	32.00	7,187	0	13.00
14.00	SUBPROVIDER - IPF	40.00	2,570	0	14.00
15.00	OPERATING ROOM	50.00	42,409	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	32,761	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	4,121	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	5,055	0	18.00
19.00	LABORATORY	60.00	35,785	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	1,284	0	20.00
21.00	RESPIRATORY THERAPY	65.00	8,576	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	1,613	0	22.00
23.00	CLINIC	90.00	3,371	0	23.00
24.00	FAMILY PRACTICE CLINIC	90.01	8,666	0	24.00
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	1,749	0	25.00
26.00	CHEMO	90.03	2,738	0	26.00
27.00	PRIMARY CARE FOR SENIORS	90.04	6,202	0	27.00
28.00	PAIN MANAGEMENT	90.05	7,518	0	28.00
29.00	WOUND CARE	90.06	2,679	0	29.00
30.00	SLEEP CENTER	90.07	10,095	0	30.00
31.00	HEMATOLOGY	90.08	1,561	0	31.00
32.00	MULTI-SPECIALTY CLINIC	90.09	1,310	0	32.00
33.00	EMERGENCY	91.00	45,448	0	33.00
34.00	OBSERVATION UNIT	92.01	4,203	0	34.00
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	8,433	0	35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	13,081	0	36.00
37.00	FAMILY PHARMACY	192.03	4,111	0	37.00
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	3,577	0	38.00
39.00	OCCUPATIONAL HEALTH	194.01	1,073	0	39.00
40.00	OTHER FACILITIES	194.02	735	0	40.00
41.00	PR	194.04	2,356	0	41.00
42.00	CHILD CARE CENTER	194.05	4,218	0	42.00
43.00		0.00	0	0	43.00
TOTALS			495,704	0	
Y - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY	23.00	43,498	0	1.00
2.00		0.00	0	0	2.00
TOTALS			43,498	0	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
Z - RADIOLOGY					
1.00	RADIOISOTOPE	56.00	651,446	0	1.00
2.00	CT SCAN	57.00	2,243,384	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,438,506	0	3.00
4.00		0.00	0	0	4.00
5.00	RADIOISOTOPE	56.00	0	3,168,781	5.00
6.00	CT SCAN	57.00	0	1,194,658	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,346,103	7.00
8.00		0.00	0	0	8.00
	TOTALS		4,333,336	5,709,542	
AA - OBSERVATION UNIT					
1.00	ADULTS & PEDIATRICS	30.00	479,349	0	1.00
2.00		0.00	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	86,193	3.00
4.00		0.00	0	0	4.00
	TOTALS		479,349	86,193	
500.00	Grand Total : Increases		16,819,195	135,438,046	500.00

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	5.00	0	24,458	9		2.00
3.00	7.00	0	4,437,484	9		3.00
4.00	194.00	0	3,139	9		4.00
		0	4,465,081			
B - EQUIPMENT DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	1.00	0	993,747	9		2.00
3.00	4.00	0	36,122	9		3.00
4.00	5.00	0	9,945,246	9		4.00
5.00	7.00	0	219,444	9		5.00
6.00	8.00	0	159,423	9		6.00
7.00	9.00	0	39,433	9		7.00
8.00	10.00	0	178,926	9		8.00
9.00	13.00	0	404,838	9		9.00
10.00	14.00	0	250,258	9		10.00
11.00	15.00	0	126,871	9		11.00
12.00	16.00	0	88,169	9		12.00
13.00	17.00	0	2,084	9		13.00
14.00	30.00	0	938,420	9		14.00
15.00	31.00	0	162,474	9		15.00
16.00	32.00	0	30,739	9		16.00
17.00	40.00	0	299	9		17.00
18.00	50.00	0	2,586,338	9		18.00
19.00	54.00	0	1,377,909	9		19.00
20.00	55.00	0	13,332	9		20.00
21.00	59.00	0	154,368	9		21.00
22.00	60.00	0	812,822	9		22.00
23.00	64.00	0	6,014	9		23.00
24.00	65.00	0	35,876	9		24.00
25.00	66.00	0	22,327	9		25.00
26.00	69.00	0	20,466	9		26.00
27.00	74.00	0	9,752	9		27.00
28.00	90.00	0	29,370	9		28.00
29.00	90.01	0	35,268	9		29.00
30.00	90.02	0	1,418	9		30.00
31.00	90.03	0	15,022	9		31.00
32.00	90.04	0	14,865	9		32.00
33.00	90.05	0	84,335	9		33.00
34.00	90.06	0	9,130	9		34.00
35.00	90.07	0	76,863	9		35.00
36.00	90.08	0	4,539	9		36.00
37.00	90.09	0	12,525	9		37.00
38.00	91.00	0	282,137	9		38.00
39.00	92.01	0	99,008	9		39.00
40.00	96.00	0	262,856	9		40.00
41.00	192.00	0	157,966	9		41.00
42.00	192.03	0	44,804	9		42.00
43.00	194.00	0	48,865	9		43.00
44.00	194.01	0	155	9		44.00
45.00	194.02	0	22,877	9		45.00
46.00	194.04	0	4,563	9		46.00
47.00	194.05	0	5,286	9		47.00
48.00	194.06	0	2,688	9		48.00
		0	19,830,237			
C - INTEREST EXPENSE						
1.00	0.00	0	0	11		1.00
2.00	0.00	0	0	11		2.00
3.00	1.00	0	490,104	11		3.00
		0	490,104			
D - CAFETERIA						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	10.00	2,275,245	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	10.00	0	2,136,785	0		6.00
		2,275,245	2,136,785			

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
E - INCENTIVE COMPENSATION						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	0.00	0	0	0	0	4.00
5.00	0.00	0	0	0	0	5.00
6.00	0.00	0	0	0	0	6.00
7.00	0.00	0	0	0	0	7.00
8.00	0.00	0	0	0	0	8.00
9.00	0.00	0	0	0	0	9.00
10.00	0.00	0	0	0	0	10.00
11.00	0.00	0	0	0	0	11.00
12.00	0.00	0	0	0	0	12.00
13.00	0.00	0	0	0	0	13.00
14.00	0.00	0	0	0	0	14.00
15.00	0.00	0	0	0	0	15.00
16.00	0.00	0	0	0	0	16.00
17.00	0.00	0	0	0	0	17.00
18.00	0.00	0	0	0	0	18.00
19.00	0.00	0	0	0	0	19.00
20.00	0.00	0	0	0	0	20.00
21.00	0.00	0	0	0	0	21.00
22.00	0.00	0	0	0	0	22.00
23.00	0.00	0	0	0	0	23.00
24.00	0.00	0	0	0	0	24.00
25.00	0.00	0	0	0	0	25.00
26.00	0.00	0	0	0	0	26.00
27.00	0.00	0	0	0	0	27.00
28.00	0.00	0	0	0	0	28.00
29.00	0.00	0	0	0	0	29.00
30.00	0.00	0	0	0	0	30.00
31.00	0.00	0	0	0	0	31.00
32.00	0.00	0	0	0	0	32.00
33.00	0.00	0	0	0	0	33.00
34.00	0.00	0	0	0	0	34.00
35.00	0.00	0	0	0	0	35.00
36.00	0.00	0	0	0	0	36.00
37.00	0.00	0	0	0	0	37.00
38.00	0.00	0	0	0	0	38.00
39.00	0.00	0	0	0	0	39.00
40.00	0.00	0	0	0	0	40.00
41.00	0.00	0	0	0	0	41.00
42.00	ADMINISTRATIVE & GENERAL	5.00	4,641,634	0	0	42.00
TOTALS			4,641,634	0	0	
F - LEASES						
1.00	0.00	0	0	0	10	1.00
2.00	0.00	0	0	0	10	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	94,997	10	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	515,426	10	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	10	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	149,880	10	6.00
TOTALS			0	808,351		
G - DRUGS						
1.00	0.00	0	0	0	0	1.00
2.00	PHARMACY	15.00	0	62,104,136	0	2.00
TOTALS			0	62,104,136		
H - CENTRAL SUPPLY						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	295,075	0	3.00
TOTALS			0	295,075		
I - RESIDENTS						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	FAMILY PRACTICE CLINIC	90.01	3,261,807	0	0	4.00
5.00	FAMILY PRACTICE CLINIC	90.01	0	344,638	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	53,142	0	6.00
TOTALS			3,261,807	397,780		
J - PASTORAL EDUCATION						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	213,447	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	23,876	0	4.00

RECLASSIFICATIONS

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		213,447	23,876		
K - INSURANCE						
1.00		0.00	0	0	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	853,658	12	4.00
	TOTALS		0	853,658		
L - PUBLIC RELATIONS						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	PR	194.04	242	0	0	3.00
4.00	PR	194.04	0	4,284	0	4.00
	TOTALS		242	4,284		
M - NURSING EDUCATION						
1.00		0.00	0	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,698	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	36,420	0	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	366,788	0	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	99,896	0	0	5.00
6.00	CORONARY CARE UNIT	32.00	23,172	0	0	6.00
7.00	OPERATING ROOM	50.00	34,693	0	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	512	0	0	8.00
9.00	INTRAVENOUS THERAPY	64.00	307	0	0	9.00
10.00	ELECTROCARDIOLOGY	69.00	1,318	0	0	10.00
11.00	WOUND CARE	90.06	5,894	0	0	11.00
12.00	EMERGENCY	91.00	13,046	0	0	12.00
13.00	OBSERVATION UNIT	92.01	512	0	0	13.00
	TOTALS		585,256	0		
N - MEDICAL SUPPLIES CHARGED						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	245,372	0	3.00
4.00	OPERATING ROOM	50.00	0	29,126,665	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,748,203	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	2,033,350	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	299,618	0	7.00
8.00	PAIN MANAGEMENT	90.05	0	446,853	0	8.00
	TOTALS		0	33,900,061		
P - BENEFITS						
1.00		0.00	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,143,172	0	2.00
3.00	FAMILY PHARMACY	192.03	0	686,479	0	3.00
4.00		0.00	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	18,600	0	5.00
	TOTALS		0	2,848,251		
Q - PROPERTY TAXES						
1.00		0.00	0	0	13	1.00
2.00		0.00	0	0	13	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	125,949	13	3.00
	TOTALS		0	125,949		
R - DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,052	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	134,398	0	0	2.00
3.00	OPERATION OF PLANT	7.00	18,657	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	3,036	0	0	4.00
5.00	HOUSEKEEPING	9.00	26,335	0	0	5.00
6.00	DIETARY	10.00	14,823	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	12,551	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	11,142	0	0	8.00
9.00	PHARMACY	15.00	63,417	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	12,322	0	0	10.00
11.00	SOCIAL SERVICE	17.00	50,971	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	320,629	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	108,062	0	0	13.00
14.00	CORONARY CARE UNIT	32.00	13,647	0	0	14.00
15.00	SUBPROVIDER - IPF	40.00	2,206	0	0	15.00
16.00	OPERATING ROOM	50.00	152,749	0	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	63,947	0	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	1,147	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	1,915	0	0	19.00
20.00	LABORATORY	60.00	110,910	0	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	4,625	0	0	21.00
22.00	RESPIRATORY THERAPY	65.00	11,196	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	1,169	0	0	23.00

RECLASSIFICATIONS

Provider CCN: 15-0082

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
24.00	CLINIC	90.00	5,869	0	0	24.00	
25.00	FAMILY PRACTICE CLINIC	90.01	557	0	0	25.00	
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	1,906	0	0	26.00	
27.00	CHEMO	90.03	6,289	0	0	27.00	
28.00	PRIMARY CARE FOR SENIORS	90.04	3,833	0	0	28.00	
29.00	PAIN MANAGEMENT	90.05	13,132	0	0	29.00	
30.00	WOUND CARE	90.06	4,477	0	0	30.00	
31.00	SLEEP CENTER	90.07	13,664	0	0	31.00	
32.00	HEMATOLOGY	90.08	1,077	0	0	32.00	
33.00	MULTI-SPECIALTY CLINIC	90.09	418	0	0	33.00	
34.00	EMERGENCY	91.00	57,102	0	0	34.00	
35.00	OBSERVATION UNIT	92.01	6,751	0	0	35.00	
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	10,029	0	0	36.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,518	0	0	37.00	
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,352	0	0	38.00	
39.00	CHILD CARE CENTER	194.05	3,223	0	0	39.00	
TOTALS			1,280,103	0			
S - SALARY IN NON-SALARY ACCOUNTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	325	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,210	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	900	0	3.00	
4.00	HOUSEKEEPING	9.00	0	1,405	0	4.00	
5.00	DIETARY	10.00	0	750	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	25	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	50	0	7.00	
8.00	PHARMACY	15.00	0	460	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,055	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	1,795	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	47,576	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	949	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	25	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	0	175	0	14.00	
15.00	OPERATING ROOM	50.00	0	4,759	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	825	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	350	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	25	0	18.00	
19.00	LABORATORY	60.00	0	2,230	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	200	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	675	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	150	0	22.00	
23.00	FAMILY PRACTICE CLINIC	90.01	0	7,642	0	23.00	
24.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	450	0	24.00	
25.00	CHEMO	90.03	0	5,025	0	25.00	
26.00	PRIMARY CARE FOR SENIORS	90.04	0	4,825	0	26.00	
27.00	PAIN MANAGEMENT	90.05	0	650	0	27.00	
28.00	WOUND CARE	90.06	0	540	0	28.00	
29.00	SLEEP CENTER	90.07	0	1,214	0	29.00	
30.00	HEMATOLOGY	90.08	0	3,000	0	30.00	
31.00	MULTI-SPECIALTY CLINIC	90.09	0	1,200	0	31.00	
32.00	EMERGENCY	91.00	0	4,656	0	32.00	
33.00	OBSERVATION UNIT	92.01	0	50	0	33.00	
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	700	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,655	0	35.00	
36.00	FAMILY PHARMACY	192.03	0	100	0	36.00	
37.00	OCCUPATIONAL HEALTH	194.01	0	25	0	37.00	
38.00	CHILD CARE CENTER	194.05	0	77	0	38.00	
TOTALS			0	112,723			
T - PART A PHYSICIAN							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	120,200	0	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,000	0	4.00	
TOTALS			120,200	9,000			
U - HEART SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	630	0	1.00	
2.00	DIETARY	10.00	0	361	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	18,901	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	43,511	0	4.00	
5.00	OPERATING ROOM	50.00	0	59,251	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	294	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	4,355	0	7.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
8.00	INTRAVENOUS THERAPY	64.00	0	24,001	0	8.00	
9.00	EMERGENCY	91.00	0	287	0	9.00	
10.00	OBSERVATION UNIT	92.01	0	1,738	0	10.00	
	TOTALS		0	153,329			
V - HSB DEPRECIATION							
1.00		0.00	0	0	9	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	137,282	9	2.00	
	TOTALS		0	137,282			
W - ACTIVITY THERAPY							
1.00		0.00	0	0	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	31,683	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	4,040	0	4.00	
	TOTALS		31,683	4,040			
X - PTO ACCRUAL							
1.00		0.00	0	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	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
39.00		0.00	0	0	0	39.00	
40.00		0.00	0	0	0	40.00	
41.00		0.00	0	0	0	41.00	
42.00		0.00	0	0	0	42.00	
43.00	ADMINISTRATIVE & GENERAL	5.00	495,704	0	0	43.00	
	TOTALS		495,704	0			
Y - PHARMACY RESIDENCY							
1.00		0.00	0	0	0	1.00	
2.00	PHARMACY	15.00	43,498	0	0	2.00	
	TOTALS		43,498	0			
Z - RADIOLOGY							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	4,333,336	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,709,542	0	8.00	
	TOTALS		4,333,336	5,709,542			

Provider CCN: 15-0082

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
AA - OBSERVATION UNIT						
1.00	0.00	0	0	0		1.00
2.00	OBSERVATION UNIT 92.01	479,349	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	OBSERVATION UNIT 92.01	0	86,193	0		4.00
TOTALS		479,349	86,193			
500.00	Grand Total: Decreases	17,761,504	134,495,737			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	24,973,957	0	0	0	101,832	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	558,246,434	163,727,326	0	163,727,326	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	240,852,118	31,267,391	0	31,267,391	360,797	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	824,072,509	194,994,717	0	194,994,717	462,629	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	824,072,509	194,994,717	0	194,994,717	462,629	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	24,872,125	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	721,973,760	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	271,758,712	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,018,604,597	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,018,604,597	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	20,784,868	0	9,962,113	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,650,641	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,784,868	5,650,641	9,962,113	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	30,746,981				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,650,641				2.00
3.00	Total (sum of lines 1-2)	0	36,397,622				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	746,845,885	0	746,845,885	0.733205	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	271,758,711	0	271,758,711	0.266795	0	2.00
3.00	Total (sum of lines 1-2)	1,018,604,596	0	1,018,604,596	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	24,147,958	464,869	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	137,282	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,830,237	5,994,123	2.00
3.00	Total (sum of lines 1-2)	0	0	0	44,115,477	6,458,992	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,556,646	838,677	39,383	0	33,047,533	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	4,155	0	0	141,437	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	333,290	0	86,566	0	26,244,216	2.00
3.00	Total (sum of lines 1-2)	7,889,936	842,832	125,949	0	59,433,186	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

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

Worksheet A-8

Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
			Cost Center				
			3.00	4.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,197,588	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.01		1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		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)		0	ADMINISTRATIVE & GENERAL		5.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		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	-52,961,881					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-101,133,063					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests	B	-12,445	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		0			0.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
20.00 Vending machines		0			0.00		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)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	OCAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT		0	OCAP REL COSTS-BLDG & FIXT		1.01		26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	OCAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.00
33.01 SENIORS NON-OP REVENUE	B	-585	PRIMARY CARE FOR SENIORS		90.04	0 33.01
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.02
33.03 RENTAL INCOME	B	758	DURABLE MEDICAL EQUIP-RENTED		96.00	0 33.03
33.04 RENTAL INCOME		0			0.00	0 33.04
33.05 WEIGHT LOSS PROGRAM	B	-16,403	OPERATING ROOM		50.00	0 33.05
33.06 AMENITY SUITE CHARGES	B	-766	ADULTS & PEDIATRICS		30.00	0 33.06
33.07 RENTAL INCOME	B	-6,720	RADIOLOGY-DIAGNOSTIC		54.00	0 33.07
33.08 PROPERTY TAX - RENTAL PROPERTY	A	-626,445	ADMINISTRATIVE & GENERAL		5.00	13 33.08
33.09 FAMILY PRACTICE GRANT	A	81,191	FAMILY PRACTICE CLINIC		90.01	0 33.09
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.10
33.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.11
33.12 AMORTIZATION PHASE II	A	20,350	CAP REL COSTS-BLDG & FIXT		1.00	9 33.12
33.13 AMORTIZATION PHASE I	A	6,463	CAP REL COSTS-BLDG & FIXT		1.00	9 33.13
33.14 1982 AMORTIZATION A & G COSTS	A	2,225	CAP REL COSTS-BLDG & FIXT		1.00	9 33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.15
33.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.16
33.17 PHYSICIAN RECRUITMENT	A	-556,439	ADMINISTRATIVE & GENERAL		5.00	0 33.17
33.18 DEFEASANCE	A	2,282,225	CAP REL COSTS-BLDG & FIXT		1.00	11 33.18
33.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.19
33.20 HAF	A	-27,867,197	ADMINISTRATIVE & GENERAL		5.00	0 33.20
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.21
43.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 43.00
43.01 ADVERTISEMENT	A	-11,119	ADMINISTRATIVE & GENERAL		5.00	0 43.01
43.02 ADVERTISEMENT	A	-5,039	RADIOLOGY-THERAPEUTIC		55.00	0 43.02
43.03 ADVERTISEMENT	A	-60	DURABLE MEDICAL EQUIP-RENTED		96.00	0 43.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-185,002,538				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: 15-0082
 Period: From 10/01/2017 To 09/30/2018
 Worksheet A-8-1
 Date/Time Prepared: 2/27/2019 12:17 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	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	112,586	62,735 1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	15,910	4,674 2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	186,556	142,972 3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	6,705	0 4.00
4.01	60.00	LABORATORY	FACILITY RENT	52,930	62,115 4.01
4.02	66.00	PHYSICAL THERAPY	FACILITY RENT	114,973	102,099 4.02
4.03	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	51,877	71,310 4.03
4.04	90.05	PAIN MANAGEMENT	FACILITY RENT	96,315	130,965 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	2,146	0 4.05
4.06	50.00	OPERATING ROOM	CONTRACT SERVICES	13,273,572	28,392,919 4.06
4.07	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	8,993,583	14,456,080 4.07
4.09	15.00	PHARMACY	FACILITY RENT	2,222	2,222 4.09
4.10	50.00	OPERATING ROOM	FACILITY RENT	230,501	230,501 4.10
4.11	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	463,066	463,066 4.11
4.12	60.00	LABORATORY	FACILITY RENT	103,496	103,496 4.12
4.13	90.00	CLINIC	FACILITY RENT	16,429	16,429 4.13
4.14	90.03	CHEMO	FACILITY RENT	47,908	47,908 4.14
4.15	90.08	HEMATOLOGY	FACILITY RENT	30,970	30,970 4.15
4.16	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	3,311,461	10,965,312 4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	0	849,857 4.17
4.18	50.00	OPERATING ROOM	CONTRACT SERVICES	1,457	0 4.18
4.19	56.00	RADIOISOTOPE	CONTRACT SERVICES	939,866	1,462,299 4.19
4.20	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	744,035	442,451 4.20
4.21	60.00	LABORATORY	CONTRACT SERVICES	2,194	0 4.21
4.22	64.00	INTRAVENOUS THERAPY	CONTRACT SERVICES	840,075	501,998 4.22
4.23	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	1,820,811	959,438 4.23
4.24	71.00	MEDICAL SUPPLIES CHARGED TO	CONTRACT SERVICES	131,638	200,803 4.24
4.25	72.00	IMPL. DEV. CHARGED TO PATIENT	CONTRACT SERVICES	400,697	0 4.25
4.26	73.00	DRUGS CHARGED TO PATIENTS	CONTRACT SERVICES	5,406	0 4.26
4.27	50.00	OPERATING ROOM	CONTRACT SERVICES	3,915,122	7,482,326 4.27
4.28	50.00	OPERATING ROOM	CONTRACT SERVICES	3,648,746	4,671,813 4.28
4.29	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	1,303,518	1,669,010 4.29
4.30	50.00	OPERATING ROOM	CONTRACT SERVICES	11,382,858	13,100,265 4.30
4.31	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	33,432,683	52,923,908 4.31
4.32	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	64,592,168	97,700,267 4.32
4.33	7.00	OPERATION OF PLANT	HOME OFFICE	12,407,754	19,244,598 4.33
4.34	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	1,689,326	1,944,939 4.34
4.35	9.00	HOUSEKEEPING	HOME OFFICE	4,127,614	5,571,717 4.35
4.36	10.00	DIETARY	HOME OFFICE	2,908,293	3,318,252 4.36
4.37	13.00	NURSING ADMINISTRATION	HOME OFFICE	2,029,647	2,282,566 4.37
4.38	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	3,416,929	3,707,843 4.38
4.39	15.00	PHARMACY	HOME OFFICE	8,847,801	11,623,648 4.39
4.40	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	3,549,569	4,817,015 4.40
4.41	17.00	SOCIAL SERVICE	HOME OFFICE	4,122,404	4,746,094 4.41
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			193,373,817	294,506,880 5.00

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

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00

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

Provider CCN: 15-0082

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2019 12:17 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	
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	C		0.00	EVANSVILLE SURG	50.00	10.05
10.06	C		0.00	PROGRESSIVE HEA	51.00	10.06
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.07
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.08
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	C		0.00	TROC	51.00	10.15
10.16	C		0.00	HEART HOSPITAL	51.00	10.16
10.17	C		0.00	HEART HOSPITAL	51.00	10.17
10.18	C		0.00	HEART HOSPITAL	51.00	10.18
10.19	C		0.00	HEART HOSPITAL	51.00	10.19
10.20	C		0.00	HEART HOSPITAL	51.00	10.20
10.21	C		0.00	HEART HOSPITAL	51.00	10.21
10.22	C		0.00	HEART HOSPITAL	51.00	10.22
10.23	C		0.00	HEART HOSPITAL	51.00	10.23
10.24	C		0.00	HEART HOSPITAL	51.00	10.24
10.25	C		0.00	HEART HOSPITAL	51.00	10.25
10.26	C		0.00	MAINSPRING MANA	51.00	10.26
10.27	C		0.00	VASC MED, LLC	51.00	10.27
10.28	C		0.00	VASC MED, LLC	51.00	10.28
10.29	C		0.00	ORTHOALIGN	51.00	10.29
10.30	B		100.00	DEACONESS HEALT	0.00	10.30
10.31	B		100.00	DEACONESS HEALT	0.00	10.31
10.32	B		100.00	DEACONESS HEALT	0.00	10.32
10.33	B		100.00	DEACONESS HEALT	0.00	10.33
10.34	B		100.00	DEACONESS HEALT	0.00	10.34
10.35	B		100.00	DEACONESS HEALT	0.00	10.35
10.36	B		100.00	DEACONESS HEALT	0.00	10.36
10.37	B		100.00	DEACONESS HEALT	0.00	10.37
10.38	B		100.00	DEACONESS HEALT	0.00	10.38
10.39	B		100.00	DEACONESS HEALT	0.00	10.39
10.40	B		100.00	DEACONESS HEALT	0.00	10.40
10.41	B		100.00	DEACONESS HEALT	0.00	10.41
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0082

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2019 12:17 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	49,851	0		1.00
2.00	11,236	0		2.00
3.00	43,584	0		3.00
4.00	6,705	0		4.00
4.01	-9,185	0		4.01
4.02	12,874	0		4.02
4.03	-19,433	0		4.03
4.04	-34,650	0		4.04
4.05	2,146	0		4.05
4.06	-15,119,347	0		4.06
4.07	-5,462,497	0		4.07
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	-7,653,851	0		4.16
4.17	-849,857	0		4.17
4.18	1,457	0		4.18
4.19	-522,433	0		4.19
4.20	301,584	0		4.20
4.21	2,194	0		4.21
4.22	338,077	0		4.22
4.23	861,373	0		4.23
4.24	-69,165	0		4.24
4.25	400,697	0		4.25
4.26	5,406	0		4.26
4.27	-3,567,204	0		4.27
4.28	-1,023,067	0		4.28
4.29	-365,492	0		4.29
4.30	-1,717,407	0		4.30
4.31	-19,491,225	0		4.31
4.32	-33,108,099	0		4.32
4.33	-6,836,844	0		4.33
4.34	-255,613	0		4.34
4.35	-1,444,103	0		4.35
4.36	-409,959	0		4.36
4.37	-252,919	0		4.37
4.38	-290,914	0		4.38
4.39	-2,775,847	0		4.39
4.40	-1,267,446	0		4.40
4.41	-623,690	0		4.41
5.00	-101,133,063			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	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00	HEALTH SYSTEM		8.00
9.00	HEALTH SYSTEM		9.00
10.00	HEALTH SYSTEM		10.00
10.01	HEALTH SYSTEM		10.01

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

Provider CCN: 15-0082

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2019 12:17 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	SURGERY		10.05
10.06	THERAPY SERVICE		10.06
10.07	CLINIC		10.07
10.08	CLINIC		10.08
10.09	CLINIC		10.09
10.10	CLINIC		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	RADIATION THERA		10.15
10.16	HOSPITAL		10.16
10.17	HOSPITAL		10.17
10.18	HOSPITAL		10.18
10.19	HOSPITAL		10.19
10.20	HOSPITAL		10.20
10.21	HOSPITAL		10.21
10.22	HOSPITAL		10.22
10.23	HOSPITAL		10.23
10.24	HOSPITAL		10.24
10.25	HOSPITAL		10.25
10.26	SURGERY		10.26
10.27	SURGERY		10.27
10.28	SURGERY		10.28
10.29	SURGERY		10.29
10.30	HEALTH SYSTEM		10.30
10.31	HEALTH SYSTEM		10.31
10.32	HEALTH SYSTEM		10.32
10.33	HEALTH SYSTEM		10.33
10.34	HEALTH SYSTEM		10.34
10.35	HEALTH SYSTEM		10.35
10.36	HEALTH SYSTEM		10.36
10.37	HEALTH SYSTEM		10.37
10.38	HEALTH SYSTEM		10.38
10.39	HEALTH SYSTEM		10.39
10.40	HEALTH SYSTEM		10.40
10.41	HEALTH SYSTEM		10.41
100.00			100.00

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

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- 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: 15-0082

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2019 12:17 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	122,389	1,575	120,814	179,000	1,593	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	-2,829	-2,829	0	179,000	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	21,166,547	19,606,358	1,560,189	179,000	7,468	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	129,200	0	129,200	179,000	75	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	14,973,756	12,819,449	2,154,307	246,400	8,485	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	726,663	20,663	706,000	271,900	2,824	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	32,164	0	32,164	211,500	113	7.00
8.00	60.00	AGGREGATE-LABORATORY	619,466	109,479	509,987	260,300	864	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	31,212	22,212	9,000	179,000	75	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	208,311	208,311	0	179,000	0	10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	5,213	0	5,213	179,000	35	11.00
12.00	90.00	AGGREGATE-CLINIC	7,399	6,546	853	179,000	8	12.00
13.00	90.01	AGGREGATE-FAMILY PRACTICE CLINIC	75,849	75,849	0	179,000	0	13.00
14.00	90.03	AGGREGATE-CHEMO	949	949	0	179,000	0	14.00
15.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	1,513,754	1,403,810	109,944	179,000	807	15.00
16.00	90.05	AGGREGATE-PAIN MANAGEMENT	338,808	321,897	16,911	179,000	142	16.00
17.00	90.06	AGGREGATE-WOUND CARE	109,805	109,805	0	179,000	0	17.00
18.00	90.07	AGGREGATE-SLEEP CENTER	1,182,748	1,174,468	8,280	179,000	69	18.00
19.00	90.08	AGGREGATE-HEMATOLOGY	59,279	59,279	0	179,000	0	19.00
20.00	90.09	AGGREGATE-MULTI-SPECIALTY CLINIC	122,052	97,797	24,255	179,000	221	20.00
21.00	91.00	AGGREGATE-EMERGENCY	19,777,049	11,857,858	7,919,191	179,000	68,062	21.00
200.00			61,199,784	47,893,476	13,306,308		90,841	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	137,090	6,855	0	0	0	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	642,679	32,134	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	6,454	323	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,005,146	50,257	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	369,156	18,458	0	0	0	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	11,490	575	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	108,125	5,406	0	0	0	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	6,454	323	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	3,012	151	0	0	0	11.00
12.00	90.00	AGGREGATE-CLINIC	688	34	0	0	0	12.00
13.00	90.01	AGGREGATE-FAMILY PRACTICE CLINIC	0	0	0	0	0	13.00
14.00	90.03	AGGREGATE-CHEMO	0	0	0	0	0	14.00
15.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	69,449	3,472	0	0	0	15.00
16.00	90.05	AGGREGATE-PAIN MANAGEMENT	12,220	611	0	0	0	16.00
17.00	90.06	AGGREGATE-WOUND CARE	0	0	0	0	0	17.00
18.00	90.07	AGGREGATE-SLEEP CENTER	5,938	297	0	0	0	18.00
19.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	0	0	19.00
20.00	90.09	AGGREGATE-MULTI-SPECIALTY CLINIC	19,019	951	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	5,857,259	292,863	0	0	0	21.00
200.00			8,254,179	412,710	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	137,090	0	1,575	1.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
2.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	-2,829		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	642,679	917,510	20,523,868		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	6,454	122,746	122,746		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	1,005,146	1,149,161	13,968,610		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	369,156	336,844	357,507		6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	11,490	20,674	20,674		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	108,125	401,862	511,341		8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	6,454	2,546	24,758		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	208,311		10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	0	3,012	2,201	2,201		11.00
12.00	90.00	AGGREGATE-CLINIC	0	688	165	6,711		12.00
13.00	90.01	AGGREGATE-FAMILY PRACTICE CLINIC	0	0	0	75,849		13.00
14.00	90.03	AGGREGATE-CHEMO	0	0	0	949		14.00
15.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	0	69,449	40,495	1,444,305		15.00
16.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	12,220	4,691	326,588		16.00
17.00	90.06	AGGREGATE-WOUND CARE	0	0	0	109,805		17.00
18.00	90.07	AGGREGATE-SLEEP CENTER	0	5,938	2,342	1,176,810		18.00
19.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	59,279		19.00
20.00	90.09	AGGREGATE-MULTI-SPECIALTY CLINIC	0	19,019	5,236	103,033		20.00
21.00	91.00	AGGREGATE-EMERGENCY	0	5,857,259	2,061,932	13,919,790		21.00
200.00			0	8,254,179	5,068,405	52,961,881		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	33,047,533	33,047,533			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	141,437	0	141,437		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,244,216			26,244,216	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	35,034,902	7,398	0	38,079	35,080,379 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	58,751,288	1,029,378	51,445	10,535,620	5,627,888 5.00
7.00 00700	OPERATION OF PLANT	7,758,635	0	0	231,334	483,625 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	840,070	35,116	0	168,061	87,361 8.00
9.00 00900	HOUSEKEEPING	4,362,414	6,597	0	41,570	574,976 9.00
10.00 01000	DIETARY	3,129,200	44,053	0	83,766	240,190 10.00
11.00 01100	CAFETERIA	2,725,031	383,743	0	65,056	186,373 11.00
13.00 01300	NURSING ADMINISTRATION	2,514,867	11,298	0	426,773	261,418 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,140,283	42,683	0	263,818	280,745 14.00
15.00 01500	PHARMACY	7,893,403	35,095	0	516,369	1,199,536 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,030,574	35,980	0	92,946	527,855 16.00
17.00 01700	SOCIAL SERVICE	4,954,735	0	0	2,197	627,701 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,533,464	92,110	0	0	202,449 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,126,123	29,509	0	0	235,193 22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	307,552	7,061	0	11,895	33,271 23.00
23.01 02301	PARAMED ED PRGM-CHAPLAIN	237,323	33,640	2,436	7,233	28,179 23.01
23.03 02303	PARAMED ED PRGM-NURSING	585,256	41,165	0	8,295	77,266 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	49,606,231	7,052,685	0	1,592,693	7,458,991 30.00
31.00 03100	INTENSIVE CARE UNIT	13,699,783	1,176,670	0	170,240	1,448,188 31.00
32.00 03200	CORONARY CARE UNIT	3,547,774	182,049	0	32,152	367,398 32.00
40.00 04000	SUBPROVIDER - IPF	1,052,393	103,281	0	315	125,317 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	46,673,395	2,860,051	0	4,404,802	3,565,972 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,083,762	683,933	0	1,473,577	887,278 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	6,322,954	353,644	0	14,054	162,183 55.00
56.00 05600	RADIO SOTOPE	3,297,794	118,647	0	300,036	86,005 56.00
57.00 05700	CT SCAN	3,438,042	183,757	0	899,959	296,174 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,784,609	226,271	0	1,509,972	189,913 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,947,673	244,756	0	410,119	211,566 59.00
60.00 06000	LABORATORY	34,003,321	1,111,223	0	1,365,584	1,864,217 60.00
64.00 06400	INTRAVENOUS THERAPY	2,345,917	26,874	0	6,340	94,750 64.00
65.00 06500	RESPIRATORY THERAPY	4,768,199	160,803	0	37,820	456,097 65.00
66.00 06600	PHYSICAL THERAPY	9,645,338	163,100	0	23,537	0 66.00
69.00 06900	ELECTROCARDIOLOGY	2,662,420	84,079	0	21,575	73,981 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,944,848	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	22,581,820	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	62,109,542	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,397,596	12,394	0	10,280	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,136,897	152,519	0	30,961	215,089 90.00
90.01 09001	FAMILY PRACTICE CLINIC	1,387,137	78,388	0	37,179	118,253 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	910,718	124,591	0	1,495	85,480 90.02
90.03 09003	CHEMO	1,462,705	292,581	0	15,836	129,738 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	1,251,040	0	0	15,670	276,690 90.04
90.05 09005	PAIN MANAGEMENT	2,696,846	188,921	0	88,905	301,008 90.05
90.06 09006	WOUND CARE	1,294,191	85,766	0	9,625	133,248 90.06
90.07 09007	SLEEP CENTER	2,400,105	99,129	0	81,028	375,836 90.07
90.08 09008	HEMATOLOGY	652,031	71,011	0	4,785	74,819 90.08
90.09 09009	MULTI-SPECIALTY CLINIC	262,398	151,276	0	13,204	36,657 90.09
91.00 09100	EMERGENCY	19,595,485	1,002,904	0	297,424	2,861,246 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION UNIT	2,520,594	531,014	0	104,373	292,054 92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	9,306,840	153,088	0	277,098	389,152 96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	541,148,704	19,510,231	53,881	25,743,650	33,251,326 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,674,554	255,400	0	39,799	114,007 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,967,898	1,151,060	0	324,526	995,873 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HEARTCARE	938	0	0	0	0 192.02
192.03 19203	FAMILY PHARMACY	21,460,454	81,002	0	47,232	177,544 192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	2,785,370	254,304	50,703	51,513	144,839 194.00
194.01 07951	OCCUPATIONAL HEALTH	558,915	0	0	163	50,241 194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.02 07952 OTHER FACILITIES	3,590,268	990,553	0	24,117	48,721	194.02
194.03 07953 THE HEART HOSPITAL	95,813	1,429,330	0	0	0	194.03
194.04 07954 PR	2,022,987	97,337	0	4,810	101,110	194.04
194.05 07955 CHILD CARE CENTER	1,944,475	0	0	5,572	196,718	194.05
194.06 07956 CENTER OF LIFE BALANCE	69,268	0	0	2,834	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	-3	7,377	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	277,068	0	0	0	194.08
194.09 07959 HOME OFFICE	0	8,993,871	36,853	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	584,319,641	33,047,533	141,437	26,244,216	35,080,379	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	75,995,619					5.00
7.00	00700	OPERATION OF PLANT	2,242,324	10,715,918				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	206,499	16,336	1,353,443			8.00
9.00	00900	HOUSEKEEPING	971,374	3,069	0	5,960,000		9.00
10.00	01000	DIETARY	576,663	20,494	8,405	11,419	4,114,190	10.00
11.00	01100	CAFETERIA	287,664	178,519	0	99,469	0	11.00
13.00	01300	NURSING ADMINISTRATION	521,139	5,256	0	2,928	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	600,811	19,856	8,643	11,064	0	14.00
15.00	01500	PHARMACY	1,883,509	16,326	0	9,097	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	611,391	16,738	0	9,326	0	16.00
17.00	01700	SOCIAL SERVICE	943,728	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	279,276	42,850	0	23,876	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	362,905	13,728	0	7,649	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	54,441	3,285	0	1,830	0	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	46,696	23,984	0	13,364	0	23.01
23.03	02303	PARAMED PRGM-NURSING	108,646	19,150	0	10,670	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,052,953	3,280,946	749,955	1,828,117	2,885,736	30.00
31.00	03100	INTENSIVE CARE UNIT	2,489,722	547,393	63,833	305,003	461,920	31.00
32.00	03200	CORONARY CARE UNIT	623,684	84,690	29,449	47,189	109,814	32.00
40.00	04000	SUBPROVIDER - IPF	194,422	48,047	3,660	26,771	85,885	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,517,824	1,330,512	140,574	741,349	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,029,181	318,170	41,071	177,281	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	999,271	164,517	0	91,667	0	55.00
56.00	05600	RADIOISOTOPE	629,359	55,195	1,377	30,754	0	56.00
57.00	05700	CT SCAN	717,101	85,485	13,767	47,631	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	993,184	105,262	11,897	58,651	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	853,721	113,862	19,809	63,443	0	59.00
60.00	06000	LABORATORY	5,667,842	516,947	1,745	288,038	0	60.00
64.00	06400	INTRAVENOUS THERAPY	363,641	12,502	0	6,966	0	64.00
65.00	06500	RESPIRATORY THERAPY	816,957	74,806	208	41,681	0	65.00
66.00	06600	PHYSICAL THERAPY	1,415,137	75,875	14,450	42,277	0	66.00
69.00	06900	ELECTROCARDIOLOGY	414,968	39,114	6,717	21,794	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,719,270	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,250,292	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,939,675	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	204,424	5,766	0	3,213	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	382,104	70,953	517	39,534	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	242,748	36,467	756	20,319	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	168,349	57,960	0	32,295	0	90.02
90.03	09003	CHEMO	283,929	136,110	4,671	75,840	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	244,249	0	211	0	0	90.04
90.05	09005	PAIN MANAGEMENT	495,505	87,887	10,213	48,970	0	90.05
90.06	09006	WOUND CARE	229,821	39,899	2,132	22,231	0	90.06
90.07	09007	SLEEP CENTER	455,493	46,115	0	25,695	0	90.07
90.08	09008	HEMATOLOGY	121,497	33,035	0	18,407	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	69,630	70,374	0	39,212	0	90.09
91.00	09100	EMERGENCY	3,647,888	466,557	144,705	259,961	47,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION UNIT	519,559	247,031	36,155	137,643	213,102	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,488,569	71,218	0	39,682	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,639,035	8,602,286	1,314,920	4,782,306	3,804,210	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	309,002	118,814	2,670	66,202	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,725,933	535,480	7,426	298,364	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	1,507	0	0	192.01
192.02	19202	HEARTCARE	135	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	3,147,074	37,683	0	20,996	0	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	484,613	118,304	19,416	65,918	309,980	194.00
194.01	07951	OCCUPATIONAL HEALTH	91,715	0	2,520	0	0	194.01
194.02	07952	OTHER FACILITIES	673,601	460,811	0	256,759	0	194.02
194.03	07953	THE HEART HOSPITAL	219,361	664,932	0	370,494	0	194.03
194.04	07954	PR	329,156	45,282	0	25,231	0	194.04
194.05	07955	CHILD CARE CENTER	324,706	0	4,984	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	10,378	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.07	07957	UNIT 3200 - DEACONESS VNA	1,061	3,432	0	1,912	0	194.07
194.08	07958	HEALTHSOUTH	39,849	128,894	0	71,818	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	75,995,619	10,715,918	1,353,443	5,960,000	4,114,190	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,925,855					11.00
13.00	01300	NURSING ADMINISTRATION	52,879	3,796,558				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	73,331	0	4,441,234			14.00
15.00	01500	PHARMACY	167,519	0	92,479	11,813,333		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	121,367	0	24	0	3,446,201	16.00
17.00	01700	SOCIAL SERVICE	94,053	0	20	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	29,736	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,015	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,440	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	8,477	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	11,168	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,043,328	1,392,353	180,605	2,633	239,604	30.00
31.00	03100	INTENSIVE CARE UNIT	242,868	324,116	109,070	1,175	98,457	31.00
32.00	03200	CORONARY CARE UNIT	59,472	79,368	31,004	290	24,235	32.00
40.00	04000	SUBPROVIDER - I/PF	28,525	38,068	0	0	12,065	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	371,366	495,601	95,408	6,697	608,011	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,678	0	9,056	3,730	188,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,027	0	3,581	36,388	84,957	55.00
56.00	05600	RADIOISOTOPE	12,917	0	114,089	111	38,866	56.00
57.00	05700	CT SCAN	51,534	0	26,815	1,024	215,889	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,947	0	16,971	864	64,499	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,005	40,043	7,140	348	59,291	59.00
60.00	06000	LABORATORY	439,181	586,103	819,602	0	307,105	60.00
64.00	06400	INTRAVENOUS THERAPY	13,590	18,136	42,105	8	6,997	64.00
65.00	06500	RESPIRATORY THERAPY	80,059	0	21,660	323	109,333	65.00
66.00	06600	PHYSICAL THERAPY	0	0	18,858	797	100,929	66.00
69.00	06900	ELECTROCARDIOLOGY	11,975	0	12,181	1,381	40,977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	933,287	0	47,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,725,091	0	94,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,891,859	473,312	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,694	91	12,787	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,195	48,303	11,086	105	8,760	90.00
90.01	09001	FAMILY PRACTICE CLINIC	25,565	34,117	2,570	15,485	6,426	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	25,319	13	60	7,125	90.02
90.03	09003	CHEMO	22,739	30,347	20,735	85	34,843	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	39,145	499	14,087	3,724	90.04
90.05	09005	PAIN MANAGEMENT	0	72,006	2,784	1,013	55,791	90.05
90.06	09006	WOUND CARE	21,394	28,551	14,556	2,774	6,943	90.06
90.07	09007	SLEEP CENTER	50,457	67,337	4,350	0	14,665	90.07
90.08	09008	HEMATOLOGY	17,357	23,164	331	0	5,581	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	6,189	8,260	695	0	831	90.09
91.00	09100	EMERGENCY	251,614	335,788	90,814	3,830	366,824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION UNIT	82,750	110,433	14,013	39	16,026	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	88,940	0	0	16,895	44,615	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,771,657	3,796,558	4,423,186	9,002,092	3,400,446	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,353	0	1,547	23,595	3,789	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	25,296	0	13,372	2,785,589	41,966	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	34,984	0	986	2,057	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	6,728	0	2,131	0	0	194.01
194.02	07952	OTHER FACILITIES	2,960	0	12	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	15,877	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
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)	3,925,855	3,796,558	4,441,234	11,813,333	3,446,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS						
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED PRGM-PHARMACY	PARAMED PRGM-CHAPLAIN		
		Y & FRINGES	PRGM COSTS				
	17.00	21.00	22.00	23.00	23.01		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE	6,622,434					17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,203,761				21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,784,122			22.00	
23.00 02300 PARAMED PRGM-PHARMACY	0			423,775		23.00	
23.01 02301 PARAMED PRGM-CHAPLAIN	0				401,332	23.01	
23.03 02303 PARAMED PRGM-NURSING	30,102					23.03	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	5,418,354	1,014,793	1,282,039	0	401,332	30.00	
31.00 03100 INTENSIVE CARE UNIT	421,428	30,879	39,011	0	0	31.00	
32.00 03200 CORONARY CARE UNIT	270,918	0	0	0	0	32.00	
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	199,002	251,409	0	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	8,685	10,972	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	43,116	54,471	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	4,167	5,264	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	423,775	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 FAMILY PRACTICE CLINIC	0	727,364	918,916	0	0	90.01	
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02	
90.03 09003 CHEMO	0	0	0	0	0	90.03	
90.04 09004 PRIMARY CARE FOR SENIORS	0	42,941	54,249	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	4,825	6,095	0	0	90.05	
90.06 09006 WOUND CARE	0	0	0	0	0	90.06	
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07	
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08	
90.09 09009 MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09	
91.00 09100 EMERGENCY	481,632	127,989	161,696	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION UNIT	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,622,434	2,203,761	2,784,122	423,775	401,332	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01	
192.02 19202 HEARTCARE	0	0	0	0	0	192.02	
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	192.03	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01	
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02	
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03	
194.04 07954 PR	0	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6,622,434	2,203,761	2,784,122	423,775	401,332	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

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

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Cost Center Description		PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN				23.01
23.03	02303	PARAMED ED PRGM-NURSING	891,718			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	602,896	96,086,244	-2,296,832	93,789,412
31.00	03100	INTENSIVE CARE UNIT	163,594	21,793,350	-69,890	21,723,460
32.00	03200	CORONARY CARE UNIT	39,286	5,528,772	0	5,528,772
40.00	04000	SUBPROVIDER - IPF	0	1,718,749	0	1,718,749
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,755	70,315,728	-450,411	69,865,317
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,070,869	-19,657	17,051,212
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,258,243	0	8,258,243
56.00	05600	RADIOISOTOPE	0	4,685,150	0	4,685,150
57.00	05700	CT SCAN	0	5,977,178	0	5,977,178
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,693,040	0	5,693,040
59.00	05900	CARDIAC CATHETERIZATION	867	7,100,230	-97,587	7,002,643
60.00	06000	LABORATORY	0	46,970,908	0	46,970,908
64.00	06400	INTRAVENOUS THERAPY	542	2,938,368	0	2,938,368
65.00	06500	RESPIRATORY THERAPY	0	6,567,946	0	6,567,946
66.00	06600	PHYSICAL THERAPY	0	11,500,298	0	11,500,298
69.00	06900	ELECTROCARDIOLOGY	1,842	3,402,435	-9,431	3,393,004
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,645,153	0	14,645,153
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,651,938	0	27,651,938
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,838,163	0	80,838,163
74.00	07400	RENAL DIALYSIS	0	1,648,245	0	1,648,245
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,133,023	0	3,133,023
90.01	09001	FAMILY PRACTICE CLINIC	0	3,651,690	-1,646,280	2,005,410
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,413,405	0	1,413,405
90.03	09003	CHEMO	0	2,510,159	0	2,510,159
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,942,505	-97,190	1,845,315
90.05	09005	PAIN MANAGEMENT	0	4,060,769	-10,920	4,049,849
90.06	09006	WOUND CARE	6,665	1,897,796	0	1,897,796
90.07	09007	SLEEP CENTER	0	3,620,210	0	3,620,210
90.08	09008	HEMATOLOGY	0	1,022,018	0	1,022,018
90.09	09009	MULTI-SPECIALTY CLINIC	0	658,726	0	658,726
91.00	09100	EMERGENCY	21,404	30,165,514	-289,685	29,875,829
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION UNIT	867	4,825,653	0	4,825,653
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	11,876,097	0	11,876,097
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	891,718	511,168,572	-4,987,883	506,180,689
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,580,448	0	2,580,448
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,103,844	0	14,103,844
192.01	19201	DEACONESS URGENT CARE	0	1,507	0	1,507
192.02	19202	HEARTCARE	0	1,073	0	1,073
192.03	19203	FAMILY PHARMACY	0	27,838,208	0	27,838,208
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	4,322,987	0	4,322,987
194.01	07951	OCCUPATIONAL HEALTH	0	712,413	0	712,413
194.02	07952	OTHER FACILITIES	0	6,047,802	0	6,047,802
194.03	07953	THE HEART HOSPITAL	0	2,779,930	0	2,779,930

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
194.04	07954	PR	0	2,641,790	0	2,641,790	194.04
194.05	07955	CHILD CARE CENTER	0	2,476,455	0	2,476,455	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	82,480	0	82,480	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	13,779	0	13,779	194.07
194.08	07958	HEALTHSOUTH	0	517,629	0	517,629	194.08
194.09	07959	HOME OFFICE	0	9,030,724	0	9,030,724	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	891,718	584,319,641	-4,987,883	579,331,758	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 12: 17 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,398	0	38,079	45,477
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,029,378	51,445	10,535,620	11,616,443
7.00 00700	OPERATION OF PLANT	0	0	0	231,334	231,334
8.00 00800	LAUNDRY & LINEN SERVICE	0	35,116	0	168,061	203,177
9.00 00900	HOUSEKEEPING	0	6,597	0	41,570	48,167
10.00 01000	DIETARY	0	44,053	0	83,766	127,819
11.00 01100	CAFETERIA	0	383,743	0	65,056	448,799
13.00 01300	NURSING ADMINISTRATION	0	11,298	0	426,773	438,071
14.00 01400	CENTRAL SERVICES & SUPPLY	0	42,683	0	263,818	306,501
15.00 01500	PHARMACY	0	35,095	0	516,369	551,464
16.00 01600	MEDICAL RECORDS & LIBRARY	0	35,980	0	92,946	128,926
17.00 01700	SOCIAL SERVICE	0	0	0	2,197	2,197
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	92,110	0	0	92,110
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	29,509	0	0	29,509
23.00 02300	PARAMED ED PRGM-PHARMACY	0	7,061	0	11,895	18,956
23.01 02301	PARAMED ED PRGM-CHAPLAIN	0	33,640	2,436	7,233	43,309
23.03 02303	PARAMED ED PRGM-NURSING	0	41,165	0	8,295	49,460
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	7,052,685	0	1,592,693	8,645,378
31.00 03100	INTENSIVE CARE UNIT	0	1,176,670	0	170,240	1,346,910
32.00 03200	CORONARY CARE UNIT	0	182,049	0	32,152	214,201
40.00 04000	SUBPROVIDER - IPF	0	103,281	0	315	103,596
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,860,051	0	4,404,802	7,264,853
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	683,933	0	1,473,577	2,157,510
55.00 05500	RADIOLOGY-THERAPEUTIC	0	353,644	0	14,054	367,698
56.00 05600	RADIOISOTOPE	0	118,647	0	300,036	418,683
57.00 05700	CT SCAN	0	183,757	0	899,959	1,083,716
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	226,271	0	1,509,972	1,736,243
59.00 05900	CARDIAC CATHETERIZATION	0	244,756	0	410,119	654,875
60.00 06000	LABORATORY	0	1,111,223	0	1,365,584	2,476,807
64.00 06400	INTRAVENOUS THERAPY	0	26,874	0	6,340	33,214
65.00 06500	RESPIRATORY THERAPY	0	160,803	0	37,820	198,623
66.00 06600	PHYSICAL THERAPY	0	163,100	0	23,537	186,637
69.00 06900	ELECTROCARDIOLOGY	0	84,079	0	21,575	105,654
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00 07400	RENAL DIALYSIS	0	12,394	0	10,280	22,674
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	152,519	0	30,961	183,480
90.01 09001	FAMILY PRACTICE CLINIC	0	78,388	0	37,179	115,567
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	124,591	0	1,495	126,086
90.03 09003	CHEMO	0	292,581	0	15,836	308,417
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	0	15,670	15,670
90.05 09005	PAIN MANAGEMENT	0	188,921	0	88,905	277,826
90.06 09006	WOUND CARE	0	85,766	0	9,625	95,391
90.07 09007	SLEEP CENTER	0	99,129	0	81,028	180,157
90.08 09008	HEMATOLOGY	0	71,011	0	4,785	75,796
90.09 09009	MULTI-SPECIALTY CLINIC	0	151,276	0	13,204	164,480
91.00 09100	EMERGENCY	0	1,002,904	0	297,424	1,300,328
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION UNIT	0	531,014	0	104,373	635,387
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	153,088	0	277,098	430,186
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	19,510,231	53,881	25,743,650	45,307,762
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	255,400	0	39,799	295,199
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,151,060	0	324,526	1,475,586
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	0	0	0
192.03 19203	FAMILY PHARMACY	0	81,002	0	47,232	128,234
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	254,304	50,703	51,513	356,520
194.01 07951	OCCUPATIONAL HEALTH	0	0	0	163	163
194.02 07952	OTHER FACILITIES	0	990,553	0	24,117	1,014,670

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
	0	1.00	1.01	2.00	2A	
194.03 07953 THE HEART HOSPITAL	0	1,429,330	0	0	1,429,330	194.03
194.04 07954 PR	0	97,337	0	4,810	102,147	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	5,572	5,572	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	2,834	2,834	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	7,377	0	0	7,377	194.07
194.08 07958 HEALTHSOUTH	0	277,068	0	0	277,068	194.08
194.09 07959 HOME OFFICE	0	8,993,871	36,853	0	9,030,724	194.09
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	33,047,533	141,437	26,244,216	59,433,186	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 12:17 pm		
Cost Center	Description	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	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
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	45,477				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,290	11,623,733			5.00
7.00	00700	OPERATION OF PLANT	626	342,968	574,928		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113	31,584	876	235,750	8.00
9.00	00900	HOUSEKEEPING	745	148,574	165	0	197,651
10.00	01000	DIETARY	311	88,202	1,100	1,464	379
11.00	01100	CAFETERIA	241	43,999	9,578	0	3,299
13.00	01300	NURSING ADMINISTRATION	339	79,709	282	0	97
14.00	01400	CENTRAL SERVICES & SUPPLY	364	91,895	1,065	1,505	367
15.00	01500	PHARMACY	1,554	288,087	876	0	302
16.00	01600	MEDICAL RECORDS & LIBRARY	684	93,513	898	0	309
17.00	01700	SOCIAL SERVICE	813	144,345	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	262	42,716	2,299	0	792
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	305	55,507	737	0	254
23.00	02300	PARAMED ED PRGM-PHARMACY	43	8,327	176	0	61
23.01	02301	PARAMED ED PRGM-CHAPLAIN	36	7,142	1,287	0	443
23.03	02303	PARAMED ED PRGM-NURSING	100	16,618	1,027	0	354
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,698	1,537,665	176,027	130,632	60,624
31.00	03100	INTENSIVE CARE UNIT	1,876	380,808	29,369	11,119	10,115
32.00	03200	CORONARY CARE UNIT	476	95,394	4,544	5,130	1,565
40.00	04000	SUBPROVIDER - I/PF	162	29,737	2,578	637	888
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,619	1,302,819	71,384	24,486	24,585
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,149	310,367	17,070	7,154	5,879
55.00	05500	RADIOLOGY-THERAPEUTIC	210	152,841	8,827	0	3,040
56.00	05600	RADIOISOTOPE	111	96,262	2,961	240	1,020
57.00	05700	CT SCAN	384	109,682	4,586	2,398	1,580
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	246	106,024	5,648	2,072	1,945
59.00	05900	CARDIAC CATHETERIZATION	274	130,578	6,109	3,450	2,104
60.00	06000	LABORATORY	2,415	866,908	27,735	304	9,552
64.00	06400	INTRAVENOUS THERAPY	123	55,620	671	0	231
65.00	06500	RESPIRATORY THERAPY	591	124,955	4,013	36	1,382
66.00	06600	PHYSICAL THERAPY	0	216,448	4,071	2,517	1,402
69.00	06900	ELECTROCARDIOLOGY	96	63,470	2,099	1,170	723
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	262,966	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	497,139	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,367,342	0	0	0
74.00	07400	RENAL DIALYSIS	0	31,267	309	0	107
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	279	58,444	3,807	90	1,311
90.01	09001	FAMILY PRACTICE CLINIC	153	37,129	1,957	132	674
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	111	25,749	3,110	0	1,071
90.03	09003	CHEMO	168	43,428	7,303	814	2,515
90.04	09004	PRIMARY CARE FOR SENIORS	358	37,358	0	37	0
90.05	09005	PAIN MANAGEMENT	390	75,788	4,715	1,779	1,624
90.06	09006	WOUND CARE	173	35,152	2,141	371	737
90.07	09007	SLEEP CENTER	487	69,669	2,474	0	852
90.08	09008	HEMATOLOGY	97	18,583	1,772	0	610
90.09	09009	MULTI-SPECIALTY CLINIC	47	10,650	3,776	0	1,300
91.00	09100	EMERGENCY	3,706	557,952	25,032	25,205	8,621
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION UNIT	378	79,468	13,254	6,298	4,565
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	504	227,680	3,821	0	1,316
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,107	10,498,528	461,529	229,040	158,595
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	148	47,263	6,375	465	2,195
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,290	263,985	28,729	1,294	9,895
192.01	19201	DEACONESS URGENT CARE	0	0	0	262	0
192.02	19202	HEARTCARE	0	21	0	0	0
192.03	19203	FAMILY PHARMACY	230	481,351	2,022	0	696
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	188	74,123	6,347	3,382	2,186
194.01	07951	OCCUPATIONAL HEALTH	65	14,028	0	439	0
194.02	07952	OTHER FACILITIES	63	103,029	24,723	0	8,515
194.03	07953	THE HEART HOSPITAL	0	33,552	35,675	0	12,287
194.04	07954	PR	131	50,345	2,429	0	837
194.05	07955	CHILD CARE CENTER	255	49,664	0	868	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.06	07956 CENTER OF LIFE BALANCE	0	1,587	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	162	184	0	63	194.07
194.08	07958 HEALTHSOUTH	0	6,095	6,915	0	2,382	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	45,477	11,623,733	574,928	235,750	197,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/27/2019 12:17 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
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	219,275					10.00
11.00	01100	CAFETERIA	0	505,916				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,814	525,312			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,450	0	411,147		14.00
15.00	01500	PHARMACY	0	21,588	0	8,561	872,432	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,640	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,120	0	2	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,832	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,162	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	572	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	1,092	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	1,439	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	153,802	134,454	192,656	16,719	194	30.00
31.00	03100	INTENSIVE CARE UNIT	24,619	31,298	44,846	10,097	87	31.00
32.00	03200	CORONARY CARE UNIT	5,853	7,664	10,982	2,870	21	32.00
40.00	04000	SUBPROVIDER - I/PF	4,577	3,676	5,267	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,857	68,574	8,832	495	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,062	0	838	275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,225	0	331	2,687	55.00
56.00	05600	RADIOISOTOPE	0	1,665	0	10,562	8	56.00
57.00	05700	CT SCAN	0	6,641	0	2,482	76	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,988	0	1,571	64	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,867	5,541	661	26	59.00
60.00	06000	LABORATORY	0	56,596	81,096	75,873	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,751	2,509	3,898	1	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,317	0	2,005	24	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,746	59	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,543	0	1,128	102	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	86,397	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	159,708	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	656,672	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	157	7	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,664	6,683	1,026	8	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	3,295	4,721	238	1,144	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	3,503	1	4	90.02
90.03	09003	CHEMO	0	2,930	4,199	1,919	6	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	5,416	46	1,040	90.04
90.05	09005	PAIN MANAGEMENT	0	0	9,963	258	75	90.05
90.06	09006	WOUND CARE	0	2,757	3,950	1,347	205	90.06
90.07	09007	SLEEP CENTER	0	6,502	9,317	403	0	90.07
90.08	09008	HEMATOLOGY	0	2,237	3,205	31	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	798	1,143	64	0	90.09
91.00	09100	EMERGENCY	2,545	32,425	46,461	8,407	283	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION UNIT	11,358	10,664	15,280	1,297	3	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	11,461	0	0	1,248	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	202,754	486,046	525,312	409,477	664,814	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,808	0	143	1,743	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	3,260	0	1,238	205,723	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	16,521	4,508	0	91	152	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	867	0	197	0	194.01
194.02	07952	OTHER FACILITIES	0	381	0	1	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	0	2,046	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082			Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	219,275	505,916	525,312	411,147	872,432		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	239,972				16.00
17.00 01700	SOCIAL SERVICE	0	159,477			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	142,011		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	87,474	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	725	0	0	23.03
28,135						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,683	130,481			30.00
31.00 03100	INTENSIVE CARE UNIT	6,855	10,149			31.00
32.00 03200	CORONARY CARE UNIT	1,687	6,524			32.00
40.00 04000	SUBPROVIDER - I/P	840	0			40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	42,356	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,125	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,915	0			55.00
56.00 05600	RADIOISOTOPE	2,706	0			56.00
57.00 05700	CT SCAN	15,032	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,491	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	4,128	0			59.00
60.00 06000	LABORATORY	21,383	0			60.00
64.00 06400	INTRAVENOUS THERAPY	487	0			64.00
65.00 06500	RESPIRATORY THERAPY	7,613	0			65.00
66.00 06600	PHYSICAL THERAPY	7,028	0			66.00
69.00 06900	ELECTROCARDIOLOGY	2,853	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,325	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,596	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	32,956	0			73.00
74.00 07400	RENAL DIALYSIS	890	0			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	610	0			90.00
90.01 09001	FAMILY PRACTICE CLINIC	447	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	496	0			90.02
90.03 09003	CHEMO	2,426	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	259	0			90.04
90.05 09005	PAIN MANAGEMENT	3,885	0			90.05
90.06 09006	WOUND CARE	483	0			90.06
90.07 09007	SLEEP CENTER	1,021	0			90.07
90.08 09008	HEMATOLOGY	389	0			90.08
90.09 09009	MULTI-SPECIALTY CLINIC	58	0			90.09
91.00 09100	EMERGENCY	25,541	11,598			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION UNIT	1,116	0			92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	3,106	0			96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	236,786	159,477	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	264	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01
192.02 19202	HEARTCARE	0	0			192.02
192.03 19203	FAMILY PHARMACY	2,922	0			192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0			194.01
194.02 07952	OTHER FACILITIES	0	0			194.02
194.03 07953	THE HEART HOSPITAL	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

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

Worksheet B
Part II
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.04 07954 PR	0	0				194.04
194.05 07955 CHILD CARE CENTER	0	0				194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0				194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0				194.07
194.08 07958 HEALTHSOUTH	0	0				194.08
194.09 07959 HOME OFFICE	0	0				194.09
200.00 Cross Foot Adjustments			142,011	87,474	28,135	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	239,972	159,477	142,011	87,474	28,135	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description			PARAMED PRGM-CHAPLAIN	PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.03	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-PHARMACY					23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	53,309				23.01
23.03	02303	PARAMED PRGM-NURSING		69,723			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			11,205,013	0	11,205,013
31.00	03100	INTENSIVE CARE UNIT			1,908,148	0	1,908,148
32.00	03200	CORONARY CARE UNIT			356,911	0	356,911
40.00	04000	SUBPROVIDER - IPF			151,958	0	151,958
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			8,860,860	0	8,860,860
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,533,429	0	2,533,429
55.00	05500	RADIOLOGY-THERAPEUTIC			544,774	0	544,774
56.00	05600	RADIOISOTOPE			534,218	0	534,218
57.00	05700	CT SCAN			1,226,577	0	1,226,577
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			1,862,292	0	1,862,292
59.00	05900	CARDIAC CATHETERIZATION			811,613	0	811,613
60.00	06000	LABORATORY			3,618,669	0	3,618,669
64.00	06400	INTRAVENOUS THERAPY			98,505	0	98,505
65.00	06500	RESPIRATORY THERAPY			349,559	0	349,559
66.00	06600	PHYSICAL THERAPY			419,908	0	419,908
69.00	06900	ELECTROCARDIOLOGY			178,838	0	178,838
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			352,688	0	352,688
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			663,443	0	663,443
73.00	07300	DRUGS CHARGED TO PATIENTS			2,056,970	0	2,056,970
74.00	07400	RENAL DIALYSIS			55,411	0	55,411
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			260,402	0	260,402
90.01	09001	FAMILY PRACTICE CLINIC			165,457	0	165,457
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			160,131	0	160,131
90.03	09003	CHEMO			374,125	0	374,125
90.04	09004	PRIMARY CARE FOR SENIORS			60,184	0	60,184
90.05	09005	PAIN MANAGEMENT			376,303	0	376,303
90.06	09006	WOUND CARE			142,707	0	142,707
90.07	09007	SLEEP CENTER			270,882	0	270,882
90.08	09008	HEMATOLOGY			102,720	0	102,720
90.09	09009	MULTI-SPECIALTY CLINIC			182,316	0	182,316
91.00	09100	EMERGENCY			2,048,104	0	2,048,104
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	
92.01	09201	OBSERVATION UNIT			779,068	0	779,068
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			679,322	0	679,322
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	43,391,505	0	43,391,505
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			351,645	0	351,645
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,791,737	0	1,791,737
192.01	19201	DEACONESS URGENT CARE			262	0	262
192.02	19202	HEARTCARE			21	0	21
192.03	19203	FAMILY PHARMACY			825,676	0	825,676
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			464,018	0	464,018
194.01	07951	OCCUPATIONAL HEALTH			15,759	0	15,759
194.02	07952	OTHER FACILITIES			1,151,382	0	1,151,382
194.03	07953	THE HEART HOSPITAL			1,510,844	0	1,510,844

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
194.04	07954	PR			157,935	0	157,935	194.04
194.05	07955	CHILD CARE CENTER			56,359	0	56,359	194.05
194.06	07956	CENTER OF LIFE BALANCE			4,421	0	4,421	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA			7,786	0	7,786	194.07
194.08	07958	HEALTHSOUTH			292,460	0	292,460	194.08
194.09	07959	HOME OFFICE			9,030,724	0	9,030,724	194.09
200.00		Cross Foot Adjustments	53,309	69,723	380,652	0	380,652	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	53,309	69,723	59,433,186	0	59,433,186	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,567,881				1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP			24,895,320		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	351	0	36,122	265,718,457	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	48,837	17,952	9,994,115	42,628,736	5.00	
7.00	00700	OPERATION OF PLANT	0	0	219,444	3,663,242	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,666	0	159,423	661,721	8.00	
9.00	00900	HOUSEKEEPING	313	0	39,433	4,355,185	9.00	
10.00	01000	DIETARY	2,090	0	79,461	1,819,329	10.00	
11.00	01100	CAFETERIA	18,206	0	61,712	1,411,692	11.00	
13.00	01300	NURSING ADMINISTRATION	536	0	404,838	1,980,124	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	2,025	0	250,258	2,126,515	14.00	
15.00	01500	PHARMACY	1,665	0	489,829	9,085,947	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,707	0	88,169	3,998,269	16.00	
17.00	01700	SOCIAL SERVICE	0	0	2,084	4,754,552	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,370	0	0	1,533,464	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	0	1,781,485	22.00	
23.00	02300	PARAMED ED PRGM-PHARMACY	335	0	11,284	252,011	23.00	
23.01	02301	PARAMED ED PRGM-CHAPLAIN	1,596	850	6,861	213,447	23.01	
23.03	02303	PARAMED ED PRGM-NURSING	1,953	0	7,869	585,256	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	334,602	0	1,510,832	56,498,817	30.00	
31.00	03100	INTENSIVE CARE UNIT	55,825	0	161,490	10,969,375	31.00	
32.00	03200	CORONARY CARE UNIT	8,637	0	30,499	2,782,879	32.00	
40.00	04000	SUBPROVIDER - I/PF	4,900	0	299	949,217	40.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	135,690	0	4,178,404	27,010,645	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,448	0	1,397,838	6,720,737	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	16,778	0	13,332	1,228,460	55.00	
56.00	05600	RADIOISOTOPE	5,629	0	284,615	651,446	56.00	
57.00	05700	CT SCAN	8,718	0	853,703	2,243,384	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,735	0	1,432,362	1,438,506	58.00	
59.00	05900	CARDIAC CATHETERIZATION	11,612	0	389,040	1,602,514	59.00	
60.00	06000	LABORATORY	52,720	0	1,295,396	14,120,609	60.00	
64.00	06400	INTRAVENOUS THERAPY	1,275	0	6,014	717,691	64.00	
65.00	06500	RESPIRATORY THERAPY	7,629	0	35,876	3,454,731	65.00	
66.00	06600	PHYSICAL THERAPY	7,738	0	22,327	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	3,989	0	20,466	560,376	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	588	0	9,752	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,236	0	29,370	1,629,202	90.00	
90.01	09001	FAMILY PRACTICE CLINIC	3,719	0	35,268	895,710	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	5,911	0	1,418	647,470	90.02	
90.03	09003	CHEMO	13,881	0	15,022	982,706	90.03	
90.04	09004	PRI MARY CARE FOR SENIORS	0	0	14,865	2,095,803	90.04	
90.05	09005	PAIN MANAGEMENT	8,963	0	84,335	2,280,004	90.05	
90.06	09006	WOUND CARE	4,069	0	9,130	1,009,293	90.06	
90.07	09007	SLEEP CENTER	4,703	0	76,863	2,846,787	90.07	
90.08	09008	HEMATOLOGY	3,369	0	4,539	566,723	90.08	
90.09	09009	MULTI-SPECIALTY CLINIC	7,177	0	12,525	277,658	90.09	
91.00	09100	EMERGENCY	47,581	0	282,137	21,672,659	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
92.01	09201	OBSERVATION UNIT	25,193	0	99,008	2,212,179	92.01	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	7,263	0	262,856	2,947,650	96.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	925,628	18,802	24,420,483	251,864,206	476,879,074	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,117	0	37,753	863,553	2,146,832	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,610	0	307,846	7,543,290	11,991,141	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	938	192.02
192.03	19203	FAMILY PHARMACY	3,843	0	44,804	1,344,815	21,864,699	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	12,065	17,693	48,865	1,097,090	3,366,912	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	155	380,551	637,201	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
194.02 07952 OTHER FACILITIES	46,995	0	22,877	369,039	4,679,930	194.02
194.03 07953 THE HEART HOSPITAL	67,812	0	0	0	1,524,037	194.03
194.04 07954 PR	4,618	0	4,563	765,860	2,286,857	194.04
194.05 07955 CHILD CARE CENTER	0	0	5,286	1,490,053	2,255,937	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	2,688	0	72,102	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	0	0	7,369	194.07
194.08 07958 HEALTHSOUTH	13,145	0	0	0	276,854	194.08
194.09 07959 HOME OFFICE	426,698	12,860	0	0	0	194.09
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)	33,047,533	141,437	26,244,216	35,080,379	75,995,619	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21.077832	2.865708	1.054183	0.132021	0.143934	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				45,477	11,623,733	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000171	0.022015	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: 15-0082

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,092,845				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,666	4,825,756			8.00
9.00	00900	HOUSEKEEPING	313	0	1,090,866		9.00
10.00	01000	DIETARY	2,090	29,967	2,090	425,527	10.00
11.00	01100	CAFETERIA	18,206	0	18,206	0	29,177
13.00	01300	NURSING ADMINISTRATION	536	0	536	0	393
14.00	01400	CENTRAL SERVICES & SUPPLY	2,025	30,816	2,025	0	545
15.00	01500	PHARMACY	1,665	0	1,665	0	1,245
16.00	01600	MEDICAL RECORDS & LIBRARY	1,707	0	1,707	0	902
17.00	01700	SOCIAL SERVICE	0	0	0	0	699
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,370	0	4,370	0	221
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	1,400	0	67
23.00	02300	PARAMED ED PRGM-PHARMACY	335	0	335	0	33
23.01	02301	PARAMED ED PRGM-CHAPLAIN	2,446	0	2,446	0	63
23.03	02303	PARAMED ED PRGM-NURSING	1,953	0	1,953	0	83
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	334,602	2,673,998	334,602	298,469	7,754
31.00	03100	INTENSIVE CARE UNIT	55,825	227,601	55,825	47,776	1,805
32.00	03200	CORONARY CARE UNIT	8,637	105,003	8,637	11,358	442
40.00	04000	SUBPROVIDER - IPF	4,900	13,049	4,900	8,883	212
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	135,690	501,224	135,690	0	2,760
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,448	146,439	32,448	0	1,157
55.00	05500	RADIOLOGY-THERAPEUTIC	16,778	0	16,778	0	186
56.00	05600	RADIOISOTOPE	5,629	4,909	5,629	0	96
57.00	05700	CT SCAN	8,718	49,088	8,718	0	383
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,735	42,420	10,735	0	230
59.00	05900	CARDIAC CATHETERIZATION	11,612	70,630	11,612	0	223
60.00	06000	LABORATORY	52,720	6,221	52,720	0	3,264
64.00	06400	INTRAVENOUS THERAPY	1,275	0	1,275	0	101
65.00	06500	RESPIRATORY THERAPY	7,629	742	7,629	0	595
66.00	06600	PHYSICAL THERAPY	7,738	51,522	7,738	0	0
69.00	06900	ELECTROCARDIOLOGY	3,989	23,951	3,989	0	89
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	588	0	588	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,236	1,843	7,236	0	269
90.01	09001	FAMILY PRACTICE CLINIC	3,719	2,695	3,719	0	190
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	5,911	0	5,911	0	0
90.03	09003	CHEMO	13,881	16,654	13,881	0	169
90.04	09004	PRIMARY CARE FOR SENIORS	0	751	0	0	0
90.05	09005	PAIN MANAGEMENT	8,963	36,415	8,963	0	0
90.06	09006	WOUND CARE	4,069	7,600	4,069	0	159
90.07	09007	SLEEP CENTER	4,703	0	4,703	0	375
90.08	09008	HEMATOLOGY	3,369	0	3,369	0	129
90.09	09009	MULTI-SPECIALTY CLINIC	7,177	0	7,177	0	46
91.00	09100	EMERGENCY	47,581	515,953	47,581	4,939	1,870
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION UNIT	25,193	128,912	25,193	22,041	615
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	7,263	0	7,263	0	661
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	877,290	4,688,403	875,311	393,466	28,031
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,117	9,519	12,117	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,610	26,478	54,610	0	508
192.01	19201	DEACONESS URGENT CARE	0	5,372	0	0	0
192.02	19202	HEARTCARE	0	0	0	0	0
192.03	19203	FAMILY PHARMACY	3,843	0	3,843	0	188
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	12,065	69,229	12,065	32,061	260
194.01	07951	OCCUPATIONAL HEALTH	0	8,986	0	0	50
194.02	07952	OTHER FACILITIES	46,995	0	46,995	0	22
194.03	07953	THE HEART HOSPITAL	67,812	0	67,812	0	0
194.04	07954	PR	4,618	0	4,618	0	118

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

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

Worksheet B-1

Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
194.05 07955 CHILD CARE CENTER	0	17,769	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194.07
194.08 07958 HEALTHSOUTH	13,145	0	13,145	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	10,715,918	1,353,443	5,960,000	4,114,190	3,925,855	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.805524	0.280462	5.463549	9.668458	134.553073	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	574,928	235,750	197,651	219,275	505,916	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.526084	0.048852	0.181187	0.515302	17.339548	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: 15-0082

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

Worksheet B-1

Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description		NURSING ADMINISTRATION (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	21,143					13.00
14.00	01400		57,126,414				14.00
15.00	01500		1,189,526	82,508,778			15.00
16.00	01600				2,285,547,529		16.00
17.00	01700		253			220	17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.03	02303					1	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,754	2,323,073	18,392	158,888,677	180	30.00
31.00	03100	1,805	1,402,933	8,210	65,289,838	14	31.00
32.00	03200	442	398,791	2,027	16,070,635	9	32.00
40.00	04000	212	0	0	8,000,357	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,760	1,227,209	46,777	403,459,703	0	50.00
54.00	05400	0	116,488	26,054	124,996,481	0	54.00
55.00	05500	0	46,058	254,150	56,337,826	0	55.00
56.00	05600	0	1,467,501	776	25,772,910	0	56.00
57.00	05700	0	344,910	7,149	143,162,553	0	57.00
58.00	05800	0	218,290	6,036	42,771,487	0	58.00
59.00	05900	223	91,846	2,430	39,317,858	0	59.00
60.00	06000	3,264	10,542,316	0	203,650,830	0	60.00
64.00	06400	101	541,584	53	4,639,928	0	64.00
65.00	06500	0	278,611	2,254	72,501,909	0	65.00
66.00	06600	0	242,564	5,564	66,928,954	0	66.00
69.00	06900	0	156,678	9,643	27,173,335	0	69.00
71.00	07100	0	12,004,613	0	31,663,054	0	71.00
72.00	07200	0	22,189,410	0	62,821,527	0	72.00
73.00	07300	0	0	62,104,136	313,867,141	0	73.00
74.00	07400	0	21,795	637	8,479,717	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	269	142,598	733	5,808,998	0	90.00
90.01	09001	190	33,055	108,154	4,260,983	0	90.01
90.02	09002	141	164	420	4,724,600	0	90.02
90.03	09003	169	266,706	595	23,105,640	0	90.03
90.04	09004	218	6,419	98,391	2,469,170	0	90.04
90.05	09005	401	35,804	7,073	36,996,491	0	90.05
90.06	09006	159	187,227	19,376	4,603,790	0	90.06
90.07	09007	375	55,955	0	9,724,503	0	90.07
90.08	09008	129	4,258	0	3,701,192	0	90.08
90.09	09009	46	8,943	0	550,937	0	90.09
91.00	09100	1,870	1,168,122	26,753	243,252,154	16	91.00
92.00	09200						92.00
92.01	09201	615	180,247	270	10,627,382	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	118,001	29,585,451	0	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		21,143	56,894,250	62,874,054	2,255,206,011	220	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	19,903	164,793	2,512,757	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	172,004	19,455,561	27,828,761	0	192.03
194.00	07950	0	12,689	14,370	0	0	194.00
194.01	07951	0	27,410	0	0	0	194.01
194.02	07952	0	158	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

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

Worksheet B-1

Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description			NURSING ADMINISTRATION (FTE'S NURSING) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	
194.04	07954	PR	0	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	3,796,558	4,441,234	11,813,333	3,446,201	6,622,434	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	179.565719	0.077744	0.143177	0.001508	30,101.972727	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	525,312	411,147	872,432	239,972	159,477	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	24.845670	0.007197	0.010574	0.000105	724.895455	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: 15-0082

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	50,243				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		50,243			22.00
23.00 02300	PARAMED PRGM-PHARMACY			100		23.00
23.01 02301	PARAMED PRGM-CHAPLAIN				100	23.01
23.03 02303	PARAMED PRGM-NURSING					16,456
23.03						23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,136	23,136	0	100	11,126
31.00 03100	INTENSIVE CARE UNIT	704	704	0	0	3,019
32.00 03200	CORONARY CARE UNIT	0	0	0	0	725
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
40.00						40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,537	4,537	0	0	992
54.00 05400	RADIOLOGY-DIAGNOSTIC	198	198	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	983	983	0	0	16
60.00 06000	LABORATORY	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	10
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	95	95	0	0	34
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	100	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
74.00						74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	FAMILY PRACTICE CLINIC	16,583	16,583	0	0	0
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0
90.03 09003	CHEMO	0	0	0	0	0
90.04 09004	PRIMARY CARE FOR SENIORS	979	979	0	0	0
90.05 09005	PAIN MANAGEMENT	110	110	0	0	0
90.06 09006	WOUND CARE	0	0	0	0	123
90.07 09007	SLEEP CENTER	0	0	0	0	0
90.08 09008	HEMATOLOGY	0	0	0	0	0
90.09 09009	MULTI-SPECIALTY CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	2,918	2,918	0	0	395
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION UNIT	0	0	0	0	16
92.01						92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
96.00						96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	50,243	50,243	100	100	16,456
118.00						118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	0	0	0
192.03 19203	FAMILY PHARMACY	0	0	0	0	0
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951	OCCUPATIONAL HEALTH	0	0	0	0	0
194.02 07952	OTHER FACILITIES	0	0	0	0	0
194.02						194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

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

Worksheet B-1

Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description	INTERNS & RESIDENTS						
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)		
	21.00	22.00	23.00	23.01	23.03		
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	0	194.03
194.04 07954 PR	0	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0	194.09
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)	2,203,761	2,784,122	423,775	401,332	891,718		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	43.862050	55.413132	4,237.750000	4,013.320000	54.188017		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	142,011	87,474	28,135	53,309	69,723		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.826483	1.741019	281.350000	533.090000	4.236935		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: 15-0082

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2019 12:17 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		93,789,412	93,789,412	917,510	94,706,922	30.00
31.00	03100 INTENSIVE CARE UNIT		21,723,460	21,723,460	122,746	21,846,206	31.00
32.00	03200 CORONARY CARE UNIT		5,528,772	5,528,772	0	5,528,772	32.00
40.00	04000 SUBPROVIDER - I/PF		1,718,749	1,718,749	0	1,718,749	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		69,865,317	69,865,317	1,149,161	71,014,478	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,051,212	17,051,212	336,844	17,388,056	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,258,243	8,258,243	0	8,258,243	55.00
56.00	05600 RADIOISOTOPE		4,685,150	4,685,150	0	4,685,150	56.00
57.00	05700 CT SCAN		5,977,178	5,977,178	0	5,977,178	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		5,693,040	5,693,040	0	5,693,040	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,002,643	7,002,643	20,674	7,023,317	59.00
60.00	06000 LABORATORY		46,970,908	46,970,908	401,862	47,372,770	60.00
64.00	06400 INTRAVENOUS THERAPY		2,938,368	2,938,368	0	2,938,368	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,567,946	6,567,946	2,546	6,570,492	65.00
66.00	06600 PHYSICAL THERAPY	0	11,500,298	11,500,298	0	11,500,298	66.00
69.00	06900 ELECTROCARDIOLOGY		3,393,004	3,393,004	0	3,393,004	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,645,153	14,645,153	0	14,645,153	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,651,938	27,651,938	0	27,651,938	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		80,838,163	80,838,163	0	80,838,163	73.00
74.00	07400 RENAL DIALYSIS		1,648,245	1,648,245	2,201	1,650,446	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		3,133,023	3,133,023	165	3,133,188	90.00
90.01	09001 FAMILY PRACTICE CLINIC		2,005,410	2,005,410	0	2,005,410	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES		1,413,405	1,413,405	0	1,413,405	90.02
90.03	09003 CHEMO		2,510,159	2,510,159	0	2,510,159	90.03
90.04	09004 PRIMARY CARE FOR SENIORS		1,845,315	1,845,315	40,495	1,885,810	90.04
90.05	09005 PAIN MANAGEMENT		4,049,849	4,049,849	4,691	4,054,540	90.05
90.06	09006 WOUND CARE		1,897,796	1,897,796	0	1,897,796	90.06
90.07	09007 SLEEP CENTER		3,620,210	3,620,210	2,342	3,622,552	90.07
90.08	09008 HEMATOLOGY		1,022,018	1,022,018	0	1,022,018	90.08
90.09	09009 MULTI-SPECIALTY CLINIC		658,726	658,726	5,236	663,962	90.09
91.00	09100 EMERGENCY		29,875,829	29,875,829	2,061,932	31,937,761	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,820,118	7,820,118	0	7,820,118	92.00
92.01	09201 OBSERVATION UNIT		4,825,653	4,825,653	0	4,825,653	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		11,876,097	11,876,097	0	11,876,097	96.00
200.00	Subtotal (see instructions)	0	514,000,807	514,000,807	5,068,405	519,069,212	200.00
201.00	Less Observation Beds		7,820,118	7,820,118	0	7,820,118	201.00
202.00	Total (see instructions)	0	506,180,689	506,180,689	5,068,405	511,249,094	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2019 12:17 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	146,459,397		146,459,397		30.00
31.00	03100	INTENSIVE CARE UNIT	63,745,835		63,745,835		31.00
32.00	03200	CORONARY CARE UNIT	15,706,304		15,706,304		32.00
40.00	04000	SUBPROVIDER - IPF	8,000,357		8,000,357		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	162,912,293	240,547,410	403,459,703	0.173166	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,604,073	90,392,408	124,996,481	0.136414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,188,040	55,149,786	56,337,826	0.146584	55.00
56.00	05600	RADIOISOTOPE	6,309,383	19,463,527	25,772,910	0.181786	56.00
57.00	05700	CT SCAN	42,112,293	101,050,260	143,162,553	0.041751	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,098,160	33,673,327	42,771,487	0.133104	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,145,725	12,172,133	39,317,858	0.178103	59.00
60.00	06000	LABORATORY	69,307,878	134,342,952	203,650,830	0.230644	60.00
64.00	06400	INTRAVENOUS THERAPY	4,581,453	58,475	4,639,928	0.633279	64.00
65.00	06500	RESPIRATORY THERAPY	65,508,886	6,993,023	72,501,909	0.090590	65.00
66.00	06600	PHYSICAL THERAPY	44,040,152	22,888,802	66,928,954	0.171828	66.00
69.00	06900	ELECTROCARDIOLOGY	16,424,057	10,749,278	27,173,335	0.124865	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,367,962	12,295,091	31,663,053	0.462531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,906,088	13,915,439	62,821,527	0.440167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,170,578	180,696,562	313,867,140	0.257555	73.00
74.00	07400	RENAL DIALYSIS	7,354,322	1,125,395	8,479,717	0.194375	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,322	5,788,676	5,808,998	0.539340	90.00
90.01	09001	FAMILY PRACTICE CLINIC	18,492	4,242,491	4,260,983	0.470645	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	4,724,600	4,724,600	0.299159	90.02
90.03	09003	CHEMO	178,680	22,926,960	23,105,640	0.108638	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	11,585	2,457,585	2,469,170	0.747342	90.04
90.05	09005	PAIN MANAGEMENT	34,779	36,961,712	36,996,491	0.109466	90.05
90.06	09006	WOUND CARE	183,329	4,420,461	4,603,790	0.412225	90.06
90.07	09007	SLEEP CENTER	30,155	9,694,348	9,724,503	0.372277	90.07
90.08	09008	HEMATOLOGY	19,286	3,681,906	3,701,192	0.276132	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	818	550,119	550,937	1.195647	90.09
91.00	09100	EMERGENCY	93,500,797	149,751,356	243,252,153	0.122818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,458,122	11,879,491	14,337,613	0.545427	92.00
92.01	09201	OBSERVATION UNIT	4,176,831	6,450,551	10,627,382	0.454077	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	29,585,572	29,585,572	0.401415	96.00
200.00		Subtotal (see instructions)	1,026,576,432	1,228,629,696	2,255,206,128		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,026,576,432	1,228,629,696	2,255,206,128		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/27/2019 12:17 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.176014		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139108		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146584		55.00
56.00	05600 RADIOISOTOPE	0.181786		56.00
57.00	05700 CT SCAN	0.041751		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.133104		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.178629		59.00
60.00	06000 LABORATORY	0.232618		60.00
64.00	06400 INTRAVENOUS THERAPY	0.633279		64.00
65.00	06500 RESPIRATORY THERAPY	0.090625		65.00
66.00	06600 PHYSICAL THERAPY	0.171828		66.00
69.00	06900 ELECTROCARDIOLOGY	0.124865		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440167		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257555		73.00
74.00	07400 RENAL DIALYSIS	0.194635		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.539368		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.470645		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.299159		90.02
90.03	09003 CHEMO	0.108638		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.763742		90.04
90.05	09005 PAIN MANAGEMENT	0.109593		90.05
90.06	09006 WOUND CARE	0.412225		90.06
90.07	09007 SLEEP CENTER	0.372518		90.07
90.08	09008 HEMATOLOGY	0.276132		90.08
90.09	09009 MULTI-SPECIALTY CLINIC	1.205150		90.09
91.00	09100 EMERGENCY	0.131295		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545427		92.00
92.01	09201 OBSERVATION UNIT	0.454077		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.401415		96.00
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: 15-0082

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2019 12:17 pm

		Title XIX		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	93,789,412	93,789,412	917,510	94,706,922	30.00
31.00	03100 INTENSIVE CARE UNIT	21,723,460	21,723,460	122,746	21,846,206	31.00
32.00	03200 CORONARY CARE UNIT	5,528,772	5,528,772	0	5,528,772	32.00
40.00	04000 SUBPROVIDER - I/PF	1,718,749	1,718,749	0	1,718,749	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	69,865,317	69,865,317	1,149,161	71,014,478	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,051,212	17,051,212	336,844	17,388,056	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,258,243	8,258,243	0	8,258,243	55.00
56.00	05600 RADIOISOTOPE	4,685,150	4,685,150	0	4,685,150	56.00
57.00	05700 CT SCAN	5,977,178	5,977,178	0	5,977,178	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,693,040	5,693,040	0	5,693,040	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,002,643	7,002,643	20,674	7,023,317	59.00
60.00	06000 LABORATORY	46,970,908	46,970,908	401,862	47,372,770	60.00
64.00	06400 INTRAVENOUS THERAPY	2,938,368	2,938,368	0	2,938,368	64.00
65.00	06500 RESPIRATORY THERAPY	6,567,946	6,567,946	2,546	6,570,492	65.00
66.00	06600 PHYSICAL THERAPY	11,500,298	11,500,298	0	11,500,298	66.00
69.00	06900 ELECTROCARDIOLOGY	3,393,004	3,393,004	0	3,393,004	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,645,153	14,645,153	0	14,645,153	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,651,938	27,651,938	0	27,651,938	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	80,838,163	80,838,163	0	80,838,163	73.00
74.00	07400 RENAL DIALYSIS	1,648,245	1,648,245	2,201	1,650,446	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,133,023	3,133,023	165	3,133,188	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,005,410	2,005,410	0	2,005,410	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,413,405	1,413,405	0	1,413,405	90.02
90.03	09003 CHEMO	2,510,159	2,510,159	0	2,510,159	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,845,315	1,845,315	40,495	1,885,810	90.04
90.05	09005 PAIN MANAGEMENT	4,049,849	4,049,849	4,691	4,054,540	90.05
90.06	09006 WOUND CARE	1,897,796	1,897,796	0	1,897,796	90.06
90.07	09007 SLEEP CENTER	3,620,210	3,620,210	2,342	3,622,552	90.07
90.08	09008 HEMATOLOGY	1,022,018	1,022,018	0	1,022,018	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	658,726	658,726	5,236	663,962	90.09
91.00	09100 EMERGENCY	29,875,829	29,875,829	2,061,932	31,937,761	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,820,118	7,820,118	0	7,820,118	92.00
92.01	09201 OBSERVATION UNIT	4,825,653	4,825,653	0	4,825,653	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,876,097	11,876,097	0	11,876,097	96.00
200.00	Subtotal (see instructions)	514,000,807	514,000,807	5,068,405	519,069,212	200.00
201.00	Less Observation Beds	7,820,118	7,820,118	0	7,820,118	201.00
202.00	Total (see instructions)	506,180,689	506,180,689	5,068,405	511,249,094	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2019 12:17 pm

		Title XIX			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	146,459,397		146,459,397		30.00
31.00	03100	INTENSIVE CARE UNIT	63,745,835		63,745,835		31.00
32.00	03200	CORONARY CARE UNIT	15,706,304		15,706,304		32.00
40.00	04000	SUBPROVIDER - I/PF	8,000,357		8,000,357		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	162,912,293	240,547,410	403,459,703	0.173166	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,604,073	90,392,408	124,996,481	0.136414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,188,040	55,149,786	56,337,826	0.146584	55.00
56.00	05600	RADIOISOTOPE	6,309,383	19,463,527	25,772,910	0.181786	56.00
57.00	05700	CT SCAN	42,112,293	101,050,260	143,162,553	0.041751	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,098,160	33,673,327	42,771,487	0.133104	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,145,725	12,172,133	39,317,858	0.178103	59.00
60.00	06000	LABORATORY	69,307,878	134,342,952	203,650,830	0.230644	60.00
64.00	06400	INTRAVENOUS THERAPY	4,581,453	58,475	4,639,928	0.633279	64.00
65.00	06500	RESPIRATORY THERAPY	65,508,886	6,993,023	72,501,909	0.090590	65.00
66.00	06600	PHYSICAL THERAPY	44,040,152	22,888,802	66,928,954	0.171828	66.00
69.00	06900	ELECTROCARDIOLOGY	16,424,057	10,749,278	27,173,335	0.124865	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,367,962	12,295,091	31,663,053	0.462531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,906,088	13,915,439	62,821,527	0.440167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,170,578	180,696,562	313,867,140	0.257555	73.00
74.00	07400	RENAL DIALYSIS	7,354,322	1,125,395	8,479,717	0.194375	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,322	5,788,676	5,808,998	0.539340	90.00
90.01	09001	FAMILY PRACTICE CLINIC	18,492	4,242,491	4,260,983	0.470645	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	4,724,600	4,724,600	0.299159	90.02
90.03	09003	CHEMO	178,680	22,926,960	23,105,640	0.108638	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	11,585	2,457,585	2,469,170	0.747342	90.04
90.05	09005	PAIN MANAGEMENT	34,779	36,961,712	36,996,491	0.109466	90.05
90.06	09006	WOUND CARE	183,329	4,420,461	4,603,790	0.412225	90.06
90.07	09007	SLEEP CENTER	30,155	9,694,348	9,724,503	0.372277	90.07
90.08	09008	HEMATOLOGY	19,286	3,681,906	3,701,192	0.276132	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	818	550,119	550,937	1.195647	90.09
91.00	09100	EMERGENCY	93,500,797	149,751,356	243,252,153	0.122818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,458,122	11,879,491	14,337,613	0.545427	92.00
92.01	09201	OBSERVATION UNIT	4,176,831	6,450,551	10,627,382	0.454077	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	29,585,572	29,585,572	0.401415	96.00
200.00		Subtotal (see instructions)	1,026,576,432	1,228,629,696	2,255,206,128		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,026,576,432	1,228,629,696	2,255,206,128		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/27/2019 12:17 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.176014		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139108		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146584		55.00
56.00	05600 RADIOISOTOPE	0.181786		56.00
57.00	05700 CT SCAN	0.041751		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.133104		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.178629		59.00
60.00	06000 LABORATORY	0.232618		60.00
64.00	06400 INTRAVENOUS THERAPY	0.633279		64.00
65.00	06500 RESPIRATORY THERAPY	0.090625		65.00
66.00	06600 PHYSICAL THERAPY	0.171828		66.00
69.00	06900 ELECTROCARDIOLOGY	0.124865		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440167		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257555		73.00
74.00	07400 RENAL DIALYSIS	0.194635		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.539368		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.470645		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.299159		90.02
90.03	09003 CHEMO	0.108638		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.763742		90.04
90.05	09005 PAIN MANAGEMENT	0.109593		90.05
90.06	09006 WOUND CARE	0.412225		90.06
90.07	09007 SLEEP CENTER	0.372518		90.07
90.08	09008 HEMATOLOGY	0.276132		90.08
90.09	09009 MULTI-SPECIALTY CLINIC	1.205150		90.09
91.00	09100 EMERGENCY	0.131295		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545427		92.00
92.01	09201 OBSERVATION UNIT	0.454077		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.401415		96.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0082

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

Worksheet C Part II Date/Time Prepared: 2/27/2019 12:17 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	69,865,317	8,860,860	61,004,457	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,051,212	2,533,429	14,517,783	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,258,243	544,774	7,713,469	0	0	55.00
56.00	05600 RADIOISOTOPE	4,685,150	534,218	4,150,932	0	0	56.00
57.00	05700 CT SCAN	5,977,178	1,226,577	4,750,601	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,693,040	1,862,292	3,830,748	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,002,643	811,613	6,191,030	0	0	59.00
60.00	06000 LABORATORY	46,970,908	3,618,669	43,352,239	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	2,938,368	98,505	2,839,863	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,567,946	349,559	6,218,387	0	0	65.00
66.00	06600 PHYSICAL THERAPY	11,500,298	419,908	11,080,390	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	3,393,004	178,838	3,214,166	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,645,153	352,688	14,292,465	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,651,938	663,443	26,988,495	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	80,838,163	2,056,970	78,781,193	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,648,245	55,411	1,592,834	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,133,023	260,402	2,872,621	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,005,410	165,457	1,839,953	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,413,405	160,131	1,253,274	0	0	90.02
90.03	09003 CHEMO	2,510,159	374,125	2,136,034	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,845,315	60,184	1,785,131	0	0	90.04
90.05	09005 PAIN MANAGEMENT	4,049,849	376,303	3,673,546	0	0	90.05
90.06	09006 WOUND CARE	1,897,796	142,707	1,755,089	0	0	90.06
90.07	09007 SLEEP CENTER	3,620,210	270,882	3,349,328	0	0	90.07
90.08	09008 HEMATOLOGY	1,022,018	102,720	919,298	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	658,726	182,316	476,410	0	0	90.09
91.00	09100 EMERGENCY	29,875,829	2,048,104	27,827,725	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,820,118	925,222	6,894,896	0	0	92.00
92.01	09201 OBSERVATION UNIT	4,825,653	779,068	4,046,585	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,876,097	679,322	11,196,775	0	0	96.00
200.00	Subtotal (sum of lines 50 thru 199)	391,240,414	30,694,697	360,545,717	0	0	200.00
201.00	Less Observation Beds	7,820,118	925,222	6,894,896	0	0	201.00
202.00	Total (line 200 minus line 201)	383,420,296	29,769,475	353,650,821	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part II Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	69,865,317	403,459,703	0.173166	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,051,212	124,996,481	0.136414	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,258,243	56,337,826	0.146584	55.00
56.00	05600 RADIOISOTOPE	4,685,150	25,772,910	0.181786	56.00
57.00	05700 CT SCAN	5,977,178	143,162,553	0.041751	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,693,040	42,771,487	0.133104	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,002,643	39,317,858	0.178103	59.00
60.00	06000 LABORATORY	46,970,908	203,650,830	0.230644	60.00
64.00	06400 INTRAVENOUS THERAPY	2,938,368	4,639,928	0.633279	64.00
65.00	06500 RESPIRATORY THERAPY	6,567,946	72,501,909	0.090590	65.00
66.00	06600 PHYSICAL THERAPY	11,500,298	66,928,954	0.171828	66.00
69.00	06900 ELECTROCARDIOLOGY	3,393,004	27,173,335	0.124865	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,645,153	31,663,053	0.462531	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,651,938	62,821,527	0.440167	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	80,838,163	313,867,140	0.257555	73.00
74.00	07400 RENAL DIALYSIS	1,648,245	8,479,717	0.194375	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3,133,023	5,808,998	0.539340	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,005,410	4,260,983	0.470645	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,413,405	4,724,600	0.299159	90.02
90.03	09003 CHEMO	2,510,159	23,105,640	0.108638	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,845,315	2,469,170	0.747342	90.04
90.05	09005 PAIN MANAGEMENT	4,049,849	36,996,491	0.109466	90.05
90.06	09006 WOUND CARE	1,897,796	4,603,790	0.412225	90.06
90.07	09007 SLEEP CENTER	3,620,210	9,724,503	0.372277	90.07
90.08	09008 HEMATOLOGY	1,022,018	3,701,192	0.276132	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	658,726	550,937	1.195647	90.09
91.00	09100 EMERGENCY	29,875,829	243,252,153	0.122818	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,820,118	14,337,613	0.545427	92.00
92.01	09201 OBSERVATION UNIT	4,825,653	10,627,382	0.454077	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,876,097	29,585,572	0.401415	96.00
200.00	Subtotal (sum of lines 50 thru 199)	391,240,414	2,021,294,235		200.00
201.00	Less Observation Beds	7,820,118	0		201.00
202.00	Total (line 200 minus line 201)	383,420,296	2,021,294,235		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part I Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4) PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	11,205,013	0	11,205,013	113,937	98.34	30.00
31.00	INTENSIVE CARE UNIT	1,908,148		1,908,148	17,684	107.90	31.00
32.00	CORONARY CARE UNIT	356,911		356,911	4,208	84.82	32.00
40.00	SUBPROVIDER - IPF	151,958	0	151,958	3,374	45.04	40.00
200.00	Total (lines 30 through 199)	13,622,030		13,622,030	139,203		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	45,599	4,484,206				30.00
31.00	INTENSIVE CARE UNIT	7,606	820,687				31.00
32.00	CORONARY CARE UNIT	2,089	177,189				32.00
40.00	SUBPROVIDER - IPF	1,387	62,470				40.00
200.00	Total (lines 30 through 199)	56,681	5,544,552				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,860,860	403,459,703	0.021962	65,788,124	1,444,839	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,533,429	124,996,481	0.020268	15,004,679	304,115	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	544,774	56,337,826	0.009670	534,662	5,170	55.00
56.00	05600	RADIOISOTOPE	534,218	25,772,910	0.020728	3,318,342	68,783	56.00
57.00	05700	CT SCAN	1,226,577	143,162,553	0.008568	17,193,120	147,311	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,862,292	42,771,487	0.043541	3,658,460	159,293	58.00
59.00	05900	CARDIAC CATHETERIZATION	811,613	39,317,858	0.020642	11,972,827	247,143	59.00
60.00	06000	LABORATORY	3,618,669	203,650,830	0.017769	30,652,885	544,671	60.00
64.00	06400	INTRAVENOUS THERAPY	98,505	4,639,928	0.021230	2,185,490	46,398	64.00
65.00	06500	RESPIRATORY THERAPY	349,559	72,501,909	0.004821	31,997,827	154,262	65.00
66.00	06600	PHYSICAL THERAPY	419,908	66,928,954	0.006274	22,631,122	141,988	66.00
69.00	06900	ELECTROCARDIOLOGY	178,838	27,173,335	0.006581	8,082,672	53,192	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	352,688	31,663,053	0.011139	8,158,163	90,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	663,443	62,821,527	0.010561	21,208,927	223,987	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,970	313,867,140	0.006554	60,006,623	393,283	73.00
74.00	07400	RENAL DIALYSIS	55,411	8,479,717	0.006535	3,789,067	24,762	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	260,402	5,808,998	0.044827	11,119	498	90.00
90.01	09001	FAMILY PRACTICE CLINIC	165,457	4,260,983	0.038831	7,055	274	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	160,131	4,724,600	0.033893	0	0	90.02
90.03	09003	CHEMO	374,125	23,105,640	0.016192	73,089	1,183	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	60,184	2,469,170	0.024374	5,497	134	90.04
90.05	09005	PAIN MANAGEMENT	376,303	36,996,491	0.010171	2,207	22	90.05
90.06	09006	WOUND CARE	142,707	4,603,790	0.030998	83,631	2,592	90.06
90.07	09007	SLEEP CENTER	270,882	9,724,503	0.027856	17,152	478	90.07
90.08	09008	HEMATOLOGY	102,720	3,701,192	0.027753	10,778	299	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	182,316	550,937	0.330920	563	186	90.09
91.00	09100	EMERGENCY	2,048,104	243,252,153	0.008420	39,001,988	328,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	925,222	14,337,613	0.064531	1,508,232	97,328	92.00
92.01	09201	OBSERVATION UNIT	779,068	10,627,382	0.073308	2,369,019	173,668	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	679,322	29,585,572	0.022961	0	0	96.00
200.00		Total (lines 50 through 199)	30,694,697	2,021,294,235		349,273,320	4,655,130	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,004,228	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	163,594	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	39,286	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	1,207,108	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	1,004,228	113,937	8.81	45,599	30.00	
31.00	03100	INTENSIVE CARE UNIT		163,594	17,684	9.25	7,606	31.00	
32.00	03200	CORONARY CARE UNIT		39,286	4,208	9.34	2,089	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,374	0.00	1,387	40.00	
200.00		Total (lines 30 through 199)		1,207,108	139,203		56,681	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	401,727						30.00
31.00	03100	INTENSIVE CARE UNIT	70,356						31.00
32.00	03200	CORONARY CARE UNIT	19,511						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	491,594						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 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	53,755	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	867	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	542	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,842	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	423,775	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02	
90.03	09003	CHEMO	0	0	0	0	0	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04	
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05	
90.06	09006	WOUND CARE	0	0	0	0	6,665	90.06	
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07	
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08	
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09	
91.00	09100	EMERGENCY	0	0	0	0	21,404	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	82,925	92.00	
92.01	09201	OBSERVATION UNIT	0	0	0	0	867	92.01	
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
200.00		Total (lines 50 through 199)	0	0	0	0	592,642	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 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	53,755	53,755	403,459,703	0.000133	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	124,996,481	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,337,826	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	25,772,910	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	143,162,553	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	42,771,487	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	867	867	39,317,858	0.000022	59.00	
60.00	06000	LABORATORY	0	0	0	203,650,830	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	542	542	4,639,928	0.000117	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	72,501,909	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	66,928,954	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	1,842	1,842	27,173,335	0.000068	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,663,053	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,821,527	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	423,775	423,775	313,867,140	0.001350	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	8,479,717	0.000000	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	5,808,998	0.000000	90.00	
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,260,983	0.000000	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,724,600	0.000000	90.02	
90.03	09003	CHEMO	0	0	0	23,105,640	0.000000	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,469,170	0.000000	90.04	
90.05	09005	PAIN MANAGEMENT	0	0	0	36,996,491	0.000000	90.05	
90.06	09006	WOUND CARE	0	6,665	6,665	4,603,790	0.001448	90.06	
90.07	09007	SLEEP CENTER	0	0	0	9,724,503	0.000000	90.07	
90.08	09008	HEMATOLOGY	0	0	0	3,701,192	0.000000	90.08	
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	550,937	0.000000	90.09	
91.00	09100	EMERGENCY	0	21,404	21,404	243,252,153	0.000088	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	82,925	82,925	14,337,613	0.005784	92.00	
92.01	09201	OBSERVATION UNIT	0	867	867	10,627,382	0.000082	92.01	
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	29,585,572	0.000000	96.00	
200.00		Total (lines 50 through 199)	0	592,642	592,642	2,021,294,235		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 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	0.000133	65,788,124	8,750	45,906,180	6,106	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	15,004,679	0	24,769,407	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	534,662	0	23,795,240	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	3,318,342	0	6,387,016	0	56.00	
57.00	05700	CT SCAN	0.000000	17,193,120	0	29,706,048	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,658,460	0	9,071,347	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000022	11,972,827	263	4,831,351	106	59.00	
60.00	06000	LABORATORY	0.000000	30,652,885	0	13,544,555	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000117	2,185,490	256	10,354	1	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	31,997,827	0	1,848,310	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	22,631,122	0	1,066,243	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000068	8,082,672	550	3,188,916	217	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,158,163	0	3,868,520	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,208,927	0	4,553,465	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001350	60,006,623	81,009	63,783,181	86,107	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	3,789,067	0	639,249	0	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	11,119	0	2,174,307	0	90.00	
90.01	09001	FAMILY PRACTICE CLINIC	0.000000	7,055	0	413,306	0	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	273,128	0	90.02	
90.03	09003	CHEMO	0.000000	73,089	0	8,993,306	0	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0.000000	5,497	0	1,579,025	0	90.04	
90.05	09005	PAIN MANAGEMENT	0.000000	2,207	0	15,533,286	0	90.05	
90.06	09006	WOUND CARE	0.001448	83,631	121	2,262,057	3,275	90.06	
90.07	09007	SLEEP CENTER	0.000000	17,152	0	2,801,976	0	90.07	
90.08	09008	HEMATOLOGY	0.000000	10,778	0	1,453,190	0	90.08	
90.09	09009	MULTI-SPECIALTY CLINIC	0.000000	563	0	197,949	0	90.09	
91.00	09100	EMERGENCY	0.000088	39,001,988	3,432	31,073,140	2,734	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.005784	1,508,232	8,724	2,393,988	13,847	92.00	
92.01	09201	OBSERVATION UNIT	0.000082	2,369,019	194	1,576,963	129	92.01	
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
200.00		Total (lines 50 through 199)		349,273,320	103,299	307,695,003	112,522	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 12:17 pm
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.173166	45,906,180	0	9	7,949,390	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136414	24,769,407	11	99,055	3,378,894	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146584	23,795,240	2	2,805	3,488,001	55.00
56.00	05600 RADIOISOTOPE	0.181786	6,387,016	0	0	1,161,070	56.00
57.00	05700 CT SCAN	0.041751	29,706,048	0	0	1,240,257	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.133104	9,071,347	0	0	1,207,433	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.178103	4,831,351	0	9,165	860,478	59.00
60.00	06000 LABORATORY	0.230644	13,544,555	0	0	3,123,970	60.00
64.00	06400 INTRAVENOUS THERAPY	0.633279	10,354	0	0	6,557	64.00
65.00	06500 RESPIRATORY THERAPY	0.090590	1,848,310	0	0	167,438	65.00
66.00	06600 PHYSICAL THERAPY	0.171828	1,066,243	0	0	183,210	66.00
69.00	06900 ELECTROCARDIOLOGY	0.124865	3,188,916	0	24,057	398,184	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531	3,868,520	0	0	1,789,310	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440167	4,553,465	0	0	2,004,285	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257555	63,783,181	189	404,314	16,427,677	73.00
74.00	07400 RENAL DIALYSIS	0.194375	639,249	0	0	124,254	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.539340	2,174,307	0	0	1,172,691	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.470645	413,306	0	80	194,520	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.299159	273,128	0	0	81,709	90.02
90.03	09003 CHEMO	0.108638	8,993,306	0	0	977,015	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.747342	1,579,025	0	830	1,180,072	90.04
90.05	09005 PAIN MANAGEMENT	0.109466	15,533,286	0	0	1,700,367	90.05
90.06	09006 WOUND CARE	0.412225	2,262,057	1	1,530	932,476	90.06
90.07	09007 SLEEP CENTER	0.372277	2,801,976	0	0	1,043,111	90.07
90.08	09008 HEMATOLOGY	0.276132	1,453,190	0	0	401,272	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	1.195647	197,949	0	0	236,677	90.09
91.00	09100 EMERGENCY	0.122818	31,073,140	0	109	3,816,341	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545427	2,393,988	0	56	1,305,746	92.00
92.01	09201 OBSERVATION UNIT	0.454077	1,576,963	0	42	716,063	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.401415	0	0	0	0	96.00
200.00	Subtotal (see instructions)		307,695,003	203	542,052	57,268,468	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		307,695,003	203	542,052	57,268,468	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 12:17 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	2		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	13,512		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	411		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,632		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	3,004		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	49	104,133		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	38		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		90.02
90.03 09003 CHEMO	0	0		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	620		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
90.06 09006 WOUND CARE	0	631		90.06
90.07 09007 SLEEP CENTER	0	0		90.07
90.08 09008 HEMATOLOGY	0	0		90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0	0		90.09
91.00 09100 EMERGENCY	0	13		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	31		92.00
92.01 09201 OBSERVATION UNIT	0	19		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	51	124,046		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	51	124,046		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/27/2019 12:17 pm
		Component CCN: 15-S082	Title XVIII	Subprovider - IPF

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	8,860,860	403,459,703	0.021962	23,623	519 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,533,429	124,996,481	0.020268	30,582	620 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	544,774	56,337,826	0.009670	0	0 55.00
56.00	05600	RADIOISOTOPE	534,218	25,772,910	0.020728	0	0 56.00
57.00	05700	CT SCAN	1,226,577	143,162,553	0.008568	25,754	221 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,862,292	42,771,487	0.043541	1,458	63 58.00
59.00	05900	CARDIAC CATHETERIZATION	811,613	39,317,858	0.020642	0	0 59.00
60.00	06000	LABORATORY	3,618,669	203,650,830	0.017769	152,525	2,710 60.00
64.00	06400	INTRAVENOUS THERAPY	98,505	4,639,928	0.021230	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	349,559	72,501,909	0.004821	23,131	112 65.00
66.00	06600	PHYSICAL THERAPY	419,908	66,928,954	0.006274	6,871	43 66.00
69.00	06900	ELECTROCARDIOLOGY	178,838	27,173,335	0.006581	4,974	33 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	352,688	31,663,053	0.011139	89	1 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	663,443	62,821,527	0.010561	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,970	313,867,140	0.006554	289,944	1,900 73.00
74.00	07400	RENAL DIALYSIS	55,411	8,479,717	0.006535	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	260,402	5,808,998	0.044827	273	12 90.00
90.01	09001	FAMILY PRACTICE CLINIC	165,457	4,260,983	0.038831	0	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	160,131	4,724,600	0.033893	0	0 90.02
90.03	09003	CHEMO	374,125	23,105,640	0.016192	0	0 90.03
90.04	09004	PRIMARY CARE FOR SENIORS	60,184	2,469,170	0.024374	0	0 90.04
90.05	09005	PAIN MANAGEMENT	376,303	36,996,491	0.010171	0	0 90.05
90.06	09006	WOUND CARE	142,707	4,603,790	0.030998	0	0 90.06
90.07	09007	SLEEP CENTER	270,882	9,724,503	0.027856	0	0 90.07
90.08	09008	HEMATOLOGY	102,720	3,701,192	0.027753	0	0 90.08
90.09	09009	MULTI-SPECIALTY CLINIC	182,316	550,937	0.330920	0	0 90.09
91.00	09100	EMERGENCY	2,048,104	243,252,153	0.008420	346,124	2,914 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	14,337,613	0.000000	4,018	0 92.00
92.01	09201	OBSERVATION UNIT	779,068	10,627,382	0.073308	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	679,322	29,585,572	0.022961	0	0 96.00
200.00		Total (lines 50 through 199)	29,769,475	2,021,294,235		909,366	9,148 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 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	53,755	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	867	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	542	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	1,842	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	423,775	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 CHEMO	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE	0	0	0	0	6,665	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	21,404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0	0	0	0	867	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	0	0	509,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 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	53,755	53,755	403,459,703	0.000133	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	124,996,481	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	56,337,826	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	25,772,910	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	143,162,553	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	42,771,487	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	867	867	39,317,858	0.000022	59.00
60.00 06000 LABORATORY	0	0	0	203,650,830	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	542	542	4,639,928	0.000117	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	72,501,909	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66,928,954	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	1,842	1,842	27,173,335	0.000068	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,663,053	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,821,527	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	423,775	423,775	313,867,140	0.001350	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	8,479,717	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	5,808,998	0.000000	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	4,260,983	0.000000	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,724,600	0.000000	90.02
90.03 09003 CHEMO	0	0	0	23,105,640	0.000000	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	2,469,170	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	36,996,491	0.000000	90.05
90.06 09006 WOUND CARE	0	6,665	6,665	4,603,790	0.001448	90.06
90.07 09007 SLEEP CENTER	0	0	0	9,724,503	0.000000	90.07
90.08 09008 HEMATOLOGY	0	0	0	3,701,192	0.000000	90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0	0	0	550,937	0.000000	90.09
91.00 09100 EMERGENCY	0	21,404	21,404	243,252,153	0.000088	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,337,613	0.000000	92.00
92.01 09201 OBSERVATION UNIT	0	867	867	10,627,382	0.000082	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	29,585,572	0.000000	96.00
200.00 Total (lines 50 through 199)	0	509,717	509,717	2,021,294,235		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 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	0.000133	23,623		3	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	30,582		0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0		0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0		0	0	56.00
57.00	05700 CT SCAN	0.000000	25,754		0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,458		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000022	0		0	0	59.00
60.00	06000 LABORATORY	0.000000	152,525		0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000117	0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	23,131		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,871		0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000068	4,974		0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	89		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001350	289,944		391	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0		0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	273		0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	0		0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0		0	0	90.02
90.03	09003 CHEMO	0.000000	0		0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0		0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000000	0		0	0	90.05
90.06	09006 WOUND CARE	0.001448	0		0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0		0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0		0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0.000000	0		0	0	90.09
91.00	09100 EMERGENCY	0.000088	346,124		30	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,018		0	0	92.00
92.01	09201 OBSERVATION UNIT	0.000082	0		0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0		0	0	96.00
200.00	Total (lines 50 through 199)		909,366		424	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part I Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,205,013	0	11,205,013	113,937	98.34	30.00
31.00	INTENSIVE CARE UNIT	1,908,148		1,908,148	17,684	107.90	31.00
32.00	CORONARY CARE UNIT	356,911		356,911	4,208	84.82	32.00
40.00	SUBPROVIDER - IPF	151,958	0	151,958	3,374	45.04	40.00
200.00	Total (lines 30 through 199)	13,622,030		13,622,030	139,203		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	3,792	372,905				
31.00	INTENSIVE CARE UNIT	932	100,563				
32.00	CORONARY CARE UNIT	178	15,098				
40.00	SUBPROVIDER - IPF	298	13,422				
200.00	Total (lines 30 through 199)	5,200	501,988				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,860,860	403,459,703	0.021962	3,449,491	75,758	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,533,429	124,996,481	0.020268	1,110,432	22,506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	544,774	56,337,826	0.009670	45,477	440	55.00
56.00	05600	RADIOISOTOPE	534,218	25,772,910	0.020728	182,050	3,774	56.00
57.00	05700	CT SCAN	1,226,577	143,162,553	0.008568	1,358,748	11,642	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,862,292	42,771,487	0.043541	291,192	12,679	58.00
59.00	05900	CARDIAC CATHETERIZATION	811,613	39,317,858	0.020642	644,819	13,310	59.00
60.00	06000	LABORATORY	3,618,669	203,650,830	0.017769	2,405,136	42,737	60.00
64.00	06400	INTRAVENOUS THERAPY	98,505	4,639,928	0.021230	230,357	4,890	64.00
65.00	06500	RESPIRATORY THERAPY	349,559	72,501,909	0.004821	3,069,120	14,796	65.00
66.00	06600	PHYSICAL THERAPY	419,908	66,928,954	0.006274	1,412,957	8,865	66.00
69.00	06900	ELECTROCARDIOLOGY	178,838	27,173,335	0.006581	414,173	2,726	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	352,688	31,663,053	0.011139	452,201	5,037	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	663,443	62,821,527	0.010561	908,971	9,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,970	313,867,140	0.006554	5,245,487	34,379	73.00
74.00	07400	RENAL DIALYSIS	55,411	8,479,717	0.006535	236,470	1,545	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	260,402	5,808,998	0.044827	147	7	90.00
90.01	09001	FAMILY PRACTICE CLINIC	165,457	4,260,983	0.038831	1,272	49	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	160,131	4,724,600	0.033893	0	0	90.02
90.03	09003	CHEMO	374,125	23,105,640	0.016192	9,991	162	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	60,184	2,469,170	0.024374	0	0	90.04
90.05	09005	PAIN MANAGEMENT	376,303	36,996,491	0.010171	0	0	90.05
90.06	09006	WOUND CARE	142,707	4,603,790	0.030998	5,705	177	90.06
90.07	09007	SLEEP CENTER	270,882	9,724,503	0.027856	3,654	102	90.07
90.08	09008	HEMATOLOGY	102,720	3,701,192	0.027753	273	8	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	182,316	550,937	0.330920	0	0	90.09
91.00	09100	EMERGENCY	2,048,104	243,252,153	0.008420	3,277,426	27,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	925,222	14,337,613	0.064531	0	0	92.00
92.01	09201	OBSERVATION UNIT	779,068	10,627,382	0.073308	91,064	6,676	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	679,322	29,585,572	0.022961	0	0	96.00
200.00		Total (lines 50 through 199)	30,694,697	2,021,294,235		24,846,613	299,461	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description			Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,004,228	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	163,594	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	39,286	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	1,207,108	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	1,004,228	113,937	8.81	3,792	30.00	
31.00	03100	INTENSIVE CARE UNIT		163,594	17,684	9.25	932	31.00	
32.00	03200	CORONARY CARE UNIT		39,286	4,208	9.34	178	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,374	0.00	298	40.00	
200.00		Total (lines 30 through 199)		1,207,108	139,203		5,200	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	33,408						30.00
31.00	03100	INTENSIVE CARE UNIT	8,621						31.00
32.00	03200	CORONARY CARE UNIT	1,663						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	43,692						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description	Title XIX			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	53,755	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	867	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	542	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,842	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	423,775	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	6,665	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	0	0	21,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	0	867	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	509,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description		Title XIX			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	53,755	53,755	403,459,703	0.000133	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	124,996,481	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,337,826	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	25,772,910	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	143,162,553	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	42,771,487	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	867	867	39,317,858	0.000022	59.00
60.00	06000	LABORATORY	0	0	0	203,650,830	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	542	542	4,639,928	0.000117	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	72,501,909	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66,928,954	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,842	1,842	27,173,335	0.000068	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,663,053	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,821,527	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	423,775	423,775	313,867,140	0.001350	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,479,717	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,808,998	0.000000	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,260,983	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,724,600	0.000000	90.02
90.03	09003	CHEMO	0	0	0	23,105,640	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,469,170	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	36,996,491	0.000000	90.05
90.06	09006	WOUND CARE	0	6,665	6,665	4,603,790	0.001448	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,724,503	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,701,192	0.000000	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	550,937	0.000000	90.09
91.00	09100	EMERGENCY	0	21,404	21,404	243,252,153	0.000088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,337,613	0.000000	92.00
92.01	09201	OBSERVATION UNIT	0	867	867	10,627,382	0.000082	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	29,585,572	0.000000	96.00
200.00		Total (lines 50 through 199)	0	509,717	509,717	2,021,294,235		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 pm
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Cost Center Description		Title XIX			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	0.000133	3,449,491	459	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,110,432	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	45,477	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	182,050	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,358,748	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	291,192	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000022	644,819	14	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,405,136	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000117	230,357	27	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,069,120	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,412,957	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000068	414,173	28	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	452,201	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	908,971	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001350	5,245,487	7,081	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	236,470	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	147	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	1,272	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000000	9,991	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.001448	5,705	8	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	3,654	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	273	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000088	3,277,426	288	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0.000082	91,064	7	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		24,846,613	7,912	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 12:17 pm
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		Title XIX		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.173166	0	0	2,320,261	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136414	0	0	3,688,800	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146584	0	0	1,141,705	0	55.00
56.00	05600 RADIOISOTOPE	0.181786	0	0	0	0	56.00
57.00	05700 CT SCAN	0.041751	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.133104	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.178103	0	0	252,631	0	59.00
60.00	06000 LABORATORY	0.230644	0	0	1,888,315	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.633279	0	0	3,518	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.090590	0	0	136,649	0	65.00
66.00	06600 PHYSICAL THERAPY	0.171828	0	0	79,170	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.124865	0	0	137,298	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531	0	0	10,249	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440167	0	0	3,247	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257555	0	0	3,016,940	0	73.00
74.00	07400 RENAL DIALYSIS	0.194375	0	0	93,522	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.539340	0	0	46,414	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.470645	0	0	189,225	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.299159	0	0	0	0	90.02
90.03	09003 CHEMO	0.108638	0	0	401,232	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.747342	0	0	122	0	90.04
90.05	09005 PAIN MANAGEMENT	0.109466	0	0	269,286	0	90.05
90.06	09006 WOUND CARE	0.412225	0	0	253,841	0	90.06
90.07	09007 SLEEP CENTER	0.372277	0	0	118,989	0	90.07
90.08	09008 HEMATOLOGY	0.276132	0	0	63,489	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	1.195647	0	0	5,775	0	90.09
91.00	09100 EMERGENCY	0.122818	0	0	4,018,672	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545427	0	0	47,844	0	92.00
92.01	09201 OBSERVATION UNIT	0.454077	0	0	462,222	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.401415	0	0	0	0	96.00
200.00	Subtotal (see instructions)		0	0	18,649,416	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	18,649,416	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 12:17 pm
		Title XIX	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	401,790		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	503,204		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	167,356		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	44,994		59.00
60.00 06000 LABORATORY	0	435,529		60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,228		64.00
65.00 06500 RESPIRATORY THERAPY	0	12,379		65.00
66.00 06600 PHYSICAL THERAPY	0	13,604		66.00
69.00 06900 ELECTROCARDIOLOGY	0	17,144		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,740		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,429		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	777,028		73.00
74.00 07400 RENAL DIALYSIS	0	18,178		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	25,033		90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	89,058		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		90.02
90.03 09003 CHEMO	0	43,589		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	91		90.04
90.05 09005 PAIN MANAGEMENT	0	29,478		90.05
90.06 09006 WOUND CARE	0	104,640		90.06
90.07 09007 SLEEP CENTER	0	44,297		90.07
90.08 09008 HEMATOLOGY	0	17,531		90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0	6,905		90.09
91.00 09100 EMERGENCY	0	493,565		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	26,095		92.00
92.01 09201 OBSERVATION UNIT	0	209,884		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	0	3,489,769		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	3,489,769		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/27/2019 12:17 pm
		Component CCN: 15-S082	Title XIX	Subprovider - IPF

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	8,860,860	403,459,703	0.021962	10,412	229 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,533,429	124,996,481	0.020268	1,314	27 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	544,774	56,337,826	0.009670	0	0 55.00
56.00	05600	RADIOISOTOPE	534,218	25,772,910	0.020728	0	0 56.00
57.00	05700	CT SCAN	1,226,577	143,162,553	0.008568	2,879	25 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,862,292	42,771,487	0.043541	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	811,613	39,317,858	0.020642	0	0 59.00
60.00	06000	LABORATORY	3,618,669	203,650,830	0.017769	24,830	441 60.00
64.00	06400	INTRAVENOUS THERAPY	98,505	4,639,928	0.021230	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	349,559	72,501,909	0.004821	973	5 65.00
66.00	06600	PHYSICAL THERAPY	419,908	66,928,954	0.006274	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	178,838	27,173,335	0.006581	864	6 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	352,688	31,663,053	0.011139	89	1 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	663,443	62,821,527	0.010561	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,970	313,867,140	0.006554	40,658	266 73.00
74.00	07400	RENAL DIALYSIS	55,411	8,479,717	0.006535	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	260,402	5,808,998	0.044827	0	0 90.00
90.01	09001	FAMILY PRACTICE CLINIC	165,457	4,260,983	0.038831	0	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	160,131	4,724,600	0.033893	0	0 90.02
90.03	09003	CHEMO	374,125	23,105,640	0.016192	0	0 90.03
90.04	09004	PRIMARY CARE FOR SENIORS	60,184	2,469,170	0.024374	0	0 90.04
90.05	09005	PAIN MANAGEMENT	376,303	36,996,491	0.010171	0	0 90.05
90.06	09006	WOUND CARE	142,707	4,603,790	0.030998	0	0 90.06
90.07	09007	SLEEP CENTER	270,882	9,724,503	0.027856	0	0 90.07
90.08	09008	HEMATOLOGY	102,720	3,701,192	0.027753	0	0 90.08
90.09	09009	MULTI-SPECIALTY CLINIC	182,316	550,937	0.330920	0	0 90.09
91.00	09100	EMERGENCY	2,048,104	243,252,153	0.008420	59,699	503 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	14,337,613	0.000000	0	0 92.00
92.01	09201	OBSERVATION UNIT	779,068	10,627,382	0.073308	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	679,322	29,585,572	0.022961	0	0 96.00
200.00		Total (lines 50 through 199)	29,769,475	2,021,294,235		141,718	1,503 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 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	53,755	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	867	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	542	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	1,842	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	423,775	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 CHEMO	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE	0	0	0	0	6,665	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	21,404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0	0	0	0	867	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	0	0	509,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 pm
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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	53,755	53,755	403,459,703	0.000133	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	124,996,481	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,337,826	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	25,772,910	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	143,162,553	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	42,771,487	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	867	867	39,317,858	0.000022	59.00
60.00	06000	LABORATORY	0	0	0	203,650,830	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	542	542	4,639,928	0.000117	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	72,501,909	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66,928,954	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,842	1,842	27,173,335	0.000068	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,663,053	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,821,527	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	423,775	423,775	313,867,140	0.001350	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,479,717	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,808,998	0.000000	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,260,983	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,724,600	0.000000	90.02
90.03	09003	CHEMO	0	0	0	23,105,640	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,469,170	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	36,996,491	0.000000	90.05
90.06	09006	WOUND CARE	0	6,665	6,665	4,603,790	0.001448	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,724,503	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,701,192	0.000000	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	550,937	0.000000	90.09
91.00	09100	EMERGENCY	0	21,404	21,404	243,252,153	0.000088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,337,613	0.000000	92.00
92.01	09201	OBSERVATION UNIT	0	867	867	10,627,382	0.000082	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	29,585,572	0.000000	96.00
200.00		Total (lines 50 through 199)	0	509,717	509,717	2,021,294,235		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 12:17 pm
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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	0.000133	10,412	1	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,314	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	2,879	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000022	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	24,830	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000117	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	973	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000068	864	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	89	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	0.001350	40,658	55	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000000	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.001448	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000088	59,699	5	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0.000082	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		141,718	61	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 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)		113,937	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		113,937	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)		104,529	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)		45,599	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)		94,706,922	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)		94,706,922	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)		94,706,922	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)		831.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,902,801	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)		37,902,801	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	21,846,206	17,684	1,235.37	7,606	9,396,224	43.00
44.00	5,528,772	4,208	1,313.87	2,089	2,744,674	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				70,390,819	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				120,434,518	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)				5,973,676	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				4,758,429	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				10,732,105	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				109,702,413	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)				9,408	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				831.22	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				7,820,118	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 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	11,205,013	94,706,922	0.118313	7,820,118	925,222	90.00
91.00	Nursing School cost	0	94,706,922	0.000000	7,820,118	0	91.00
92.00	Allied health cost	1,004,228	94,706,922	0.010604	7,820,118	82,925	92.00
93.00	All other Medical Education	0	94,706,922	0.000000	7,820,118	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1
		Component CCN: 15-S082		Date/Time Prepared: 2/27/2019 12:17 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)		3,374	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,374	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)		3,374	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)		1,387	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)		1,718,749	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)		1,718,749	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)		1,718,749	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)		509.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		706,552	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)		706,552	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1		
		Component CCN: 15-S082				Date/Time Prepared: 2/27/2019 12:17 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					171,560		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					878,112		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)					62,470		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,572		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					72,042		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					806,070		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: 15-0082 Component CCN: 15-S082		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 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	151,958	1,718,749	0.088412	0	0	90.00
91.00	Nursing School cost	0	1,718,749	0.000000	0	0	91.00
92.00	Allied health cost	0	1,718,749	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,718,749	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 pm
Cost Center Description		Title XIX	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)		113,937	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		113,937	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)		104,529	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)		3,792	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)		94,706,922	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)		94,706,922	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)		94,706,922	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)		831.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,151,986	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)		3,151,986	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	21,846,206	17,684	1,235.37	932	1,151,365	43.00
44.00	5,528,772	4,208	1,313.87	178	233,869	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				4,773,552	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				9,310,772	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)				532,258	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				307,373	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				839,631	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				8,471,141	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)				9,408	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				831.22	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				7,820,118	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,205,013	94,706,922	0.118313	7,820,118	925,222	90.00
91.00	Nursing School cost	0	94,706,922	0.000000	7,820,118	0	91.00
92.00	Allied health cost	1,004,228	94,706,922	0.010604	7,820,118	82,925	92.00
93.00	All other Medical Education	0	94,706,922	0.000000	7,820,118	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 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)		3,374	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,374	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)		3,374	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)		298	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)		1,718,749	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)		1,718,749	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)		1,718,749	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)		509.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		151,804	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)		151,804	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1		
		Component CCN: 15-S082				Date/Time Prepared: 2/27/2019 12:17 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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,459		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					178,263		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)					13,422		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,564		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					14,986		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					163,277		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: 15-0082 Component CCN: 15-S082		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 12:17 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	151,958	1,718,749	0.088412	0	0	90.00
91.00	Nursing School cost	0	1,718,749	0.000000	0	0	91.00
92.00	Allied health cost	0	1,718,749	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,718,749	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 12:17 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		57,205,586	30.00
31.00	03100	INTENSIVE CARE UNIT		27,070,073	31.00
32.00	03200	CORONARY CARE UNIT		7,778,156	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176014	65,788,124	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139108	15,004,679	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146584	534,662	55.00
56.00	05600	RADIOISOTOPE	0.181786	3,318,342	56.00
57.00	05700	CT SCAN	0.041751	17,193,120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.133104	3,658,460	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.178629	11,972,827	59.00
60.00	06000	LABORATORY	0.232618	30,652,885	60.00
64.00	06400	INTRAVENOUS THERAPY	0.633279	2,185,490	64.00
65.00	06500	RESPIRATORY THERAPY	0.090625	31,997,827	65.00
66.00	06600	PHYSICAL THERAPY	0.171828	22,631,122	66.00
69.00	06900	ELECTROCARDIOLOGY	0.124865	8,082,672	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531	8,158,163	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440167	21,208,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257555	60,006,623	73.00
74.00	07400	RENAL DIALYSIS	0.194635	3,789,067	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.539368	11,119	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.470645	7,055	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.299159	0	90.02
90.03	09003	CHEMO	0.108638	73,089	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.763742	5,497	90.04
90.05	09005	PAIN MANAGEMENT	0.109593	2,207	90.05
90.06	09006	WOUND CARE	0.412225	83,631	90.06
90.07	09007	SLEEP CENTER	0.372518	17,152	90.07
90.08	09008	HEMATOLOGY	0.276132	10,778	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	1.205150	563	90.09
91.00	09100	EMERGENCY	0.131295	39,001,988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.545427	1,508,232	92.00
92.01	09201	OBSERVATION UNIT	0.454077	2,369,019	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.401415	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		349,273,320	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)		349,273,320	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 12:17 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		3,275,246		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176014	23,623	4,158	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139108	30,582	4,254	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146584	0	0	55.00
56.00	05600 RADIOISOTOPE	0.181786	0	0	56.00
57.00	05700 CT SCAN	0.041751	25,754	1,075	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.133104	1,458	194	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.178629	0	0	59.00
60.00	06000 LABORATORY	0.232618	152,525	35,480	60.00
64.00	06400 INTRAVENOUS THERAPY	0.633279	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.090625	23,131	2,096	65.00
66.00	06600 PHYSICAL THERAPY	0.171828	6,871	1,181	66.00
69.00	06900 ELECTROCARDIOLOGY	0.124865	4,974	621	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531	89	41	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440167	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257555	289,944	74,677	73.00
74.00	07400 RENAL DIALYSIS	0.194635	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.539368	273	147	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.470645	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.299159	0	0	90.02
90.03	09003 CHEMO	0.108638	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.763742	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.109593	0	0	90.05
90.06	09006 WOUND CARE	0.412225	0	0	90.06
90.07	09007 SLEEP CENTER	0.372518	0	0	90.07
90.08	09008 HEMATOLOGY	0.276132	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	1.205150	0	0	90.09
91.00	09100 EMERGENCY	0.131295	346,124	45,444	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545427	4,018	2,192	92.00
92.01	09201 OBSERVATION UNIT	0.454077	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.401415	0	0	96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		909,366	171,560	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)		909,366		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 12:17 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,719,339	30.00
31.00	03100	INTENSIVE CARE UNIT		3,516,902	31.00
32.00	03200	CORONARY CARE UNIT		679,555	32.00
40.00	04000	SUBPROVIDER - I/PF		260,150	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176014	3,449,491	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139108	1,110,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146584	45,477	55.00
56.00	05600	RADIOISOTOPE	0.181786	182,050	56.00
57.00	05700	CT SCAN	0.041751	1,358,748	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.133104	291,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.178629	644,819	59.00
60.00	06000	LABORATORY	0.232618	2,405,136	60.00
64.00	06400	INTRAVENOUS THERAPY	0.633279	230,357	64.00
65.00	06500	RESPIRATORY THERAPY	0.090625	3,069,120	65.00
66.00	06600	PHYSICAL THERAPY	0.171828	1,412,957	66.00
69.00	06900	ELECTROCARDIOLOGY	0.124865	414,173	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531	452,201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440167	908,971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257555	5,245,487	73.00
74.00	07400	RENAL DIALYSIS	0.194635	236,470	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.539368	147	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.470645	1,272	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.299159	0	90.02
90.03	09003	CHEMO	0.108638	9,991	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.763742	0	90.04
90.05	09005	PAIN MANAGEMENT	0.109593	0	90.05
90.06	09006	WOUND CARE	0.412225	5,705	90.06
90.07	09007	SLEEP CENTER	0.372518	3,654	90.07
90.08	09008	HEMATOLOGY	0.276132	273	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	1.205150	0	90.09
91.00	09100	EMERGENCY	0.131295	3,277,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.545427	0	92.00
92.01	09201	OBSERVATION UNIT	0.454077	91,064	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.401415	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		24,846,613	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)		24,846,613	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 12:17 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	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		715,675		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176014	10,412	1,833	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139108	1,314	183	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146584	0	0	55.00
56.00	05600 RADIOISOTOPE	0.181786	0	0	56.00
57.00	05700 CT SCAN	0.041751	2,879	120	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.133104	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.178629	0	0	59.00
60.00	06000 LABORATORY	0.232618	24,830	5,776	60.00
64.00	06400 INTRAVENOUS THERAPY	0.633279	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.090625	973	88	65.00
66.00	06600 PHYSICAL THERAPY	0.171828	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.124865	864	108	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462531	89	41	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440167	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257555	40,658	10,472	73.00
74.00	07400 RENAL DIALYSIS	0.194635	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.539368	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.470645	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.299159	0	0	90.02
90.03	09003 CHEMO	0.108638	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.763742	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.109593	0	0	90.05
90.06	09006 WOUND CARE	0.412225	0	0	90.06
90.07	09007 SLEEP CENTER	0.372518	0	0	90.07
90.08	09008 HEMATOLOGY	0.276132	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	1.205150	0	0	90.09
91.00	09100 EMERGENCY	0.131295	59,699	7,838	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545427	0	0	92.00
92.01	09201 OBSERVATION UNIT	0.454077	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.401415	0	0	96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		141,718	26,459	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)		141,718		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 12:17 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		106,587,725	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)		1,513,122	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		36,797,909	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		466.83	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)		15.30	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		15.30	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.21	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		15.30	12.00
13.00	Total allowable FTE count for the prior year.		15.30	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.		15.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		15.30	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		15.30	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.032774	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.034593	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.032774	21.00
22.00	IME payment adjustment (see instructions)		1,891,612	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		653,052	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).		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.91	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)		2.22	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004755	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001269	27.00
28.00	IME add-on adjustment amount (see instructions)		135,260	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		46,697	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,026,872	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		699,749	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.22	31.00
32.00	Sum of lines 30 and 31		23.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.37	33.00
34.00	Disproportionate share adjustment (see instructions)		2,230,348	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 12:17 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000712724	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	4,822,789	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	4,822,789	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,822,789		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		117,180,856		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)			117,880,605	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			9,334,261	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).			812,513	52.00
53.00	Nursing and Allied Health Managed Care payment			555,837	53.00
54.00	Special add-on payments for new technologies			8,861	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).			491,594	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			103,299	58.00
59.00	Total (sum of amounts on lines 49 through 58)			129,186,970	59.00
60.00	Primary payer payments			172,186	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			129,014,784	61.00
62.00	Deductibles billed to program beneficiaries			11,696,443	62.00
63.00	Coinurance billed to program beneficiaries			420,321	63.00
64.00	Allowable bad debts (see instructions)			1,141,541	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			742,002	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			552,903	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			117,640,022	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			8,787	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)			-478,143	70.93
70.94	HRR adjustment amount (see instructions)			-1,225,867	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 12:17 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)		1,255,285	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		114,671,940	71.00
71.01	Sequestration adjustment (see instructions)		2,293,439	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		112,367,753	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)		10,748	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,957,712	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2019 12:17 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	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	106,587,725	0	0	106,587,725	106,587,725	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	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,513,122	0	0	1,513,122	1,513,122	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	36,797,909	0	0	36,797,909	36,797,909	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032774	0.032774	0.032774	0.032774		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,891,612	0	0	1,891,612	1,891,612	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	653,052	0	0	653,052	653,052	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	0.001269	0.001269	0.001269	0.001269		7.00
8.00	IME adjustment (see instructions)	28.00	135,260	0	0	135,260	135,260	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	46,697	0	0	46,697	46,697	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,026,872	0	0	2,026,872	2,026,872	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	699,749	0	0	699,749	699,749	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0837	0.0837	0.0837	0.0837		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,230,348	0	0	2,230,348	2,230,348	11.00
11.01	Uncompensated care payments	36.00	4,822,789	0	4,822,786	4,822,789	9,645,575	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	117,180,856	0	4,822,786	112,358,070	117,180,856	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	117,880,605	0	4,822,786	113,057,819	117,880,605	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,334,261	0	0	9,334,261	9,334,261	16.00
17.00	Special add-on payments for new technologies	54.00	8,861	0	0	8,861	8,861	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	8,787	0	0	8,787	8,787	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2019 12:17 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	4,822,786	122,409,728	127,232,514	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	8,615,032	0	0	8,615,032	8,615,032	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	180,790	0	0	180,790	180,790	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	0.0144	0.0144	0.0144	0.0144		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,056	0	0	124,056	124,056	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0481	0.0481	0.0481	0.0481		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	414,383	0	0	414,383	414,383	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,334,261	0	0	9,334,261	9,334,261	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2019 12:17 pm

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	106,587,725		106,587,725	106,587,725	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	1,513,122	0	1,513,122	1,513,122	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	36,797,909	0	36,797,909	36,797,909	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032774	0.032774	0.032774		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,891,612	0	1,891,612	1,891,612	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	653,052	0	653,052	653,052	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	0.001269	0.001269	0.001269		7.00	
8.00	IME adjustment (see instructions)	28.00	135,260	0	135,260	135,260	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	46,697	0	46,697	46,697	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,026,872	0	2,026,872	2,026,872	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	699,749	0	699,749	699,749	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0837	0.0837	0.0837		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,230,348	0	2,230,348	2,230,348	11.00	
11.01	Uncompensated care payments	36.00	4,822,789	0	4,822,789	4,822,789	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	117,180,856	0	117,180,856	117,180,856	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	117,880,605	0	117,880,605	117,880,605	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,334,261	0	9,334,261	9,334,261	16.00	
17.00	Special add-on payments for new technologies	54.00	8,861	0	8,861	8,861	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	8,787	0	8,787	8,787	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	127,232,514	127,232,514	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2019 12:17 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	8,615,032	0	8,615,032	8,615,032	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	180,790	0	180,790	180,790	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	0.0144	0.0144	0.0144		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,056	0	124,056	124,056	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0481	0.0481	0.0481		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	414,383	0	414,383	414,383	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,334,261	0	9,334,261	9,334,261	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	-478,143	0	-478,143	-478,143	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	-1,225,867	0	-1,225,867	-1,225,867	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	1,255,285	1,255,285	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/27/2019 12:17 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		124,097	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		57,155,946	2.00
3.00	OPPS payments		63,729,881	3.00
4.00	Outlier payment (see instructions)		52,222	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		112,522	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		124,097	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		542,255	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)		542,255	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)		542,255	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		418,158	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)		124,097	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)		63,894,625	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)		12,425,859	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)		51,592,863	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		384,767	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)		51,977,630	30.00
31.00	Primary payer payments		26,082	31.00
32.00	Subtotal (line 30 minus line 31)		51,951,548	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,338,917	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		870,296	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		946,915	36.00
37.00	Subtotal (see instructions)		52,821,844	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-329	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)		463	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		52,822,173	40.00
40.01	Sequestration adjustment (see instructions)		1,056,443	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		51,762,980	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,750	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		485,370	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: 15-0082

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2019 12:17 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		112,279,553		51,529,380	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	04/20/2018	88,200	04/20/2018	233,600	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)		88,200		233,600	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)		112,367,753		51,762,980	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		10,748		2,750	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		112,378,501		51,765,730	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: 15-0082
Component CCN: 15-S082

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2019 12:17 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		894,604		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		894,604		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,042		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		906,646		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/27/2019 12:17 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: 15-0082 Component CCN: 15-S082	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part II Date/Time Prepared: 2/27/2019 12:17 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)			1,085,793 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			1,838 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)			9.243836 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)			1,087,631 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)			1,087,631 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,087,631 18.00
19.00	Deductibles			138,640 19.00
20.00	Subtotal (line 18 minus line 19)			948,991 20.00
21.00	Coinsurance			36,101 21.00
22.00	Subtotal (line 20 minus line 21)			912,890 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			18,208 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			11,835 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,188 25.00
26.00	Subtotal (sum of lines 22 and 24)			924,725 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)			424 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)			925,149 31.00
31.01	Sequestration adjustment (see instructions)			18,503 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			894,604 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)			12,042 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			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/27/2019 12:17 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	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)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.51	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	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.	19.51	0.00	19.51	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.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.60	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	16.60	0.00		17.00
18.00	Per resident amount	125,537.89	0.00		18.00
19.00	Approved amount for resident costs	2,083,929	0	2,083,929	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)			2.91	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)			2,083,929	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	56,681	20,834		26.00
27.00	Total Inpatient Days (see instructions)	129,795	129,795		27.00
28.00	Ratio of inpatient days to total inpatient days	0.436696	0.160515		28.00
29.00	Program direct GME amount	910,043	334,502		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		47,265		30.00
31.00	Net Program direct GME amount			1,197,280	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/27/2019 12:17 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)		8,479,717	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)		121,312,630	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)		172,186	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		121,140,444	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		57,392,565	42.00
43.00	Primary payer payments (see instructions)		26,082	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		57,366,483	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		178,506,927	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.678632	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.321368	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,197,280	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		812,513	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		384,767	50.00

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

Provider CCN: 15-0082

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

Worksheet G

Date/Time Prepared:
2/27/2019 12:17 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	71,025,191	0	0	0	1.00
2.00	Temporary investments	142,453	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	105,129,173	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,242,220	0	0	0	7.00
8.00	Prepaid expenses	12,223,823	0	0	0	8.00
9.00	Other current assets	33,544,409	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)	229,307,269	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,726,304	0	0	0	12.00
13.00	Land improvements	9,145,821	0	0	0	13.00
14.00	Accumulated depreciation	-5,170,079	0	0	0	14.00
15.00	Buildings	721,973,760	0	0	0	15.00
16.00	Accumulated depreciation	-346,460,572	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	271,758,711	0	0	0	19.00
20.00	Accumulated depreciation	-201,724,844	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	465,249,101	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	783,506,467	15,712,432	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	97,572,163	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	881,078,630	15,712,432	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,575,635,000	15,712,432	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	48,924,226	0	0	0	37.00
38.00	Salaries, wages, and fees payable	43,270,765	0	0	0	38.00
39.00	Payroll taxes payable	2,004,077	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,653,640	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,049,659	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	106,902,367	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	348,447,711	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	63,747,498	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	412,195,209	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	519,097,576	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,056,537,424				52.00
53.00	Specific purpose fund		15,712,432			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)	1,056,537,424	15,712,432	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,575,635,000	15,712,432	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

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

Worksheet G-1

Date/Time Prepared:
2/27/2019 12:17 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		894,736,129		16,957,746		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		153,128,420				2.00
3.00	Total (sum of line 1 and line 2)		1,047,864,549		16,957,746		3.00
4.00	NET UNREALIZED GAIN ON INVESTMENTS	31,911,499		238,512		0	4.00
5.00	BENEFIT RELATED CHANGES	27,360,572		46,833		0	5.00
6.00	RESTRICTED CONTRIBUTIONS	0		644,748		0	6.00
7.00	RESTRICTED REALIZED INVESTMENT INCOM	0		77,963		0	7.00
8.00	FOUNDATION NET INCOME	0		-2,253,374		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		59,272,071		-1,245,318		10.00
11.00	Subtotal (line 3 plus line 10)		1,107,136,620		15,712,428		11.00
12.00	CHANGES IN UNRESTRICTED ASSETS	50,599,196		0		0	12.00
13.00	ROUNDING	0		-4		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		50,599,196		-4		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,056,537,424		15,712,432		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	NET UNREALIZED GAIN ON INVESTMENTS		0				4.00
5.00	BENEFIT RELATED CHANGES		0				5.00
6.00	RESTRICTED CONTRIBUTIONS		0				6.00
7.00	RESTRICTED REALIZED INVESTMENT INCOM		0				7.00
8.00	FOUNDATION NET INCOME		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	CHANGES IN UNRESTRICTED ASSETS		0				12.00
13.00	ROUNDING		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: 15-0082

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2019 12:17 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	177,306,633		177,306,633	1.00
2.00	SUBPROVIDER - IPF	8,000,357		8,000,357	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF		0	0	5.00
6.00	Swing bed - NF		0	0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	185,306,990		185,306,990	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	64,162,431		64,162,431	11.00
12.00	CORONARY CARE UNIT	15,820,517		15,820,517	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	79,982,948		79,982,948	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	265,289,938		265,289,938	17.00
18.00	Ancillary services	714,459,557	946,204,099	1,660,663,656	18.00
19.00	Outpatient services	99,908,521	390,652,400	490,560,921	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,079,658,016	1,336,856,499	2,416,514,515	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		769,322,179		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		769,322,179		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

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

Worksheet G-3

Date/Time Prepared:
2/27/2019 12:17 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,416,514,515	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,593,088,469	2.00
3.00	Net patient revenues (line 1 minus line 2)	823,426,046	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	769,322,179	4.00
5.00	Net income from service to patients (line 3 minus line 4)	54,103,867	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	25,672,515	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	73,352,038	24.00
25.00	Total other income (sum of lines 6-24)	99,024,553	25.00
26.00	Total (line 5 plus line 25)	153,128,420	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	153,128,420	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/27/2019 12:17 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,615,032	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		180,790	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)		346.36	3.00
4.00	Number of interns & residents (see instructions)		17.52	4.00
5.00	Indirect medical education percentage (see instructions)		1.44	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)		124,056	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.22	8.00
9.00	Sum of lines 7 and 8		23.22	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.81	10.00
11.00	Disproportionate share adjustment (see instructions)		414,383	11.00
12.00	Total prospective capital payments (see instructions)		9,334,261	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