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: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/31/2019 7:23 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/31/2019 Time: 7:23 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 THE FINLEY HOSPITAL (16-0117) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	189,693	56,518	0	0	1.00
2.00	Subprovider - IPF	0	3,580	-12		0	2.00
3.00	Subprovider - IRF	0	6,850	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00	Total	0	200,123	56,507	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: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:23 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 350 NORTH GRANDVIEW AVENUE	PO Box:			1.00
2.00	City: DUBUQUE	State: IA	Zip Code: 52001	County: DUBUQUE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P	4.00
5.00	Subprovider - IRF	THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N	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	FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O	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: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)	2		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:23 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
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.	334	22	53	5	2,125	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	20	0	12	0	67		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	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.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:23 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:23 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	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.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:23 am

		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. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				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: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:23 am

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	0	0	477,751	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H00185	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:23 am

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: FINLEY TRI-STATES	Contractor's Name: WPS	Contractor's Number: 05001	141.00
142.00	Street: 350 NORTH GRANDVIEW AVE	PO Box:		142.00
143.00	City: DUBUQUE	State: IA	Zip Code: 52001	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y	Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

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)

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

Multicampus

		1.00	
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

		1.00	
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2018	12/29/2018	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 7:23 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
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	Date	
		1.00	2.00	3.00	
	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?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/29/2019	Y	03/29/2019	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: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 7:23 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JODI		CHARLEY		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-241-7959		JODI.CHARLEY@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 7:23 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST		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: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/31/2019 7:23 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	77	28,105	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)		77	28,105	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01	BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
10.02	NURSING ADMINISTRATION	33.02	0	0	0.00	0	10.02
10.03	GEROPSYCH REVENUE	33.03	0	0	0.00	0	10.03
10.04	BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05	BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		87	31,755	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	9	3,285		0	16.00
17.00	SUBPROVIDER - IRF	41.00	10	3,650		0	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	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		106				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: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/31/2019 7:23 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	6,106	1,530	12,571			1.00
2.00	HMO and other (see instructions)	3,052	0				2.00
3.00	HMO IPF Subprovider	445	0				3.00
4.00	HMO IRF Subprovider	116	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)	6,106	1,530	12,571			7.00
8.00	INTENSIVE CARE UNIT	544	130	1,762			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
10.02	NURSING ADMINISTRATION	0	0	0			10.02
10.03	GEROPSYCH REVENUE	0	0	0			10.03
10.04	BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05	BURN INTENSIVE CARE UNIT	0	0	0			10.05
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		769	1,832			13.00
14.00	Total (see instructions)	6,650	2,429	16,165	0.00	622.05	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,748	0	2,502	0.00	14.41	16.00
17.00	SUBPROVIDER - IRF	1,177	99	1,883	0.00	12.69	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	14,402	2,139	23,972	0.00	25.58	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	674.73	27.00
28.00	Observation Bed Days		273	1,590			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			203			30.00
31.00	Employee discount days - IRF			21			31.00
32.00	Labor & delivery days (see instructions)	0	110	260			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: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/31/2019 7:23 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,624	480	4,141	1.00
2.00	HMO and other (see instructions)			763	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	BURN INTENSIVE CARE UNIT						10.01
10.02	NURSING ADMINISTRATION						10.02
10.03	GEROPSYCH REVENUE						10.03
10.04	BURN INTENSIVE CARE UNIT						10.04
10.05	BURN INTENSIVE CARE UNIT						10.05
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	1,624	480	4,141	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	93	14	154	16.00
17.00	SUBPROVIDER - IRF	0.00	0	115	7	170	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/31/2019 7:23 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	47,120,439	173,082	47,293,521	1,403,434.00	33.70	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		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		136,569	0	136,569	743.00	183.81	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		3,232,347	0	3,232,347	23,842.00	135.57	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	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,907,137	-87,760	11,819,377	287,213.00	41.15	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,924,286	0	2,924,286	82,491.00	35.45	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		136,569	0	136,569	743.00	183.81	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		6,688,181	0	6,688,181	186,923.00	35.78	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,190,651	0	9,190,651			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,889,817	0	2,889,817			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		7,895	0	7,895			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		186,853	0	186,853			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		2,184,892	0	2,184,892			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,998,808	38,312	2,037,120	67,654.00	30.11	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

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

Worksheet S-3 Part II Date/Time Prepared: 5/31/2019 7:23 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		327,691	0	327,691	1,451.00	225.84	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	899,545	0	899,545	37,957.00	23.70	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	860,203	0	860,203	60,262.00	14.27	32.00
33.00	Housekeeping under contract (see instructions)		2,131	0	2,131	91.00	23.42	33.00
34.00	Dietary	10.00	879,099	0	879,099	52,985.00	16.59	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,689,817	0	2,689,817	74,234.00	36.23	38.00
39.00	Central Services and Supply	14.00	214,407	0	214,407	15,631.00	13.72	39.00
40.00	Pharmacy	15.00	1,451,040	0	1,451,040	36,312.00	39.96	40.00
41.00	Medical Records & Medical Records Library	16.00	395,717	0	395,717	16,319.00	24.25	41.00
42.00	Social Service	17.00	663,799	0	663,799	21,338.00	31.11	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2019 7:23 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		44,217,914	173,082	44,390,996	1,381,134.00	32.14	1.00
2.00	Excluded area salaries (see instructions)		11,907,137	-87,760	11,819,377	287,213.00	41.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)		32,310,777	260,842	32,571,619	1,093,921.00	29.78	3.00
4.00	Subtotal other wages & related costs (see inst.)		9,749,036	0	9,749,036	270,157.00	36.09	4.00
5.00	Subtotal wage-related costs (see inst.)		11,383,438	0	11,383,438	0.00	34.95	5.00
6.00	Total (sum of lines 3 thru 5)		53,443,251	260,842	53,704,093	1,364,078.00	39.37	6.00
7.00	Total overhead cost (see instructions)		10,382,257	38,312	10,420,569	384,234.00	27.12	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2019 7:23 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,891,721	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,853,085	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	218,864	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	20,299	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	222,270	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	3,225,091	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	592,924	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	250,962	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,275,216	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: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part V Date/Time Prepared: 5/31/2019 7:23 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	2,924,286	12,275,216	1.00
2.00	Hospital	2,924,286	11,819,176	2.00
3.00	Subprovider - IPF	0	234,589	3.00
4.00	Subprovider - IRF	0	221,451	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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 16-0117 Component CCN: 16-7002	Period: From 01/01/2018 To 12/31/2018	Worksheet S-4 Date/Time Prepared: 5/31/2019 7:23 am
		Home Health Agency I	PPS

					1.00		
0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,084	1,007	823	2,914	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	656.00	96.00	438.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			12.80	0.00	12.80	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			7.59	0.00	7.59	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.71	0.00	2.71	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.59	0.00	0.59	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.40	0.00	1.40	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16300			20.00
20.01				19780			20.01
20.02				20220			20.02
20.03				26980			20.03
20.04				99914			20.04
20.05				99916			20.05
20.06				99952			20.06
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	6,193	309	206	58	6,766	21.00
22.00	Skilled Nursing Visit Charges	1,118,306	55,354	36,367	10,431	1,220,458	22.00
23.00	Physical Therapy Visits	4,517	152	32	59	4,760	23.00
24.00	Physical Therapy Visit Charges	890,400	29,760	6,138	1,188	927,486	24.00
25.00	Occupational Therapy Visits	1,352	86	6	33	1,477	25.00
26.00	Occupational Therapy Visit Charges	264,927	16,854	1,188	6,534	289,503	26.00
27.00	Speech Pathology Visits	177	18	1	2	198	27.00
28.00	Speech Pathology Visit Charges	37,765	3,870	215	430	42,280	28.00
29.00	Medical Social Service Visits	220	12	4	3	239	29.00
30.00	Medical Social Service Visit Charges	62,532	3,364	1,152	864	67,912	30.00
31.00	Home Health Aide Visits	829	129	1	3	962	31.00
32.00	Home Health Aide Visit Charges	73,527	11,220	87	261	85,095	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,288	706	250	158	14,402	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,447,457	120,422	45,147	19,708	2,632,734	35.00
36.00	Total Number of Episodes (standard/non outlier)	836		89	11	936	36.00
37.00	Total Number of Outlier Episodes		20		1	21	37.00
38.00	Total Non-Routine Medical Supply Charges	43,037	19,022	2,829	0	64,888	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-10 | Date/Time Prepared: 5/31/2019 7:23 am

		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)	0.293572	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	9,870,812	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		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	35,299,044	6.00
7.00	Medicaid cost (line 1 times line 6)	10,362,811	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)	491,999	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	143,997	9.00
10.00	Stand-alone CHIP charges	535,946	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	157,339	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	13,342	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)	505,341	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)	1,239,397	881,339	2,120,736	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	363,852	881,339	1,245,191	21.00
22.00	Payments received from patients for amounts previously written off as charity care	9,186	23,580	32,766	22.00
23.00	Cost of charity care (line 21 minus line 22)	354,666	857,759	1,212,425	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)	3,058,440	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	149,638	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	230,211	27.01
28.00	Non-Medicare bad debt expense (see instructions)	2,828,229	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	910,862	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,123,287	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,628,628	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 7:23 am

		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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,459,685	2,459,685	-102,025	2,357,660	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	766,204	787,609	1,553,813	0	1,553,813	5.01
5.02	00591	REHAB ADMINISTRATION	194,665	60,465	255,130	0	255,130	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	353,094	118,592	471,686	0	471,686	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	375,922	142,304	518,226	0	518,226	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	308,923	83,221	392,144	0	392,144	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	2,037,815	2,037,815	-10	2,037,805	6.01
7.00	00700	OPERATION OF PLANT	899,545	4,414,452	5,313,997	0	5,313,997	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	392,325	392,325	8.00
9.00	00900	HOUSEKEEPING	860,203	851,109	1,711,312	-74	1,711,238	9.00
10.00	01000	DIETARY	879,099	760,915	1,640,014	-4,577	1,635,437	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,689,817	1,013,711	3,703,528	-957	3,702,571	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	214,407	363,039	577,446	-16,689	560,757	14.00
15.00	01500	PHARMACY	1,451,040	2,987,358	4,438,398	-2,643,554	1,794,844	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	395,717	176,971	572,688	0	572,688	16.00
17.00	01700	SOCIAL SERVICE	663,799	222,554	886,353	0	886,353	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,678,415	3,171,634	9,850,049	-2,594,799	7,255,250	30.00
31.00	03100	INTENSIVE CARE UNIT	1,553,648	669,697	2,223,345	-610,563	1,612,782	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	813,885	845,091	1,658,976	-5,569	1,653,407	40.00
41.00	04100	SUBPROVIDER - IRF	798,346	449,183	1,247,529	-8,617	1,238,912	41.00
43.00	04300	NURSERY	416,932	77,925	494,857	776,668	1,271,525	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,534,405	9,224,989	11,759,394	-4,868,930	6,890,464	50.00
51.00	05100	RECOVERY ROOM	1,226,133	518,062	1,744,195	491,204	2,235,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,273,368	1,273,368	52.00
53.00	05300	ANESTHESIOLOGY	55,942	647,394	703,336	-72,270	631,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	460,598	443,240	903,838	-71,798	832,040	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	147,331	352,950	500,281	-192,525	307,756	54.01
54.02	03630	ULTRA SOUND	265,995	93,243	359,238	-8,874	350,364	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,002,545	1,176,511	2,179,056	-15,251	2,163,805	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	256,010	153,694	409,704	-29,703	380,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	224,438	172,366	396,804	-17,042	379,762	58.00
60.00	06000	LABORATORY	0	5,877,452	5,877,452	-168,105	5,709,347	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	312,472	312,472	63.00
64.00	06400	INTRAVENOUS THERAPY	437,272	304,752	742,024	1,037,741	1,779,765	64.00
65.00	06500	RESPIRATORY THERAPY	560,199	397,354	957,553	-262,027	695,526	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	219,188	219,188	65.01
66.00	06600	PHYSICAL THERAPY	2,248,931	765,482	3,014,413	-170,944	2,843,469	66.00
67.00	06700	OCCUPATIONAL THERAPY	363,839	100,276	464,115	314,899	779,014	67.00
68.00	06800	SPEECH PATHOLOGY	141,254	38,800	180,054	234,758	414,812	68.00
69.00	06900	ELECTROCARDIOLOGY	194,459	67,899	262,358	-116,806	145,552	69.00
69.01	03140	CARDIOLOGY	680,262	1,782,940	2,463,202	-727,615	1,735,587	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70,318	229,143	299,461	-9,437	290,024	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	1,526,167	1,526,167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,534,895	4,534,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,847,767	2,847,767	73.00
74.00	07400	RENAL DIALYSIS	0	235,015	235,015	-2,588	232,427	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	209,847	59,162	269,009	-34,520	234,489	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,265	190,872	225,137	-5,154	219,983	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	739,709	465,381	1,205,090	-90,475	1,114,615	90.00
91.00	09100	EMERGENCY	4,658,120	1,799,111	6,457,231	-873,813	5,583,418	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	11,404	11,404	-95	11,309	95.00
101.00	10100	HOME HEALTH AGENCY	1,844,421	2,131,593	3,976,014	-114	3,975,900	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,108,496	1,108,496	0	1,108,496	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,669,954	50,040,911	88,710,865	235,932	88,946,797	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	232,309	341,829	574,138	0	574,138	194.00
194.01	07951	BUSINESS HEALTH	429,811	209,678	639,489	-2,123	637,366	194.01
194.02	07952	VITACARE	222,530	93,232	315,762	-320,480	-4,718	194.02
194.03	07953	CASCADE CLINIC	1,364,711	1,087,148	2,451,859	-7,083	2,444,776	194.03
194.04	07954	ORTHOPEDIC CLINIC	743,903	1,046,173	1,790,076	0	1,790,076	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	33,699	24,381	58,080	0	58,080	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	46	46	0	46	194.08
194.09	07959	RENTAL PROPERTY	0	376,601	376,601	102,025	478,626	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	43,707	43,707	0	43,707	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	108,466	108,466	0	108,466	194.11
194.12	07962	LIFESTYLES	8,052	3,931	11,983	0	11,983	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	143,129	143,129	0	143,129	194.17
194.18	07968	CONTRACTED ULTRASOUND	33,002	10,676	43,678	0	43,678	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,197,329	316,807	2,514,136	-631	2,513,505	194.19
194.20	07970	RETAIL PHARMACIES	416,914	1,200,932	1,617,846	0	1,617,846	194.20
194.22	07972	PHYSICIAN CLINICS	2,768,225	2,118,019	4,886,244	-7,640	4,878,604	194.22
200.00		TOTAL (SUM OF LINES 118 through 199)	47,120,439	57,165,666	104,286,105	0	104,286,105	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	2,357,660	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,513,883	-1,513,883	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	14,026,538	15,580,351	5.01
5.02	00591	REHAB ADMINISTRATION	0	255,130	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	471,686	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	518,226	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	392,144	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	2,037,805	6.01
7.00	00700	OPERATION OF PLANT	-12	5,313,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	392,325	8.00
9.00	00900	HOUSEKEEPING	0	1,711,238	9.00
10.00	01000	DIETARY	-19,953	1,615,484	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-11,767	3,690,804	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-275	560,482	14.00
15.00	01500	PHARMACY	-10,365	1,784,479	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-90,241	482,447	16.00
17.00	01700	SOCIAL SERVICE	0	886,353	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-253,948	7,001,302	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,612,782	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-2,720	1,650,687	40.00
41.00	04100	SUBPROVIDER - IRF	-158,755	1,080,157	41.00
43.00	04300	NURSERY	0	1,271,525	43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-3,549	6,886,915	50.00
51.00	05100	RECOVERY ROOM	0	2,235,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,273,368	52.00
53.00	05300	ANESTHESIOLOGY	-216,603	414,463	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	832,040	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	307,756	54.01
54.02	03630	ULTRA SOUND	0	350,364	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-33,081	2,130,724	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-180	379,821	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	379,762	58.00
60.00	06000	LABORATORY	-1,810,712	3,898,635	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	312,472	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,779,765	64.00
65.00	06500	RESPIRATORY THERAPY	0	695,526	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	219,188	65.01
66.00	06600	PHYSICAL THERAPY	-109,150	2,734,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	779,014	67.00
68.00	06800	SPEECH PATHOLOGY	0	414,812	68.00
69.00	06900	ELECTROCARDIOLOGY	-850	144,702	69.00
69.01	03140	CARDIOLOGY	0	1,735,587	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-77,191	212,833	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	1,526,167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,534,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,847,767	73.00
74.00	07400	RENAL DIALYSIS	0	232,427	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	234,489	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	219,983	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	-389,009	725,606	90.00
91.00	09100	EMERGENCY	-3,287,016	2,296,402	91.00
92.00	09200	OBSERVATION BEDS			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	11,309	95.00
101.00	10100	HOME HEALTH AGENCY	-173,447	3,802,453	101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	-1,108,496	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,755,335	93,702,132	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	0	574,138	194.00
194.01	07951	BUSINESS HEALTH	0	637,366	194.01
194.02	07952	VITACARE	0	-4,718	194.02
194.03	07953	CASCADE CLINIC	0	2,444,776	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	1,790,076	194.04
194.05	07955	ENT CLINIC	0	0	194.05
194.06	07956	RSVP	0	58,080	194.06
194.07	07957	CONTRACT CLEANING	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	46	194.08
194.09	07959	RENTAL PROPERTY	0	478,626	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	43,707	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	108,466	194.11
194.12	07962	LIFESTYLES	0	11,983	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964	FOUNDATION	0	0	194.14
194.15	07965	PHYSICIAN BILLING	286,771	286,771	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	143,129	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	43,678	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,513,505	194.19
194.20	07970	RETAIL PHARMACIES	0	1,617,846	194.20
194.22	07972	PHYSICIAN CLINICS	0	4,878,604	194.22
200.00		TOTAL (SUM OF LINES 118 through 199)	5,042,106	109,328,211	200.00

RECLASSIFICATIONS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 7:23 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - SAME DAY ICU RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	149,072	64,257	1.00
	0		149,072	64,257	
	B - DRUGS RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,847,767	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
	0		0	2,847,767	
	C - LAUNDRY RECLASS				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	392,325	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
	0		0	392,325	
	D - CHAPLAIN RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.01	38,312	0	1.00
	0		38,312	0	
	E - PROPERTY FOR FUTURE RECLASS				
1.00	RENTAL PROPERTY	194.09	0	102,025	1.00
	0		0	102,025	
	F - PHYSICIAN BILLING				
1.00	PHYSICIAN BILLING	194.15	134,770	0	1.00
	0		134,770	0	

RECLASSIFICATIONS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 7:23 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - MEDICAL SUPPLIES CHRGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	1,526,167		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
	0		0	1,526,167		
	I - IMPLANTABLE SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,535,105		1.00
2.00	EMERGENCY	91.00	0	210		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
	0		0	4,535,315		
	J - CC MAPPING RECLASS					
1.00	PHYSICAL THERAPY	66.00	222,530	93,232		1.00
2.00	CARDIOLOGY	69.01	177,897	61,121		2.00
3.00	RECOVERY ROOM	51.00	108,169	88,228		3.00
4.00	CARDIOLOGY	69.01	7,621	2,478		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	878,017	395,351		5.00
6.00	NURSERY	43.00	535,531	241,137		6.00
7.00	PULMONARY FUNCTION TESTING	65.01	136,027	83,161		7.00
8.00	INTRAVENOUS THERAPY	64.00	472,492	209,011		8.00
9.00	OCCUPATIONAL THERAPY	67.00	179,618	54,303		9.00
10.00	OPERATING ROOM	50.00	12,006	21,107		10.00
11.00	RESPIRATORY THERAPY	65.00	26,825	7,543		11.00
12.00	ADULTS & PEDIATRICS	30.00	180,841	74,664		12.00
13.00	ELECTROCARDIOLOGY	69.00	15,813	12,898		13.00
14.00	SPEECH PATHOLOGY	68.00	74,878	22,637		14.00
15.00	OCCUPATIONAL THERAPY	67.00	57,712	23,266		15.00
16.00	INTRAVENOUS THERAPY	64.00	122,590	46,608		16.00
17.00	RECOVERY ROOM	51.00	119,509	45,436		17.00
18.00	INTRAVENOUS THERAPY	64.00	150,303	59,196		18.00
19.00	OPERATING ROOM	50.00	14,388	5,016		19.00
20.00	SPEECH PATHOLOGY	68.00	37,835	15,253		20.00
21.00	INTRAVENOUS THERAPY	64.00	64,459	26,613		21.00
22.00	ULTRA SOUND	54.02	2,856	5,202		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	193,453		23.00
24.00	OPERATING ROOM	50.00	12,924	9,221		24.00
25.00	ELECTROCARDIOLOGY	69.00	65,579	29,009		25.00
26.00	SPEECH PATHOLOGY	68.00	58,027	26,128		26.00
27.00	RECOVERY ROOM	51.00	55,917	25,178		27.00
28.00	LABORATORY	60.00	13,860	8,473		28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	11,117	20,136		29.00
30.00	OPERATING ROOM	50.00	2,929	921		30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	37,711	14,337		31.00
32.00	RECOVERY ROOM	51.00	43,527	17,143		32.00
33.00	BLOOD STORING, PROCESSING & TRANS.	63.00	41,489	16,340		33.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
34.00	ULTRA SOUND	54.02	2,015	975	34.00
35.00	LABORATORY	60.00	495	2,731	35.00
36.00	BLOOD STORING, PROCESSING & TRANS.	63.00	6,206	2,936	36.00
37.00	RECOVERY ROOM	51.00	15,867	6,551	37.00
38.00	RECOVERY ROOM	51.00	4,398	2,080	38.00
	0		3,969,978	1,969,073	
500.00	Grand Total: Increases		4,292,132	11,436,929	500.00

RECLASSIFICATIONS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 7:23 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SAME DAY ICU RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	149,072	64,257	0		1.00
	0		149,072	64,257			
	B - DRUGS RECLASS						
1.00	MAINTENANCE & REPAIRS	6.01	0	10	0		1.00
2.00	DIETARY	10.00	0	4,577	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	251	0		3.00
4.00	PHARMACY	15.00	0	2,642,190	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	15,982	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	4,601	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	48	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	204	0		8.00
9.00	OPERATING ROOM	50.00	0	38,666	0		9.00
10.00	RECOVERY ROOM	51.00	0	7,264	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	70,529	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	902	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	359	0		13.00
14.00	ULTRA SOUND	54.02	0	433	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,671	0		15.00
16.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,002	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	360	0		17.00
18.00	LABORATORY	60.00	0	31	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	14,113	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	1,353	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	289	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	78	0		22.00
23.00	CARDIOLOGY	69.01	0	1,601	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	102	0		24.00
25.00	RENAL DIALYSIS	74.00	0	2,292	0		25.00
26.00	CLINIC	90.00	0	20,134	0		26.00
27.00	EMERGENCY	91.00	0	15,537	0		27.00
28.00	HOME HEALTH AGENCY	101.00	0	114	0		28.00
29.00	HOUSEKEEPING	9.00	0	74	0		29.00
	0		0	2,847,767			
	C - LAUNDRY RECLASS						
1.00	NURSING ADMINISTRATION	13.00	0	957	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,438	0		2.00
3.00	PHARMACY	15.00	0	1,244	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	101,596	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	18,359	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	5,506	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	8,292	0		7.00
8.00	OPERATING ROOM	50.00	0	40,905	0		8.00
9.00	RECOVERY ROOM	51.00	0	29,282	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,437	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,623	0		11.00
12.00	LABORATORY	60.00	0	180	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	4,583	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	71	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	20,915	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	965	0		16.00
17.00	CARDIOLOGY	69.01	0	6,711	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,277	0		18.00
19.00	RENAL DIALYSIS	74.00	0	296	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	152	0		20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,928	0		21.00
22.00	EMERGENCY	91.00	0	57,318	0		22.00
23.00	AMBULANCE SERVICES	95.00	0	95	0		23.00
24.00	BUSINESS HEALTH	194.01	0	2,123	0		24.00
25.00	VITACARE	194.02	0	4,718	0		25.00
26.00	CASCADE CLINIC	194.03	0	7,083	0		26.00
27.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	631	0		27.00
28.00	PHYSICIAN CLINICS	194.22	0	7,640	0		28.00
	0		0	392,325			
	D - CHAPLAIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.01	0	38,312	0		1.00
	0		0	38,312			
	E - PROPERTY FOR FUTURE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,025	9		1.00
	0		0	102,025			

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - PHYSICIAN BILLING						
1.00	PHYSICIAN BILLING	194.15	0	134,770	0		1.00
	0		0	134,770			
	H - MEDICAL SUPPLIES CHRGED TO PATIENTS						
1.00	PHARMACY	15.00	0	120	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	13,476	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,951	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	12	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	121	0		5.00
6.00	OPERATING ROOM	50.00	0	1,030,560	0		6.00
7.00	RECOVERY ROOM	51.00	0	3,954	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	1,715	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,454	0		9.00
10.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	188,316	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,957	0		11.00
12.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	26,011	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,682	0		13.00
14.00	INTRAVENOUS THERAPY	64.00	0	57,488	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	53,450	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	44	0		16.00
17.00	CARDIOLOGY	69.01	0	97,777	0		17.00
18.00	CLINIC	90.00	0	2	0		18.00
19.00	EMERGENCY	91.00	0	25,077	0		19.00
	0		0	1,526,167			
	I - IMPLANTABLE SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	3,104	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	328	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	3	0		3.00
4.00	OPERATING ROOM	50.00	0	3,837,311	0		4.00
5.00	RECOVERY ROOM	51.00	0	299	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	26	0		6.00
7.00	ULTRA SOUND	54.02	0	85	0		7.00
8.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	690	0		8.00
9.00	INTRAVENOUS THERAPY	64.00	0	21,727	0		9.00
10.00	CARDIOLOGY	69.01	0	614,282	0		10.00
11.00	CLINIC	90.00	0	57,250	0		11.00
12.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	210	0		12.00
	0		0	4,535,315			
	J - CC MAPPING RECLASS						
1.00	VITACARE	194.02	222,530	93,232	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	177,897	61,121	0		2.00
3.00	CARDIOLOGY	69.01	108,169	88,228	0		3.00
4.00	CLINIC	90.00	7,621	2,478	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	878,017	395,351	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	535,531	241,137	0		6.00
7.00	RESPIRATORY THERAPY	65.00	136,027	83,161	0		7.00
8.00	EMERGENCY	91.00	472,492	209,011	0		8.00
9.00	PHYSICAL THERAPY	66.00	179,618	54,303	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	12,006	21,107	0		10.00
11.00	CARDIAC REHABILITATION	76.97	26,825	7,543	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	180,841	74,664	0		12.00
13.00	CARDIOLOGY	69.01	15,813	12,898	0		13.00
14.00	PHYSICAL THERAPY	66.00	74,878	22,637	0		14.00
15.00	PHYSICAL THERAPY	66.00	57,712	23,266	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	122,590	46,608	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	119,509	45,436	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	150,303	59,196	0		18.00
19.00	ULTRA SOUND	54.02	14,388	5,016	0		19.00
20.00	PHYSICAL THERAPY	66.00	37,835	15,253	0		20.00
21.00	INTENSIVE CARE UNIT	31.00	64,459	26,613	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	2,856	5,202	0		22.00
23.00	LABORATORY	60.00	0	193,453	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	12,924	9,221	0		24.00
25.00	EMERGENCY	91.00	65,579	29,009	0		25.00
26.00	ADULTS & PEDIATRICS	30.00	58,027	26,128	0		26.00
27.00	ADULTS & PEDIATRICS	30.00	55,917	25,178	0		27.00
28.00	RESPIRATORY THERAPY	65.00	13,860	8,473	0		28.00
29.00	CARDIOLOGY	69.01	11,117	20,136	0		29.00

RECLASSIFICATIONS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 7:23 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
30.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	2,929	921	0	30.00
31.00	ADULTS & PEDIATRICS	30.00	37,711	14,337	0	31.00
32.00	ADULTS & PEDIATRICS	30.00	43,527	17,143	0	32.00
33.00	ADULTS & PEDIATRICS	30.00	41,489	16,340	0	33.00
34.00	CLINIC	90.00	2,015	975	0	34.00
35.00	HYPERBARIC OXYGEN THERAPY	76.98	495	2,731	0	35.00
36.00	INTRAVENOUS THERAPY	64.00	6,206	2,936	0	36.00
37.00	INTENSIVE CARE UNIT	31.00	15,867	6,551	0	37.00
38.00	INTRAVENOUS THERAPY	64.00	4,398	2,080	0	38.00
	0		3,969,978	1,969,073		
500.00	Grand Total: Decreases		4,119,050	11,610,011		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part I Date/Time Prepared: 5/31/2019 7:23 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,140,303	0	0	0	0	1.00
2.00	Land Improvements	7,215,187	0	0	0	0	2.00
3.00	Buildings and Fixtures	96,320,107	11,566,329	0	11,566,329	8,213,824	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	12,527,206	1,732,890	0	1,732,890	0	5.00
6.00	Movable Equipment	58,384,675	11,958,555	0	11,958,555	15,379,635	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	180,587,478	25,257,774	0	25,257,774	23,593,459	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	180,587,478	25,257,774	0	25,257,774	23,593,459	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	6,140,303	0	1.00
2.00	Land Improvements	7,215,187	0	2.00
3.00	Buildings and Fixtures	99,672,612	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	14,260,096	0	5.00
6.00	Movable Equipment	54,963,595	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	182,251,793	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	182,251,793	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part II Date/Time Prepared: 5/31/2019 7:23 am

	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	2,459,685	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,459,685	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	2,459,685	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	2,459,685	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part III Date/Time Prepared: 5/31/2019 7:23 am

	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	99,672,612	0	99,672,612	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	99,672,612	0	99,672,612	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,357,660	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,357,660	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,357,660	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,357,660	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 7:23 am

	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	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-1,144,181	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,451,588			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	11,141,701			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-90,241	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NURSING ADMINISTRATION REVENUE	B	-11,767	NURSING ADMINISTRATION	13.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 7:23 am

	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	5.00	
33.01	OR REVENUE	B	-3,549	OPERATING ROOM	50.00	0	33.01
33.02	DIETARY REVENUE	B	-19,953	DIETARY	10.00	0	33.02
33.03	PHARMACY REVENUE	B	-10,365	PHARMACY	15.00	0	33.03
33.04	PHYSICAL THERAPY	B	-109,150	PHYSICAL THERAPY	66.00	0	33.04
33.05	CARD REHAB REVENUE	B	0	CARDIAC REHABILITATION	76.97	0	33.05
33.06	CLINIC REVENUE	B	-9,809	CLINIC	90.00	0	33.06
33.07	ELECTROCARDIOLOGY REVENUE	B	-850	ELECTROCARDIOLOGY	69.00	0	33.07
33.08	REAHB REVENUE	B	-2,720	SUBPROVIDER - IPF	40.00	0	33.08
33.09	A&G REVENUE	B	-4,558	ADMINISTRATIVE & GENERAL	5.01	0	33.09
33.10	PLANT OP REV	B	-12	OPERATION OF PLANT	7.00	0	33.10
33.11	ADULT & PEDS REVENUE	B	-2,760	ADULTS & PEDIATRICS	30.00	11	33.11
33.12	EMERGENCY REVENUE	B	-154	EMERGENCY	91.00	0	33.12
34.00	LABORATORY REVENUE	B	-223	LABORATORY	60.00	0	34.00
35.00	CSS REVENUE	B	-275	CENTRAL SERVICES & SUPPLY	14.00	0	35.00
35.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.01
35.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.02
35.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.03
35.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.04
35.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.05
35.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.06
35.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.07
35.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.08
35.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.09
35.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.10
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00	PHYSICIAN BILLING	A	286,771	PHYSICIAN BILLING	194.15	0	39.00
40.00	CHAPLAIN	A	38,312	ADMINISTRATIVE & GENERAL	5.01	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
41.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.01
41.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.02
41.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.03
41.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.04
41.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.05
41.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.06
41.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.07
41.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.08
41.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.09
41.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.10
41.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.11
41.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.12
41.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.13
41.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.14

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 7:23 am

	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	5.00	
41.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.15
41.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.16
41.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.17
41.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.18
41.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.19
41.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.20
41.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.21
41.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.22
41.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.23
41.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.24
41.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.25
41.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.26
41.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.27
41.28	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.28
41.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.29
41.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.30
41.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.31
41.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.32
41.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.33
41.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.34
41.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.35
41.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.36
41.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.37
41.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.38
41.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.39
41.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.40
41.41	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.41
41.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.42
41.43	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.43
41.44	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.44
41.45	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.45
41.46	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.46
41.47	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.47
41.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.48
41.49	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.49

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 7:23 am

	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	5.00	
41.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.50
41.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.51
41.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.52
41.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.53
41.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.54
41.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.55
42.00	OFFSET PROVIDER TAX ASSESSMENT	A	-562,523	ADMINISTRATIVE & GENERAL	5.01	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,042,106				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: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/31/2019 7:23 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINLEY TRI-STATES ALLOCATION	-1,513,883	0	1.00
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI-STATES ALLOCATION	14,508,206	-47,101	2.00
3.00	113.00	INTEREST EXPENSE	FINLEY TRI-STATES ALLOCATION	943,023	907,338	3.00
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI-STATES ALLOCATION	1,007,411	1,180,858	4.00
4.01	60.00	LABORATORY	PURCHASED LAB	5,485,057	7,247,018	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,429,814	9,288,113	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	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
6.00	B	IOWA HEALTH SYS	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL	100.00	7.00
8.00	B	FINLEY TRISTATE	100.00	HOME OFFICE	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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.

(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: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/31/2019 7:23 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,513,883	0		1.00
2.00	14,555,307	0		2.00
3.00	35,685	0		3.00
4.00	-173,447	0		4.00
4.01	-1,761,961	0		4.01
5.00	11,141,701			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/31/2019 7:23 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	264,203	248,843	15,360	211,500	128	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	158,755	158,755	0	211,500	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	242,500	197,500	45,000	239,400	225	3.00
4.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	63,016	11,720	51,296	271,900	229	4.00
5.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	180	180	0	271,900	0	5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	86,342	71,192	15,150	211,500	90	6.00
7.00	90.00	AGGREGATE-CLINIC	386,420	376,657	9,763	211,500	71	7.00
8.00	91.00	AGGREGATE-EMERGENCY	3,286,862	3,286,862	0	211,500	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	48,528	48,528	0	260,300	0	9.00
10.00	69.01	CARDIOLOGY	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	12.00
13.00	90.00	CLINIC	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	0	0	0	0	0	15.00
200.00			4,536,806	4,400,237	136,569		743	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	13,015	651	0	0	0	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	25,897	1,295	0	0	0	3.00
4.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	29,935	1,497	0	0	0	4.00
5.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	0	0	5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	9,151	458	0	0	0	6.00
7.00	90.00	AGGREGATE-CLINIC	7,220	361	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	9.00
10.00	69.01	CARDIOLOGY	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	12.00
13.00	90.00	CLINIC	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	0	0	0	0	0	15.00
200.00			85,218	4,262	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	13,015	2,345	251,188		1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	158,755		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	25,897	19,103	216,603		3.00
4.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	29,935	21,361	33,081		4.00
5.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	180		5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	9,151	5,999	77,191		6.00
7.00	90.00	AGGREGATE-CLINIC	0	7,220	2,543	379,200		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	3,286,862		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	48,528		9.00
10.00	69.01	CARDIOLOGY	0	0	0	0		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	0		12.00
13.00	90.00	CLINIC	0	0	0	0		13.00
14.00	91.00	EMERGENCY	0	0	0	0		14.00
15.00	60.00	LABORATORY	0	0	0	0		15.00
200.00			0	85,218	51,351	4,451,588		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,357,660	2,357,660				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,513,883	0	0	-1,513,883		4.00
5.01	00590	ADMINISTRATIVE & GENERAL	15,580,351	0	0	0	15,580,351	5.01
5.02	00591	REHAB ADMINISTRATION	255,130	0	0	0	255,130	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	471,686	0	0	0	471,686	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	518,226	0	0	0	518,226	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	392,144	0	0	0	392,144	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	2,037,805	7,166	0	0	2,044,971	6.01
7.00	00700	OPERATION OF PLANT	5,313,985	0	0	0	5,313,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	392,325	0	0	0	392,325	8.00
9.00	00900	HOUSEKEEPING	1,711,238	21,665	0	0	1,732,903	9.00
10.00	01000	DIETARY	1,615,484	1,190	0	0	1,616,674	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,690,804	54,819	0	0	3,745,623	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	560,482	28,963	0	0	589,445	14.00
15.00	01500	PHARMACY	1,784,479	30,339	0	0	1,814,818	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	482,447	20,863	0	0	503,310	16.00
17.00	01700	SOCIAL SERVICE	886,353	17,459	0	0	903,812	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,001,302	249,444	0	0	7,250,746	30.00
31.00	03100	INTENSIVE CARE UNIT	1,612,782	35,119	0	0	1,647,901	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,650,687	46,671	0	0	1,697,358	40.00
41.00	04100	SUBPROVIDER - IRF	1,080,157	90,838	0	0	1,170,995	41.00
43.00	04300	NURSERY	1,271,525	35,652	0	0	1,307,177	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,886,915	232,518	0	0	7,119,433	50.00
51.00	05100	RECOVERY ROOM	2,235,399	137,246	0	0	2,372,645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,273,368	48,511	0	0	1,321,879	52.00
53.00	05300	ANESTHESIOLOGY	414,463	1,771	0	0	416,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	832,040	95,293	0	0	927,333	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	307,756	4,586	0	0	312,342	54.01
54.02	03630	ULTRA SOUND	350,364	1,300	0	0	351,664	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,130,724	97,921	0	0	2,228,645	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	379,821	5,271	0	0	385,092	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	379,762	7,249	0	0	387,011	58.00
60.00	06000	LABORATORY	3,898,635	33,410	0	0	3,932,045	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	312,472	6,461	0	0	318,933	63.00
64.00	06400	INTRAVENOUS THERAPY	1,779,765	48,393	0	0	1,828,158	64.00
65.00	06500	RESPIRATORY THERAPY	695,526	13,447	0	0	708,973	65.00
65.01	03560	PULMONARY FUNCTION TESTING	219,188	4,254	0	0	223,442	65.01
66.00	06600	PHYSICAL THERAPY	2,734,319	117,822	0	0	2,852,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	779,014	14,450	0	0	793,464	67.00
68.00	06800	SPEECH PATHOLOGY	414,812	11,559	0	0	426,371	68.00
69.00	06900	ELECTROCARDIOLOGY	144,702	7,574	0	0	152,276	69.00
69.01	03140	CARDIOLOGY	1,735,587	75,986	0	0	1,811,573	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	212,833	6,710	0	0	219,543	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,526,167	0	0	0	1,526,167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,534,895	0	0	0	4,534,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,847,767	0	0	0	2,847,767	73.00
74.00	07400	RENAL DIALYSIS	232,427	7,471	0	0	239,898	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
76.97	07697	CARDIAC REHABILITATION	234,489	18,179	0	0	252,668	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	219,983	4,614	0	0	224,597	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	725,606	120,748	0	0	846,354	90.00
91.00	09100	EMERGENCY	2,296,402	72,210	0	0	2,368,612	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	11,309	0	0	0	11,309	95.00
101.00	10100	HOME HEALTH AGENCY	3,802,453	53,830	0	0	3,856,283	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,702,132	1,888,972	0	0	94,747,327	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	574,138	23,740	0	0	597,878	194.00
194.01	07951	BUSINESS HEALTH	637,366	43,648	0	0	681,014	194.01
194.02	07952	VITACARE	-4,718	0	0	0	-4,718	194.02
194.03	07953	CASCADE CLINIC	2,444,776	86,757	0	0	2,531,533	194.03
194.04	07954	ORTHOPEDIC CLINIC	1,790,076	95,410	0	0	1,885,486	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	58,080	6,544	0	0	64,624	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	46	0	0	0	46	194.08
194.09	07959	RENTAL PROPERTY	478,626	5,887	0	0	484,513	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	43,707	73,067	0	0	116,774	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	108,466	0	0	0	108,466	194.11
194.12	07962	LIFESTYLES	11,983	0	0	0	11,983	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	286,771	0	0	0	286,771	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	143,129	0	0	0	143,129	194.17
194.18	07968	CONTRACTED ULTRASOUND	43,678	0	0	0	43,678	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,513,505	0	0	0	2,513,505	194.19
194.20	07970	RETAIL PHARMACIES	1,617,846	10,570	0	0	1,628,416	194.20
194.22	07972	PHYSICIAN CLINICS	4,878,604	123,065	0	0	5,001,669	194.22
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	-1,513,883	-1,513,883	201.00
202.00		TOTAL (sum lines 118 through 201)	109,328,211	2,357,660	0	-1,513,883	109,328,211	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	15,580,351					5.01
5.02	00591	REHAB ADMINISTRATION	41,725	296,855				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	77,142	0	548,828			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	84,753	0	0	602,979	602,979	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	64,133	0	0	456,277	2,496	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	334,445	0	0	2,379,416	13,015	6.01
7.00	00700	OPERATION OF PLANT	869,076	0	0	6,183,061	33,821	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,163	0	0	456,488	2,497	8.00
9.00	00900	HOUSEKEEPING	283,408	0	0	2,016,311	11,029	9.00
10.00	01000	DIETARY	264,399	0	0	1,881,073	10,289	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	612,578	0	0	4,358,201	23,839	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	96,401	0	0	685,846	3,752	14.00
15.00	01500	PHARMACY	296,804	0	0	2,111,622	11,551	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	82,314	0	0	585,624	3,203	16.00
17.00	01700	SOCIAL SERVICE	147,814	0	0	1,051,626	5,752	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,185,818	0	0	8,436,564	46,099	30.00
31.00	03100	INTENSIVE CARE UNIT	269,506	0	0	1,917,407	10,488	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	277,594	0	0	1,974,952	10,803	40.00
41.00	04100	SUBPROVIDER - IRF	191,510	0	0	1,362,505	7,453	41.00
43.00	04300	NURSERY	213,782	0	0	1,520,959	8,320	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,164,348	0	0	8,283,781	45,312	50.00
51.00	05100	RECOVERY ROOM	388,034	0	0	2,760,679	15,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	216,187	0	0	1,538,066	8,413	52.00
53.00	05300	ANESTHESIOLOGY	68,073	0	0	484,307	2,649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	151,661	0	193,026	1,272,020	6,958	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	51,082	0	106,841	470,265	2,572	54.01
54.02	03630	ULTRA SOUND	57,513	0	76,720	485,897	2,658	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	364,484	0	0	2,593,129	14,184	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	62,980	0	87,498	535,570	2,930	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	63,294	0	84,743	535,048	2,927	58.00
60.00	06000	LABORATORY	643,066	0	0	4,575,111	25,026	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,160	0	0	371,093	2,030	63.00
64.00	06400	INTRAVENOUS THERAPY	298,986	0	0	2,127,144	11,635	64.00
65.00	06500	RESPIRATORY THERAPY	115,949	0	0	824,922	4,512	65.00
65.01	03560	PULMONARY FUNCTION TESTING	36,543	0	0	259,985	1,422	65.01
66.00	06600	PHYSICAL THERAPY	466,453	117,209	0	3,435,803	18,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	129,767	18,046	0	941,277	5,149	67.00
68.00	06800	SPEECH PATHOLOGY	69,731	7,001	0	503,103	2,752	68.00
69.00	06900	ELECTROCARDIOLOGY	24,904	0	0	177,180	969	69.00
69.01	03140	CARDIOLOGY	296,274	0	0	2,107,847	11,530	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	35,905	0	0	255,448	1,397	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	249,597	0	0	1,775,764	9,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	741,659	0	0	5,276,554	28,863	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	465,738	0	0	3,313,505	18,125	73.00
74.00	07400	RENAL DIALYSIS	39,234	0	0	279,132	1,527	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	41,323	0	0	293,991	1,608	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	36,732	0	0	261,329	1,429	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	138,417	0	0	984,771	5,387	90.00
91.00	09100	EMERGENCY	387,375	0	0	2,755,987	15,075	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,850	0	0	13,159	72	95.00
101.00	10100	HOME HEALTH AGENCY	630,676	154,599	0	4,641,558	25,389	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,947,360	296,855	548,828	92,114,336	500,515	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	97,780	0	0	695,658	3,805	194.00
194.01	07951	BUSINESS HEALTH	111,376	0	0	792,390	4,334	194.01
194.02	07952	VITACARE	0	0	0	-4,718	0	194.02
194.03	07953	CASCADE CLINIC	414,020	0	0	2,945,553	16,112	194.03
194.04	07954	ORTHOPEDIC CLINIC	308,362	0	0	2,193,848	12,000	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	10,569	0	0	75,193	411	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	8	0	0	54	0	194.08
194.09	07959	RENTAL PROPERTY	79,240	0	0	563,753	3,084	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	19,098	0	0	135,872	743	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	17,739	0	0	126,205	690	194.11
194.12	07962	LIFESTYLES	1,960	0	0	13,943	76	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	46,900	0	0	333,671	1,825	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	23,408	0	0	166,537	911	194.17
194.18	07968	CONTRACTED ULTRASOUND	7,143	0	0	50,821	278	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	411,071	0	0	2,924,576	15,997	194.19
194.20	07970	RETAIL PHARMACIES	266,319	0	0	1,894,735	10,364	194.20
194.22	07972	PHYSICIAN CLINICS	817,998	0	0	5,819,667	31,834	194.22
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	-1,513,883	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,580,351	296,855	548,828	109,328,211	602,979	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.04	5.05	6.00	6.01	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES	458,773	458,773				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,392,431	9,943	0	2,402,374		6.01
7.00	00700	OPERATION OF PLANT	6,216,882	25,837	0	0	6,242,719	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	458,985	1,908	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,027,340	8,426	0	22,143	57,540	9.00
10.00	01000	DIETARY	1,891,362	7,861	0	1,216	3,160	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,382,040	18,212	0	56,029	145,596	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	689,598	2,866	0	29,602	76,922	14.00
15.00	01500	PHARMACY	2,123,173	8,824	0	31,009	80,578	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	588,827	2,447	0	21,323	55,409	16.00
17.00	01700	SOCIAL SERVICE	1,057,378	4,394	0	17,845	46,370	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,482,663	35,256	0	254,950	662,504	30.00
31.00	03100	INTENSIVE CARE UNIT	1,927,895	8,012	0	35,894	93,273	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,985,755	8,253	0	47,701	123,954	40.00
41.00	04100	SUBPROVIDER - IRF	1,369,958	5,694	0	92,843	241,258	41.00
43.00	04300	NURSERY	1,529,279	6,356	0	36,439	94,688	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,329,093	34,616	0	237,650	617,548	50.00
51.00	05100	RECOVERY ROOM	2,775,780	11,536	0	140,275	364,514	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,479	6,427	0	49,582	128,841	52.00
53.00	05300	ANESTHESIOLOGY	486,956	2,024	0	1,810	4,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,278,978	5,315	0	97,396	253,089	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	472,837	1,965	0	4,687	12,180	54.01
54.02	03630	ULTRA SOUND	488,555	2,030	0	1,329	3,454	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,607,313	10,836	0	100,082	260,070	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	538,500	2,238	0	5,387	13,999	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	537,975	2,236	0	7,409	19,254	58.00
60.00	06000	LABORATORY	4,600,137	19,118	0	34,148	88,736	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	373,123	1,551	0	6,603	17,159	63.00
64.00	06400	INTRAVENOUS THERAPY	2,138,779	8,889	0	49,461	128,529	64.00
65.00	06500	RESPIRATORY THERAPY	829,434	3,447	0	13,744	35,715	65.00
65.01	03560	PULMONARY FUNCTION TESTING	261,407	1,086	0	4,348	11,299	65.01
66.00	06600	PHYSICAL THERAPY	3,454,597	14,357	0	120,423	312,926	66.00
67.00	06700	OCCUPATIONAL THERAPY	946,426	3,933	0	14,769	38,379	67.00
68.00	06800	SPEECH PATHOLOGY	505,855	2,102	0	11,814	30,699	68.00
69.00	06900	ELECTROCARDIOLOGY	178,149	740	0	7,742	20,117	69.00
69.01	03140	CARDIOLOGY	2,119,377	8,808	0	77,664	201,814	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	256,845	1,067	0	6,858	17,821	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,785,477	7,420	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,305,417	22,049	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,331,630	13,846	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	280,659	1,166	0	7,636	19,841	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	295,599	1,229	0	18,580	48,281	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	262,758	1,092	0	4,716	12,254	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.04	5.05	6.00	6.01	7.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	990,158	4,115	0	123,413	320,697	90.00
91.00	09100	EMERGENCY	2,771,062	11,517	0	73,803	191,783	91.00
92.00	09200	OBSERVATION BEDS	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,231	55	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,666,947	19,396	0	55,018	142,969	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,011,872	380,495	0	1,923,341	4,997,923	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	699,463	2,907	0	24,264	63,052	194.00
194.01	07951	BUSINESS HEALTH	796,724	3,311	0	44,611	115,926	194.01
194.02	07952	VITACARE	-4,718	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	2,961,665	12,309	0	88,672	230,418	194.03
194.04	07954	ORTHOPEDIC CLINIC	2,205,848	9,168	0	97,516	253,401	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	75,604	314	0	6,688	17,380	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	54	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	566,837	2,356	0	6,017	15,634	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	136,615	568	0	74,680	194,061	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	126,895	527	0	0	0	194.11
194.12	07962	LIFESTYLES	14,019	58	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	335,496	1,394	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	167,448	696	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	51,099	212	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,940,573	12,221	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	1,905,099	7,918	0	10,803	28,072	194.20
194.22	07972	PHYSICIAN CLINICS	5,851,501	24,319	0	125,782	326,852	194.22
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	-1,513,883	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	109,328,211	458,773	0	2,402,374	6,242,719	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	460,893					8.00
9.00	00900	HOUSEKEEPING	0	2,115,449				9.00
10.00	01000	DIETARY	0	1,081	1,904,680			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,131	49,797	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,467	26,309	0	0	0	14.00
15.00	01500	PHARMACY	1,704	27,559	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,951	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,860	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	138,407	226,590	1,240,563	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,917	31,901	173,633	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,511	42,395	246,556	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,313	82,515	185,557	0	0	41.00
43.00	04300	NURSERY	0	32,385	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,811	211,213	0	0	0	50.00
51.00	05100	RECOVERY ROOM	36,052	124,671	460	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	44,066	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,609	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,299	86,561	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,166	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	1,181	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,523	88,949	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	4,788	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,585	0	0	0	58.00
60.00	06000	LABORATORY	245	30,349	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,869	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6,249	43,959	6,208	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	98	12,215	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	3,864	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,175	107,027	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,126	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,500	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,322	6,880	0	0	0	69.00
69.01	03140	CARDIOLOGY	9,159	69,024	10,281	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,078	6,095	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	328	6,786	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	205	16,513	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,630	4,191	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	109,685	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
91.00	09100	EMERGENCY	70,239	65,593	12,187	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	124	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	48,898	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	458,987	1,689,706	1,875,445	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	21,565	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	39,649	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	78,807	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	86,668	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	5,944	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	5,347	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	66,372	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	29,235	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	850	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	9,601	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	1,056	111,790	0	0	0	194.22
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)	460,893	2,115,449	1,904,680	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,652,805				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	847,764			14.00
15.00	01500	PHARMACY	0	0	5,153	2,278,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	0	686,958	16.00
17.00	01700	SOCIAL SERVICE	0	0	226	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,005,934	35,740	0	41,249	30.00
31.00	03100	INTENSIVE CARE UNIT	0	232,699	8,700	0	6,748	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	176,516	1,326	0	11,678	40.00
41.00	04100	SUBPROVIDER - IRF	0	155,529	2,299	0	7,932	41.00
43.00	04300	NURSERY	0	124,693	3,626	0	5,061	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	547,915	305,044	0	115,253	50.00
51.00	05100	RECOVERY ROOM	0	286,148	14,954	0	20,313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	153,279	5,987	0	8,184	52.00
53.00	05300	ANESTHESIOLOGY	0	24,044	19,984	0	17,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	103,988	6,117	0	12,966	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	21,364	412	0	6,346	54.01
54.02	03630	ULTRA SOUND	0	32,974	2,797	0	7,295	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	140,226	4,174	0	46,293	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	48,154	6,126	0	33,193	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	36,809	1,438	0	15,795	58.00
60.00	06000	LABORATORY	0	3,299	34,440	0	37,861	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,871	1,816	0	2,401	63.00
64.00	06400	INTRAVENOUS THERAPY	0	237,287	10,434	0	16,530	64.00
65.00	06500	RESPIRATORY THERAPY	0	97,662	8,777	0	11,139	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	30,977	2,953	0	5,850	65.01
66.00	06600	PHYSICAL THERAPY	0	380,735	3,091	0	18,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	98,351	584	0	6,260	67.00
68.00	06800	SPEECH PATHOLOGY	0	49,626	570	0	2,968	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,282	1,289	0	2,549	69.00
69.01	03140	CARDIOLOGY	0	116,770	103,264	0	35,352	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,561	557	0	1,374	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	191,410	0	27,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	21,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,501,181	57,652	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	961	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	28,845	113	0	1,919	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	9,519	82	0	2,038	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	96,731	16,914	0	27,005	90.00
91.00	09100	EMERGENCY	0	363,017	22,154	0	41,690	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	8,774	0	10,421	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,652,805	831,326	1,501,181	686,958	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	1,442	10,008	0	194.01
194.02	07952	VITACARE	0	0	0	13	0	194.02
194.03	07953	CASCADE CLINIC	0	0	2,542	73,663	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	16	1,425	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	2	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	33	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	1,460	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	508	586,903	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	10,435	104,807	0	194.22
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)	0	4,652,805	847,764	2,278,000	686,958	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	1,142,073					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	698,638	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	97,924	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	139,049	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	104,648	0	0	0	0	41.00
43.00	04300	NURSERY	101,814	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,142,073	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	1,142,073	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMEDICAL ED PRGM	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	12,822,494	0	12,822,494		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,641,596	0	2,641,596		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	2,790,694	0	2,790,694		40.00
41.00	04100	SUBPROVIDER - IRF	0	2,259,546	0	2,259,546		41.00
43.00	04300	NURSERY	0	1,934,341	0	1,934,341		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	10,447,143	0	10,447,143		50.00
51.00	05100	RECOVERY ROOM	0	3,774,703	0	3,774,703		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,942,845	0	1,942,845		52.00
53.00	05300	ANESTHESIOLOGY	0	558,223	0	558,223		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,901,709	0	1,901,709		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	523,957	0	523,957		54.01
54.02	03630	ULTRA SOUND	0	539,615	0	539,615		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,272,466	0	3,272,466		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	652,385	0	652,385		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	627,501	0	627,501		58.00
60.00	06000	LABORATORY	0	4,848,333	0	4,848,333		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	426,393	0	426,393		63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,646,325	0	2,646,325		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,012,231	0	1,012,231		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	321,784	0	321,784		65.01
66.00	06600	PHYSICAL THERAPY	0	4,414,597	0	4,414,597		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,121,828	0	1,121,828		67.00
68.00	06800	SPEECH PATHOLOGY	0	614,134	0	614,134		68.00
69.00	06900	ELECTROCARDIOLOGY	0	236,070	0	236,070		69.00
69.01	03140	CARDIOLOGY	0	2,751,513	0	2,751,513		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	306,256	0	306,256		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	2,012,274	0	2,012,274		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,348,822	0	5,348,822		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,904,309	0	4,904,309		73.00
74.00	07400	RENAL DIALYSIS	0	317,377	0	317,377		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	411,284	0	411,284		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	299,280	0	299,280		76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,688,718	0	1,688,718		90.00
91.00	09100	EMERGENCY	0	3,623,045	0	3,623,045		91.00
92.00	09200	OBSERVATION BEDS			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	13,410	0	13,410		95.00
101.00	10100	HOME HEALTH AGENCY	0	4,952,423	0	4,952,423		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	88,959,624	0	88,959,624		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	MARKETING	0	811,251	0	811,251		194.00
194.01	07951	BUSINESS HEALTH	0	1,011,671	0	1,011,671		194.01
194.02	07952	VITACARE	0	-4,705	0	-4,705		194.02
194.03	07953	CASCADE CLINIC	0	3,448,076	0	3,448,076		194.03
194.04	07954	ORTHOPEDIC CLINIC	0	2,654,042	0	2,654,042		194.04
194.05	07955	ENT CLINIC	0	0	0	0		194.05
194.06	07956	RSVP	0	105,932	0	105,932		194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958	DIM MAINTENANCE	0	54	0	54		194.08
194.09	07959	RENTAL PROPERTY	0	596,191	0	596,191		194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	472,296	0	472,296		194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	127,422	0	127,422		194.11
194.12	07962	LIFESTYLES	0	14,110	0	14,110		194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964	FOUNDATION	0	0	0	0		194.14
194.15	07965	PHYSICIAN BILLING	0	336,890	0	336,890		194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967	NONREIMBURSABLE	0	197,379	0	197,379		194.17
194.18	07968	CONTRACTED ULTRASOUND	0	51,311	0	51,311		194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,955,104	0	2,955,104		194.19
194.20	07970	RETAIL PHARMACIES	0	2,548,904	0	2,548,904		194.20
194.22	07972	PHYSICIAN CLINICS	0	6,556,542	0	6,556,542		194.22
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	-1,513,883	0	-1,513,883		201.00
202.00		TOTAL (sum lines 118 through 201)	0	109,328,211	0	109,328,211		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	0	0	0	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	2,632	0	0	2,632	0	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	0	0	0	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	21,182	7,166	0	28,348	0	6.01
7.00	00700	OPERATION OF PLANT	125,120	0	0	125,120	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	18,249	21,665	0	39,914	0	9.00
10.00	01000	DIETARY	17,580	1,190	0	18,770	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,084	54,819	0	59,903	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	80,063	28,963	0	109,026	0	14.00
15.00	01500	PHARMACY	86,741	30,339	0	117,080	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,044	20,863	0	23,907	0	16.00
17.00	01700	SOCIAL SERVICE	0	17,459	0	17,459	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	145,141	249,444	0	394,585	0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,207	35,119	0	65,326	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,409	46,671	0	49,080	0	40.00
41.00	04100	SUBPROVIDER - IRF	21,610	90,838	0	112,448	0	41.00
43.00	04300	NURSERY	14,767	35,652	0	50,419	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	876,153	232,518	0	1,108,671	0	50.00
51.00	05100	RECOVERY ROOM	105,721	137,246	0	242,967	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,211	48,511	0	72,722	0	52.00
53.00	05300	ANESTHESIOLOGY	139,003	1,771	0	140,774	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	153,657	95,293	0	248,950	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,104	4,586	0	7,690	0	54.01
54.02	03630	ULTRA SOUND	2,353	1,300	0	3,653	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	708,874	97,921	0	806,795	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	815	5,271	0	6,086	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,376	7,249	0	92,625	0	58.00
60.00	06000	LABORATORY	3,034	33,410	0	36,444	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,556	6,461	0	9,017	0	63.00
64.00	06400	INTRAVENOUS THERAPY	35,265	48,393	0	83,658	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,826	13,447	0	45,273	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	10,419	4,254	0	14,673	0	65.01
66.00	06600	PHYSICAL THERAPY	18,094	117,822	0	135,916	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,280	14,450	0	24,730	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,932	11,559	0	15,491	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,673	7,574	0	18,247	0	69.00
69.01	03140	CARDIOLOGY	150,853	75,986	0	226,839	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,915	6,710	0	32,625	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,471	0	7,471	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,719	18,179	0	20,898	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,709	4,614	0	7,323	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,156	120,748	0	126,904	0	90.00
91.00	09100	EMERGENCY	53,538	72,210	0	125,748	0	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,017	53,830	0	54,847	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,042,082	1,888,972	0	4,931,054	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	79	23,740	0	23,819	0	194.00
194.01	07951	BUSINESS HEALTH	3,725	43,648	0	47,373	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	87,089	86,757	0	173,846	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	95,410	0	95,410	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	6,544	0	6,544	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	20,388	5,887	0	26,275	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	73,067	0	73,067	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,990	0	0	1,990	0	194.19
194.20	07970	RETAIL PHARMACIES	0	10,570	0	10,570	0	194.20
194.22	07972	PHYSICIAN CLINICS	80,803	123,065	0	203,868	0	194.22
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)	3,236,156	2,357,660	0	5,593,816	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	0					5.01
5.02	00591	REHAB ADMINISTRATION	0	0				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	2,632			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	0	0		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	926	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	512	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	368	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	420	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	406	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,632	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	0	0	2,632	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS	0	28,348				6.01
7.00	00700	OPERATION OF PLANT	0	0	125,120			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	261	1,153	0	41,328	9.00
10.00	01000	DIETARY	0	14	63	0	21	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	661	2,918	0	973	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	349	1,542	0	514	14.00
15.00	01500	PHARMACY	0	366	1,615	0	538	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	252	1,111	0	370	16.00
17.00	01700	SOCIAL SERVICE	0	211	929	0	310	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,012	13,281	0	4,427	30.00
31.00	03100	INTENSIVE CARE UNIT	0	424	1,869	0	623	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	563	2,484	0	828	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,096	4,835	0	1,612	41.00
43.00	04300	NURSERY	0	430	1,898	0	633	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,804	12,377	0	4,126	50.00
51.00	05100	RECOVERY ROOM	0	1,655	7,306	0	2,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	585	2,582	0	861	52.00
53.00	05300	ANESTHESIOLOGY	0	21	94	0	31	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,149	5,073	0	1,691	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	55	244	0	81	54.01
54.02	03630	ULTRA SOUND	0	16	69	0	23	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,181	5,212	0	1,738	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	64	281	0	94	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	87	386	0	129	58.00
60.00	06000	LABORATORY	0	403	1,778	0	593	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	78	344	0	115	63.00
64.00	06400	INTRAVENOUS THERAPY	0	584	2,576	0	859	64.00
65.00	06500	RESPIRATORY THERAPY	0	162	716	0	239	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	51	226	0	75	65.01
66.00	06600	PHYSICAL THERAPY	0	1,421	6,272	0	2,091	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	174	769	0	256	67.00
68.00	06800	SPEECH PATHOLOGY	0	139	615	0	205	68.00
69.00	06900	ELECTROCARDIOLOGY	0	91	403	0	134	69.00
69.01	03140	CARDIOLOGY	0	916	4,045	0	1,348	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	81	357	0	119	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	90	398	0	133	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	219	968	0	323	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	56	246	0	82	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,456	6,428	0	2,143	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	871	3,844	0	1,281	91.00
92.00	09200	OBSERVATION BEDS						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	649	2,865	0	955	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	22,697	100,172	0	33,010	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	286	1,264	0	421	194.00
194.01	07951	BUSINESS HEALTH	0	526	2,323	0	775	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	1,046	4,618	0	1,540	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	1,151	5,079	0	1,693	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	79	348	0	116	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	71	313	0	104	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	881	3,889	0	1,297	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	127	563	0	188	194.20
194.22	07972	PHYSICIAN CLINICS	0	1,484	6,551	0	2,184	194.22
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)	0	28,348	125,120	0	41,328	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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	18,868					10.00
11.00	01100	CAFETERIA	0	0				11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0			11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	64,455	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,289	0	0	0	13,934	30.00
31.00	03100	INTENSIVE CARE UNIT	1,720	0	0	0	3,224	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,442	0	0	0	2,445	40.00
41.00	04100	SUBPROVIDER - IRF	1,838	0	0	0	2,155	41.00
43.00	04300	NURSERY	0	0	0	0	1,727	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	7,590	50.00
51.00	05100	RECOVERY ROOM	5	0	0	0	3,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,123	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,441	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	296	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	457	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,943	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	667	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	510	58.00
60.00	06000	LABORATORY	0	0	0	0	46	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	248	63.00
64.00	06400	INTRAVENOUS THERAPY	61	0	0	0	3,287	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,353	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	429	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,362	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	687	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	239	69.00
69.01	03140	CARDIOLOGY	102	0	0	0	1,618	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	202	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	400	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	132	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	1,340	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
91.00	09100	EMERGENCY	121	0	0	0	5,029	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,578	0	0	0	64,455	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	290	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	18,868	0	0	0	64,455	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	111,431					14.00
15.00	01500	PHARMACY	677	120,276				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	25,640			16.00
17.00	01700	SOCIAL SERVICE	30	0	0	18,939		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,698	0	1,547	11,586		30.00
31.00	03100	INTENSIVE CARE UNIT	1,144	0	253	1,624		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	174	0	438	2,306		40.00
41.00	04100	SUBPROVIDER - IRF	302	0	297	1,735		41.00
43.00	04300	NURSERY	477	0	190	1,688		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,094	0	4,199	0		50.00
51.00	05100	RECOVERY ROOM	1,966	0	762	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	787	0	307	0		52.00
53.00	05300	ANESTHESIOLOGY	2,627	0	641	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	804	0	486	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54	0	238	0		54.01
54.02	03630	ULTRA SOUND	368	0	274	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	549	0	1,736	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	805	0	1,245	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	189	0	592	0		58.00
60.00	06000	LABORATORY	4,527	0	1,420	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	239	0	90	0		63.00
64.00	06400	INTRAVENOUS THERAPY	1,371	0	620	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,154	0	418	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	388	0	219	0		65.01
66.00	06600	PHYSICAL THERAPY	406	0	685	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	77	0	235	0		67.00
68.00	06800	SPEECH PATHOLOGY	75	0	111	0		68.00
69.00	06900	ELECTROCARDIOLOGY	169	0	96	0		69.00
69.01	03140	CARDIOLOGY	13,573	0	1,326	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	73	0	52	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	25,159	0	1,049	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	801	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	79,261	2,162	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	36	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	15	0	72	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11	0	76	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,223	0	1,013	0		90.00
91.00	09100	EMERGENCY	2,912	0	1,563	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	1,153	0	391	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,270	79,261	25,640	18,939	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	MARKETING	0	0	0	0		194.00
194.01	07951	BUSINESS HEALTH	190	528	0	0		194.01
194.02	07952	VITACARE	0	1	0	0		194.02
194.03	07953	CASCADE CLINIC	334	3,889	0	0		194.03
194.04	07954	ORTHOPEDIC CLINIC	2	75	0	0		194.04
194.05	07955	ENT CLINIC	0	0	0	0		194.05
194.06	07956	RSVP	0	0	0	0		194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0		194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0		194.11
194.12	07962	LIFESTYLES	4	0	0	0		194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964	FOUNDATION	0	0	0	0		194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0		194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0		194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0		194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	192	0	0	0		194.19
194.20	07970	RETAIL PHARMACIES	67	30,988	0	0		194.20
194.22	07972	PHYSICIAN CLINICS	1,372	5,534	0	0		194.22
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	111,431	120,276	25,640	18,939	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	PARAMEDICAL ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		0				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	02300	PARAMEDICAL ED PRGM				0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS					459,359	30.00
31.00	03100	INTENSIVE CARE UNIT					76,207	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT					0	33.01
33.02	03301	NURSING ADMINISTRATION					0	33.02
33.03	03303	GEROPSYCH REVENUE					0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT					0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT					0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					60,760	40.00
41.00	04100	SUBPROVIDER - IRF					126,318	41.00
43.00	04300	NURSERY					57,462	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM					1,179,861	50.00
51.00	05100	RECOVERY ROOM					261,061	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					79,967	52.00
53.00	05300	ANESTHESIOLOGY					144,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					260,520	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC					9,170	54.01
54.02	03630	ULTRA SOUND					5,228	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					819,154	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN					9,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					94,924	58.00
60.00	06000	LABORATORY					45,211	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					10,131	63.00
64.00	06400	INTRAVENOUS THERAPY					93,016	64.00
65.00	06500	RESPIRATORY THERAPY					49,315	65.00
65.01	03560	PULMONARY FUNCTION TESTING					16,061	65.01
66.00	06600	PHYSICAL THERAPY					152,065	66.00
67.00	06700	OCCUPATIONAL THERAPY					27,603	67.00
68.00	06800	SPEECH PATHOLOGY					17,323	68.00
69.00	06900	ELECTROCARDIOLOGY					19,379	69.00
69.01	03140	CARDIOLOGY					249,767	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					33,509	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS					26,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					81,423	73.00
74.00	07400	RENAL DIALYSIS					8,128	74.00
76.00	03320	ELECTROSHOCK THERAPY					0	76.00
76.97	07697	CARDIAC REHABILITATION					22,895	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					7,926	76.98
76.99	07699	LITHOTRIPSY					0	76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	PARAMEDICAL ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC					141,507	90.00
91.00	09100	EMERGENCY					141,369	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES					0	95.00
101.00	10100	HOME HEALTH AGENCY					60,860	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	4,848,671	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
194.00	07950	MARKETING					25,790	194.00
194.01	07951	BUSINESS HEALTH					51,715	194.01
194.02	07952	VITACARE					1	194.02
194.03	07953	CASCADE CLINIC					185,273	194.03
194.04	07954	ORTHOPEDIC CLINIC					103,410	194.04
194.05	07955	ENT CLINIC					0	194.05
194.06	07956	RSVP					7,087	194.06
194.07	07957	CONTRACT CLEANING					0	194.07
194.08	07958	DIM MAINTENANCE					0	194.08
194.09	07959	RENTAL PROPERTY					26,763	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER					79,134	194.10
194.11	07961	NORTH GRANDVIEW OFFICE					0	194.11
194.12	07962	LIFESTYLES					4	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES					0	194.13
194.14	07964	FOUNDATION					0	194.14
194.15	07965	PHYSICIAN BILLING					0	194.15
194.16	07966	GUEST MEALS / MOW'S					0	194.16
194.17	07967	NONREIMBURSABLE					290	194.17
194.18	07968	CONTRACTED ULTRASOUND					0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC					2,182	194.19
194.20	07970	RETAIL PHARMACIES					42,503	194.20
194.22	07972	PHYSICIAN CLINICS					220,993	194.22
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	5,593,816	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE & GENERAL				5.01
5.02	00591	REHAB ADMINISTRATION				5.02
5.03	00592	RADIOLOGY ADMINISTRATION				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION				5.04
5.05	00560	PURCHASING RECEIVING AND STORES				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS				6.01
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
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMEDICAL ED PRGM				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	459,359		30.00
31.00	03100	INTENSIVE CARE UNIT	0	76,207		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	60,760		40.00
41.00	04100	SUBPROVIDER - IRF	0	126,318		41.00
43.00	04300	NURSERY	0	57,462		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,179,861		50.00
51.00	05100	RECOVERY ROOM	0	261,061		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	79,967		52.00
53.00	05300	ANESTHESIOLOGY	0	144,521		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	260,520		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	9,170		54.01
54.02	03630	ULTRA SOUND	0	5,228		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	819,154		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	9,662		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	94,924		58.00
60.00	06000	LABORATORY	0	45,211		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,131		63.00
64.00	06400	INTRAVENOUS THERAPY	0	93,016		64.00
65.00	06500	RESPIRATORY THERAPY	0	49,315		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	16,061		65.01
66.00	06600	PHYSICAL THERAPY	0	152,065		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,603		67.00
68.00	06800	SPEECH PATHOLOGY	0	17,323		68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,379		69.00
69.01	03140	CARDIOLOGY	0	249,767		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,509		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	26,208		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	801		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	81,423		73.00
74.00	07400	RENAL DIALYSIS	0	8,128		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	22,895		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,926		76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	141,507		90.00
91.00	09100	EMERGENCY	0	141,369		91.00
92.00	09200	OBSERVATION BEDS	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	60,860		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,848,671		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
194.00	07950	MARKETING	0	25,790		194.00
194.01	07951	BUSINESS HEALTH	0	51,715		194.01
194.02	07952	VITACARE	0	1		194.02
194.03	07953	CASCADE CLINIC	0	185,273		194.03
194.04	07954	ORTHOPEDIC CLINIC	0	103,410		194.04
194.05	07955	ENT CLINIC	0	0		194.05
194.06	07956	RSVP	0	7,087		194.06
194.07	07957	CONTRACT CLEANING	0	0		194.07
194.08	07958	DIM MAINTENANCE	0	0		194.08
194.09	07959	RENTAL PROPERTY	0	26,763		194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	79,134		194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0		194.11
194.12	07962	LIFESTYLES	0	4		194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0		194.13
194.14	07964	FOUNDATION	0	0		194.14
194.15	07965	PHYSICIAN BILLING	0	0		194.15
194.16	07966	GUEST MEALS / MOW'S	0	0		194.16
194.17	07967	NONREIMBURSABLE	0	290		194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0		194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,182		194.19
194.20	07970	RETAIL PHARMACIES	0	42,503		194.20
194.22	07972	PHYSICIAN CLINICS	0	220,993		194.22
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,593,816		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A.01	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	340,836					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	47,293,521			4.00
5.01	00590	ADMINISTRATIVE & GENERAL	0	0	804,516	-15,580,351	95,266,461	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	194,665	0	255,130	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	353,094	0	471,686	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	375,922	0	518,226	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	308,923	0	392,144	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	1,036	0	0	0	2,044,971	6.01
7.00	00700	OPERATION OF PLANT	0	0	899,545	0	5,313,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	392,325	8.00
9.00	00900	HOUSEKEEPING	3,132	0	860,203	0	1,732,903	9.00
10.00	01000	DIETARY	172	0	879,099	0	1,616,674	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,925	0	2,689,817	0	3,745,623	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,187	0	214,407	0	589,445	14.00
15.00	01500	PHARMACY	4,386	0	1,451,040	0	1,814,818	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	395,717	0	503,310	16.00
17.00	01700	SOCIAL SERVICE	2,524	0	663,799	0	903,812	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,061	0	4,965,707	0	7,250,746	30.00
31.00	03100	INTENSIVE CARE UNIT	5,077	0	1,143,409	0	1,647,901	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,747	0	813,885	0	1,697,358	40.00
41.00	04100	SUBPROVIDER - IRF	13,132	0	798,346	0	1,170,995	41.00
43.00	04300	NURSERY	5,154	0	952,463	0	1,307,177	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,614	0	2,576,652	0	7,119,433	50.00
51.00	05100	RECOVERY ROOM	19,841	0	1,573,520	0	2,372,645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,013	0	878,017	0	1,321,879	52.00
53.00	05300	ANESTHESIOLOGY	256	0	55,942	0	416,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,776	0	446,785	0	927,333	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	663	0	144,402	0	312,342	54.01
54.02	03630	ULTRA SOUND	188	0	256,478	0	351,664	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,156	0	1,002,545	0	2,228,645	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	762	0	256,010	0	385,092	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	224,438	0	387,011	58.00
60.00	06000	LABORATORY	4,830	0	14,355	0	3,932,045	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	934	0	85,406	0	318,933	63.00
64.00	06400	INTRAVENOUS THERAPY	6,996	0	1,236,512	0	1,828,158	64.00
65.00	06500	RESPIRATORY THERAPY	1,944	0	437,137	0	708,973	65.00
65.01	03560	PULMONARY FUNCTION TESTING	615	0	136,027	0	223,442	65.01
66.00	06600	PHYSICAL THERAPY	17,033	0	2,121,418	0	2,852,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,089	0	601,169	0	793,464	67.00
68.00	06800	SPEECH PATHOLOGY	1,671	0	311,994	0	426,371	68.00
69.00	06900	ELECTROCARDIOLOGY	1,095	0	97,954	0	152,276	69.00
69.01	03140	CARDIOLOGY	10,985	0	730,681	0	1,811,573	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	970	0	67,462	0	219,543	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	1,526,167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,534,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,847,767	73.00
74.00	07400	RENAL DIALYSIS	1,080	0	0	0	239,898	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A.01	5.01	
76.97	07697	CARDIAC REHABILITATION	2,628	0	183,022	0	252,668	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	667	0	33,770	0	224,597	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	17,456	0	730,073	0	846,354	90.00
91.00	09100	EMERGENCY	10,439	0	4,120,049	0	2,368,612	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	11,309	95.00
101.00	10100	HOME HEALTH AGENCY	7,782	0	1,844,421	0	3,856,283	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	273,080	0	38,930,796	-15,580,351	79,166,976	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	3,432	0	232,309	0	597,878	194.00
194.01	07951	BUSINESS HEALTH	6,310	0	429,811	0	681,014	194.01
194.02	07952	VITACARE	0	0	0	4,718	0	194.02
194.03	07953	CASCADE CLINIC	12,542	0	1,364,711	0	2,531,533	194.03
194.04	07954	ORTHOPEDIC CLINIC	13,793	0	743,903	0	1,885,486	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	946	0	33,699	0	64,624	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	46	194.08
194.09	07959	RENTAL PROPERTY	851	0	0	0	484,513	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	10,563	0	0	0	116,774	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	108,466	194.11
194.12	07962	LIFESTYLES	0	0	8,052	0	11,983	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	134,770	0	286,771	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	143,129	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	33,002	0	43,678	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	2,197,329	0	2,513,505	194.19
194.20	07970	RETAIL PHARMACIES	1,528	0	416,914	0	1,628,416	194.20
194.22	07972	PHYSICIAN CLINICS	17,791	0	2,768,225	0	5,001,669	194.22
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)	2,357,660	0	-1,513,883		15,580,351	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.917286	0.000000	0.000000		0.163545	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
			5.02	5.03	5A.04	5.04	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION	7,634,596					5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	2,569,864				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-602,979	110,243,833		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	456,277	-458,773	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	2,379,416	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	6,183,061	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	456,488	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,016,311	0	9.00
10.00	01000	DIETARY	0	0	0	1,881,073	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,358,201	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	685,846	0	14.00
15.00	01500	PHARMACY	0	0	0	2,111,622	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	585,624	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,051,626	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,436,564	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,917,407	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,974,952	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,362,505	0	41.00
43.00	04300	NURSERY	0	0	0	1,520,959	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	8,283,781	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,760,679	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,538,066	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	484,307	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	903,838	0	1,272,020	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	500,280	0	470,265	0	54.01
54.02	03630	ULTRA SOUND	0	359,238	0	485,897	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,593,129	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	409,704	0	535,570	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	396,804	0	535,048	0	58.00
60.00	06000	LABORATORY	0	0	0	4,575,111	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	371,093	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,127,144	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	824,922	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	259,985	0	65.01
66.00	06600	PHYSICAL THERAPY	3,014,413	0	0	3,435,803	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	464,115	0	0	941,277	0	67.00
68.00	06800	SPEECH PATHOLOGY	180,054	0	0	503,103	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	177,180	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	2,107,847	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	255,448	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	1,775,764	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,276,554	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,313,505	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	279,132	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	293,991	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	261,329	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
			5.02	5.03	5A.04	5.04	5A.05	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	984,771	0	90.00
91.00	09100	EMERGENCY	0	0	0	2,755,987	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	13,159	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,976,014	0	0	4,641,558	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,634,596	2,569,864	-602,979	91,511,357	-458,773	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	695,658	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	792,390	0	194.01
194.02	07952	VITACARE	0	0	4,718	0	4,718	194.02
194.03	07953	CASCADE CLINIC	0	0	0	2,945,553	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	2,193,848	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	75,193	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	54	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	563,753	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	135,872	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	126,205	0	194.11
194.12	07962	LIFESTYLES	0	0	0	13,943	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	333,671	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	166,537	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	50,821	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	2,924,576	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	1,894,735	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	5,819,667	0	194.22
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)	296,855	548,828		602,979		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.038883	0.213563		0.005470		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,632		0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.001024		0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.05	6.00	6.01	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES	110,388,039					5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS	2,392,431	0	339,800			6.01
7.00	00700	OPERATION OF PLANT	6,216,882	0	0	339,800		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	458,985	0	0	0	615,109	8.00
9.00	00900	HOUSEKEEPING	2,027,340	0	3,132	3,132	0	9.00
10.00	01000	DIETARY	1,891,362	0	172	172	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,382,040	0	7,925	7,925	1,509	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	689,598	0	4,187	4,187	29,985	14.00
15.00	01500	PHARMACY	2,123,173	0	4,386	4,386	2,274	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	588,827	0	3,016	3,016	0	16.00
17.00	01700	SOCIAL SERVICE	1,057,378	0	2,524	2,524	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,482,663	0	36,061	36,061	184,718	30.00
31.00	03100	INTENSIVE CARE UNIT	1,927,895	0	5,077	5,077	33,254	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,985,755	0	6,747	6,747	10,024	40.00
41.00	04100	SUBPROVIDER - IRF	1,369,958	0	13,132	13,132	15,099	41.00
43.00	04300	NURSERY	1,529,279	0	5,154	5,154	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,329,093	0	33,614	33,614	65,143	50.00
51.00	05100	RECOVERY ROOM	2,775,780	0	19,841	19,841	48,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,479	0	7,013	7,013	0	52.00
53.00	05300	ANESTHESIOLOGY	486,956	0	256	256	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,278,978	0	13,776	13,776	76,472	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	472,837	0	663	663	0	54.01
54.02	03630	ULTRA SOUND	488,555	0	188	188	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,607,313	0	14,156	14,156	19,382	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	538,500	0	762	762	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	537,975	0	1,048	1,048	0	58.00
60.00	06000	LABORATORY	4,600,137	0	4,830	4,830	327	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	373,123	0	934	934	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,138,779	0	6,996	6,996	8,340	64.00
65.00	06500	RESPIRATORY THERAPY	829,434	0	1,944	1,944	131	65.00
65.01	03560	PULMONARY FUNCTION TESTING	261,407	0	615	615	0	65.01
66.00	06600	PHYSICAL THERAPY	3,454,597	0	17,033	17,033	4,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	946,426	0	2,089	2,089	0	67.00
68.00	06800	SPEECH PATHOLOGY	505,855	0	1,671	1,671	0	68.00
69.00	06900	ELECTROCARDIOLOGY	178,149	0	1,095	1,095	1,764	69.00
69.01	03140	CARDIOLOGY	2,119,377	0	10,985	10,985	12,223	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	256,845	0	970	970	1,439	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,785,477	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,305,417	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,331,630	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	280,659	0	1,080	1,080	438	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	295,599	0	2,628	2,628	274	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	262,758	0	667	667	3,510	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.05	6.00	6.01	7.00	8.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	990,158	0	17,456	17,456	0	90.00
91.00	09100	EMERGENCY	2,771,062	0	10,439	10,439	93,741	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,231	0	0	0	166	95.00
101.00	10100	HOME HEALTH AGENCY	4,666,947	0	7,782	7,782	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,553,099	0	272,044	272,044	612,566	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	699,463	0	3,432	3,432	0	194.00
194.01	07951	BUSINESS HEALTH	796,724	0	6,310	6,310	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	2,961,665	0	12,542	12,542	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	2,205,848	0	13,793	13,793	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	75,604	0	946	946	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	54	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	566,837	0	851	851	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	136,615	0	10,563	10,563	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	126,895	0	0	0	0	194.11
194.12	07962	LIFESTYLES	14,019	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	335,496	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	167,448	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	51,099	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,940,573	0	0	0	1,134	194.19
194.20	07970	RETAIL PHARMACIES	1,905,099	0	1,528	1,528	0	194.20
194.22	07972	PHYSICIAN CLINICS	5,851,501	0	17,791	17,791	1,409	194.22
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)	458,773	0	2,402,374	6,242,719	460,893	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004156	0.000000	7.069965	18.371745	0.749287	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	28,348	125,120	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.083426	0.368217	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			9.00	10.00	11.00	11.01	12.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	336,668					9.00
10.00	01000	DIETARY	172	57,985				10.00
11.00	01100	CAFETERIA	0	0	0			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0		11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,925	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,187	0	0	0	0	14.00
15.00	01500	PHARMACY	4,386	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,524	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,061	37,767	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,077	5,286	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,747	7,506	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,132	5,649	0	0	0	41.00
43.00	04300	NURSERY	5,154	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,614	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	19,841	14	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,013	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	256	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,776	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	663	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	188	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,156	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	762	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	0	0	0	58.00
60.00	06000	LABORATORY	4,830	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	934	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6,996	189	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,944	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	615	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	17,033	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,089	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,671	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,095	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	10,985	313	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	970	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,080	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,628	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	667	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			9.00	10.00	11.00	11.01	12.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	17,456	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,439	371	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,782	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	268,912	57,095	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	3,432	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	6,310	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	12,542	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	13,793	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	946	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	851	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	10,563	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	890	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	1,528	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	17,791	0	0	0	0	194.22
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)	2,115,449	1,904,680	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.283487	32.847805	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,328	18,868	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.122756	0.325394	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	789,902					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,759,461				14.00
15.00	01500	PHARMACY	0	41,087	4,321,409			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11	0	303,024,933		16.00
17.00	01700	SOCIAL SERVICE	0	1,800	0	0	20,550	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	170,776	284,967	0	18,195,342	12,571	30.00
31.00	03100	INTENSIVE CARE UNIT	39,505	69,367	0	2,976,526	1,762	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	29,967	10,573	0	5,151,392	2,502	40.00
41.00	04100	SUBPROVIDER - IRF	26,404	18,332	0	3,499,014	1,883	41.00
43.00	04300	NURSERY	21,169	28,914	0	2,232,686	1,832	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	93,019	2,432,205	0	50,838,413	0	50.00
51.00	05100	RECOVERY ROOM	48,579	119,232	0	8,960,140	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,022	47,737	0	3,610,265	0	52.00
53.00	05300	ANESTHESIOLOGY	4,082	159,334	0	7,539,733	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,654	48,776	0	5,719,364	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,627	3,287	0	2,799,197	0	54.01
54.02	03630	ULTRA SOUND	5,598	22,303	0	3,218,095	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	23,806	33,277	0	20,420,180	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,175	48,845	0	14,642,033	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,249	11,462	0	6,967,319	0	58.00
60.00	06000	LABORATORY	560	274,597	0	16,701,100	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,034	14,478	0	1,058,914	0	63.00
64.00	06400	INTRAVENOUS THERAPY	40,284	83,191	0	7,291,785	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,580	69,985	0	4,913,658	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	5,259	23,544	0	2,580,706	0	65.01
66.00	06600	PHYSICAL THERAPY	64,637	24,645	0	8,057,537	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,697	4,653	0	2,761,400	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,425	4,543	0	1,309,377	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,934	10,278	0	1,124,277	0	69.00
69.01	03140	CARDIOLOGY	19,824	823,356	0	15,594,301	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,472	4,440	0	606,157	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	1,526,167	0	12,336,549	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,420,217	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,847,767	25,431,154	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	423,717	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,897	901	0	846,459	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,616	655	0	898,855	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	16,422	134,863	0	11,912,422	0	90.00
91.00	09100	EMERGENCY	61,629	176,641	0	18,390,007	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	69,956	0	4,596,642	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	789,902	6,628,402	2,847,767	303,024,933	20,550	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	11,500	18,986	0	0	194.01
194.02	07952	VITACARE	0	0	25	0	0	194.02
194.03	07953	CASCADE CLINIC	0	20,269	139,741	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	129	2,704	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	14	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	260	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	11,638	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	4,050	1,113,366	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	83,199	198,820	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,652,805	847,764	2,278,000	686,958	1,142,073	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.890357	0.125419	0.527143	0.002267	55.575328	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	64,455	111,431	120,276	25,640	18,939	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.081599	0.016485	0.027833	0.000085	0.921606	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: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMEDICAL ED PRGM					0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,822,494		12,822,494	2,345	12,824,839	30.00
31.00	03100	INTENSIVE CARE UNIT	2,641,596		2,641,596	0	2,641,596	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,790,694		2,790,694	0	2,790,694	40.00
41.00	04100	SUBPROVIDER - IRF	2,259,546		2,259,546	0	2,259,546	41.00
43.00	04300	NURSERY	1,934,341		1,934,341	0	1,934,341	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,447,143		10,447,143	0	10,447,143	50.00
51.00	05100	RECOVERY ROOM	3,774,703		3,774,703	0	3,774,703	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,942,845		1,942,845	0	1,942,845	52.00
53.00	05300	ANESTHESIOLOGY	558,223		558,223	19,103	577,326	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,709		1,901,709	0	1,901,709	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	523,957		523,957	0	523,957	54.01
54.02	03630	ULTRA SOUND	539,615		539,615	0	539,615	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,272,466		3,272,466	21,361	3,293,827	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	652,385		652,385	0	652,385	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	627,501		627,501	0	627,501	58.00
60.00	06000	LABORATORY	4,848,333		4,848,333	0	4,848,333	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	426,393		426,393	0	426,393	63.00
64.00	06400	INTRAVENOUS THERAPY	2,646,325		2,646,325	0	2,646,325	64.00
65.00	06500	RESPIRATORY THERAPY	1,012,231	0	1,012,231	0	1,012,231	65.00
65.01	03560	PULMONARY FUNCTION TESTING	321,784	0	321,784	0	321,784	65.01
66.00	06600	PHYSICAL THERAPY	4,414,597	0	4,414,597	0	4,414,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,121,828	0	1,121,828	0	1,121,828	67.00
68.00	06800	SPEECH PATHOLOGY	614,134	0	614,134	0	614,134	68.00
69.00	06900	ELECTROCARDIOLOGY	236,070		236,070	0	236,070	69.00
69.01	03140	CARDIOLOGY	2,751,513		2,751,513	0	2,751,513	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	306,256		306,256	5,999	312,255	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,012,274		2,012,274	0	2,012,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,348,822		5,348,822	0	5,348,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,309		4,904,309	0	4,904,309	73.00
74.00	07400	RENAL DIALYSIS	317,377		317,377	0	317,377	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	411,284		411,284	0	411,284	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	299,280		299,280	0	299,280	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,688,718		1,688,718	2,543	1,691,261	90.00
91.00	09100	EMERGENCY	3,623,045		3,623,045	0	3,623,045	91.00
92.00	09200	OBSERVATION BEDS	1,439,984		1,439,984		1,439,984	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,410		13,410	0	13,410	95.00
101.00	10100	HOME HEALTH AGENCY	4,952,423		4,952,423		4,952,423	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	90,399,608	0	90,399,608	51,351	90,450,959	200.00
201.00		Less Observation Beds	1,439,984		1,439,984		1,439,984	201.00
202.00		Total (see instructions)	88,959,624	0	88,959,624	51,351	89,010,975	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,072,415		16,072,415			30.00
31.00	03100	INTENSIVE CARE UNIT	2,976,526		2,976,526			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0			33.01
33.02	03301	NURSING ADMINISTRATION	0		0			33.02
33.03	03303	GEROPSYCH REVENUE	0		0			33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0			33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	5,151,392		5,151,392			40.00
41.00	04100	SUBPROVIDER - IRF	3,499,014		3,499,014			41.00
43.00	04300	NURSERY	2,232,686		2,232,686			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,772,504	36,065,909	50,838,413	0.205497	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,671,225	7,288,915	8,960,140	0.421277	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,397,937	212,328	3,610,265	0.538145	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,853,056	5,686,677	7,539,733	0.074038	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,330,169	4,389,195	5,719,364	0.332504	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	227,006	2,572,191	2,799,197	0.187181	0.000000	54.01
54.02	03630	ULTRA SOUND	604,196	2,613,899	3,218,095	0.167682	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	61,862	20,358,318	20,420,180	0.160256	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,672,893	10,969,140	14,642,033	0.044556	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	510,801	6,456,518	6,967,319	0.090063	0.000000	58.00
60.00	06000	LABORATORY	8,302,650	8,398,450	16,701,100	0.290300	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	721,760	337,154	1,058,914	0.402670	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,782,202	5,509,583	7,291,785	0.362919	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,309,994	603,664	4,913,658	0.206004	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,044,450	536,256	2,580,706	0.124688	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,574,491	5,483,046	8,057,537	0.547884	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,644,125	1,117,275	2,761,400	0.406253	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	784,723	524,654	1,309,377	0.469028	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	364,524	759,753	1,124,277	0.209975	0.000000	69.00
69.01	03140	CARDIOLOGY	6,491,413	9,102,888	15,594,301	0.176443	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	36,382	569,775	606,157	0.505242	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	5,533,377	6,803,172	12,336,549	0.163115	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,135,982	4,284,235	9,420,217	0.567802	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,020,663	12,410,491	25,431,154	0.192846	0.000000	73.00
74.00	07400	RENAL DIALYSIS	407,795	15,922	423,717	0.749031	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	208	846,251	846,459	0.485888	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,168	859,687	898,855	0.332957	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,253,690	10,658,732	11,912,422	0.141761	0.000000	90.00
91.00	09100	EMERGENCY	3,042,784	15,347,223	18,390,007	0.197012	0.000000	91.00
92.00	09200	OBSERVATION BEDS	427,023	1,695,904	2,122,927	0.678301	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,596,642	4,596,642			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	115,951,086	187,073,847	303,024,933			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	115,951,086	187,073,847	303,024,933			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03302	BURN INTENSIVE CARE UNIT			33.01
33.02	03301	NURSING ADMINISTRATION			33.02
33.03	03303	GEROPSYCH REVENUE			33.03
33.04	03304	BURN INTENSIVE CARE UNIT			33.04
33.05	03305	BURN INTENSIVE CARE UNIT			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.205497		50.00
51.00	05100	RECOVERY ROOM	0.421277		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538145		52.00
53.00	05300	ANESTHESIOLOGY	0.076571		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.332504		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.187181		54.01
54.02	03630	ULTRA SOUND	0.167682		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161303		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.044556		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090063		58.00
60.00	06000	LABORATORY	0.290300		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402670		63.00
64.00	06400	INTRAVENOUS THERAPY	0.362919		64.00
65.00	06500	RESPIRATORY THERAPY	0.206004		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124688		65.01
66.00	06600	PHYSICAL THERAPY	0.547884		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406253		67.00
68.00	06800	SPEECH PATHOLOGY	0.469028		68.00
69.00	06900	ELECTROCARDIOLOGY	0.209975		69.00
69.01	03140	CARDIOLOGY	0.176443		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.515139		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.163115		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.567802		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192846		73.00
74.00	07400	RENAL DIALYSIS	0.749031		74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.485888		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.332957		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.141975		90.00
91.00	09100	EMERGENCY	0.197012		91.00
92.00	09200	OBSERVATION BEDS	0.678301		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,822,494		12,822,494	2,345	12,824,839	30.00
31.00	03100	INTENSIVE CARE UNIT	2,641,596		2,641,596	0	2,641,596	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,790,694		2,790,694	0	2,790,694	40.00
41.00	04100	SUBPROVIDER - IRF	2,259,546		2,259,546	0	2,259,546	41.00
43.00	04300	NURSERY	1,934,341		1,934,341	0	1,934,341	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,447,143		10,447,143	0	10,447,143	50.00
51.00	05100	RECOVERY ROOM	3,774,703		3,774,703	0	3,774,703	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,942,845		1,942,845	0	1,942,845	52.00
53.00	05300	ANESTHESIOLOGY	558,223		558,223	19,103	577,326	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,709		1,901,709	0	1,901,709	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	523,957		523,957	0	523,957	54.01
54.02	03630	ULTRA SOUND	539,615		539,615	0	539,615	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,272,466		3,272,466	21,361	3,293,827	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	652,385		652,385	0	652,385	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	627,501		627,501	0	627,501	58.00
60.00	06000	LABORATORY	4,848,333		4,848,333	0	4,848,333	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	426,393		426,393	0	426,393	63.00
64.00	06400	INTRAVENOUS THERAPY	2,646,325		2,646,325	0	2,646,325	64.00
65.00	06500	RESPIRATORY THERAPY	1,012,231	0	1,012,231	0	1,012,231	65.00
65.01	03560	PULMONARY FUNCTION TESTING	321,784	0	321,784	0	321,784	65.01
66.00	06600	PHYSICAL THERAPY	4,414,597	0	4,414,597	0	4,414,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,121,828	0	1,121,828	0	1,121,828	67.00
68.00	06800	SPEECH PATHOLOGY	614,134	0	614,134	0	614,134	68.00
69.00	06900	ELECTROCARDIOLOGY	236,070		236,070	0	236,070	69.00
69.01	03140	CARDIOLOGY	2,751,513		2,751,513	0	2,751,513	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	306,256		306,256	5,999	312,255	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,012,274		2,012,274	0	2,012,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,348,822		5,348,822	0	5,348,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,309		4,904,309	0	4,904,309	73.00
74.00	07400	RENAL DIALYSIS	317,377		317,377	0	317,377	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	411,284		411,284	0	411,284	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	299,280		299,280	0	299,280	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,688,718		1,688,718	2,543	1,691,261	90.00
91.00	09100	EMERGENCY	3,623,045		3,623,045	0	3,623,045	91.00
92.00	09200	OBSERVATION BEDS	1,439,984		1,439,984		1,439,984	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,410		13,410	0	13,410	95.00
101.00	10100	HOME HEALTH AGENCY	4,952,423		4,952,423		4,952,423	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	90,399,608	0	90,399,608	51,351	90,450,959	200.00
201.00		Less Observation Beds	1,439,984		1,439,984		1,439,984	201.00
202.00		Total (see instructions)	88,959,624	0	88,959,624	51,351	89,010,975	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:23 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,072,415		16,072,415			30.00
31.00	03100	INTENSIVE CARE UNIT	2,976,526		2,976,526			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0			33.01
33.02	03301	NURSING ADMINISTRATION	0		0			33.02
33.03	03303	GEROPSYCH REVENUE	0		0			33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0			33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	5,151,392		5,151,392			40.00
41.00	04100	SUBPROVIDER - IRF	3,499,014		3,499,014			41.00
43.00	04300	NURSERY	2,232,686		2,232,686			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,772,504	36,065,909	50,838,413	0.205497	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,671,225	7,288,915	8,960,140	0.421277	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,397,937	212,328	3,610,265	0.538145	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,853,056	5,686,677	7,539,733	0.074038	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,330,169	4,389,195	5,719,364	0.332504	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	227,006	2,572,191	2,799,197	0.187181	0.000000	54.01
54.02	03630	ULTRA SOUND	604,196	2,613,899	3,218,095	0.167682	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	61,862	20,358,318	20,420,180	0.160256	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,672,893	10,969,140	14,642,033	0.044556	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	510,801	6,456,518	6,967,319	0.090063	0.000000	58.00
60.00	06000	LABORATORY	8,302,650	8,398,450	16,701,100	0.290300	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	721,760	337,154	1,058,914	0.402670	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,782,202	5,509,583	7,291,785	0.362919	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,309,994	603,664	4,913,658	0.206004	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,044,450	536,256	2,580,706	0.124688	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,574,491	5,483,046	8,057,537	0.547884	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,644,125	1,117,275	2,761,400	0.406253	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	784,723	524,654	1,309,377	0.469028	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	364,524	759,753	1,124,277	0.209975	0.000000	69.00
69.01	03140	CARDIOLOGY	6,491,413	9,102,888	15,594,301	0.176443	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	36,382	569,775	606,157	0.505242	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	5,533,377	6,803,172	12,336,549	0.163115	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,135,982	4,284,235	9,420,217	0.567802	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,020,663	12,410,491	25,431,154	0.192846	0.000000	73.00
74.00	07400	RENAL DIALYSIS	407,795	15,922	423,717	0.749031	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	208	846,251	846,459	0.485888	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,168	859,687	898,855	0.332957	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,253,690	10,658,732	11,912,422	0.141761	0.000000	90.00
91.00	09100	EMERGENCY	3,042,784	15,347,223	18,390,007	0.197012	0.000000	91.00
92.00	09200	OBSERVATION BEDS	427,023	1,695,904	2,122,927	0.678301	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,596,642	4,596,642			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	115,951,086	187,073,847	303,024,933			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	115,951,086	187,073,847	303,024,933			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:23 am

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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03302	BURN INTENSIVE CARE UNIT			33.01
33.02	03301	NURSING ADMINISTRATION			33.02
33.03	03303	GEROPSYCH REVENUE			33.03
33.04	03304	BURN INTENSIVE CARE UNIT			33.04
33.05	03305	BURN INTENSIVE CARE UNIT			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.205497		50.00
51.00	05100	RECOVERY ROOM	0.421277		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538145		52.00
53.00	05300	ANESTHESIOLOGY	0.076571		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.332504		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.187181		54.01
54.02	03630	ULTRA SOUND	0.167682		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161303		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.044556		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090063		58.00
60.00	06000	LABORATORY	0.290300		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402670		63.00
64.00	06400	INTRAVENOUS THERAPY	0.362919		64.00
65.00	06500	RESPIRATORY THERAPY	0.206004		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124688		65.01
66.00	06600	PHYSICAL THERAPY	0.547884		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406253		67.00
68.00	06800	SPEECH PATHOLOGY	0.469028		68.00
69.00	06900	ELECTROCARDIOLOGY	0.209975		69.00
69.01	03140	CARDIOLOGY	0.176443		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.515139		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.163115		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.567802		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192846		73.00
74.00	07400	RENAL DIALYSIS	0.749031		74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.485888		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.332957		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.141975		90.00
91.00	09100	EMERGENCY	0.197012		91.00
92.00	09200	OBSERVATION BEDS	0.678301		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 16-0117

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

Worksheet C Part II Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Title XIX Total Cost (Wkst. B, Part I, col. 26)	Title XIX Capital Cost (Wkst. B, Part II col. 26)	Title XIX Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,447,143	1,179,861	9,267,282	0	0	50.00
51.00	05100	RECOVERY ROOM	3,774,703	261,061	3,513,642	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,942,845	79,967	1,862,878	0	0	52.00
53.00	05300	ANESTHESIOLOGY	558,223	144,521	413,702	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,709	260,520	1,641,189	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	523,957	9,170	514,787	0	0	54.01
54.02	03630	ULTRA SOUND	539,615	5,228	534,387	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,272,466	819,154	2,453,312	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	652,385	9,662	642,723	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	627,501	94,924	532,577	0	0	58.00
60.00	06000	LABORATORY	4,848,333	45,211	4,803,122	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	426,393	10,131	416,262	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,646,325	93,016	2,553,309	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,012,231	49,315	962,916	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	321,784	16,061	305,723	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,414,597	152,065	4,262,532	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,121,828	27,603	1,094,225	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	614,134	17,323	596,811	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	236,070	19,379	216,691	0	0	69.00
69.01	03140	CARDIOLOGY	2,751,513	249,767	2,501,746	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	306,256	33,509	272,747	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,012,274	26,208	1,986,066	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,348,822	801	5,348,021	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,309	81,423	4,822,886	0	0	73.00
74.00	07400	RENAL DIALYSIS	317,377	8,128	309,249	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	411,284	22,895	388,389	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	299,280	7,926	291,354	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,688,718	141,507	1,547,211	0	0	90.00
91.00	09100	EMERGENCY	3,623,045	141,369	3,481,676	0	0	91.00
92.00	09200	OBSERVATION BEDS	1,439,984	51,577	1,388,407	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,410	0	13,410	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,952,423	60,860	4,891,563	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	67,950,937	4,120,142	63,830,795	0	0	200.00
201.00		Less Observation Beds	1,439,984	51,577	1,388,407	0	0	201.00
202.00		Total (line 200 minus line 201)	66,510,953	4,068,565	62,442,388	0	0	202.00

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

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II Date/Time Prepared: 5/31/2019 7:23 am

Title XIX | Hospital | PPS

		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	10,447,143	50,838,413	0.205497		50.00
51.00	05100	RECOVERY ROOM	3,774,703	8,960,140	0.421277		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,942,845	3,610,265	0.538145		52.00
53.00	05300	ANESTHESIOLOGY	558,223	7,539,733	0.074038		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,709	5,719,364	0.332504		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	523,957	2,799,197	0.187181		54.01
54.02	03630	ULTRA SOUND	539,615	3,218,095	0.167682		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,272,466	20,420,180	0.160256		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	652,385	14,642,033	0.044556		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	627,501	6,967,319	0.090063		58.00
60.00	06000	LABORATORY	4,848,333	16,701,100	0.290300		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	426,393	1,058,914	0.402670		63.00
64.00	06400	INTRAVENOUS THERAPY	2,646,325	7,291,785	0.362919		64.00
65.00	06500	RESPIRATORY THERAPY	1,012,231	4,913,658	0.206004		65.00
65.01	03560	PULMONARY FUNCTION TESTING	321,784	2,580,706	0.124688		65.01
66.00	06600	PHYSICAL THERAPY	4,414,597	8,057,537	0.547884		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,121,828	2,761,400	0.406253		67.00
68.00	06800	SPEECH PATHOLOGY	614,134	1,309,377	0.469028		68.00
69.00	06900	ELECTROCARDIOLOGY	236,070	1,124,277	0.209975		69.00
69.01	03140	CARDIOLOGY	2,751,513	15,594,301	0.176443		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	306,256	606,157	0.505242		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,012,274	12,336,549	0.163115		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,348,822	9,420,217	0.567802		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,309	25,431,154	0.192846		73.00
74.00	07400	RENAL DIALYSIS	317,377	423,717	0.749031		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	411,284	846,459	0.485888		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	299,280	898,855	0.332957		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,688,718	11,912,422	0.141761		90.00
91.00	09100	EMERGENCY	3,623,045	18,390,007	0.197012		91.00
92.00	09200	OBSERVATION BEDS	1,439,984	2,122,927	0.678301		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	13,410	0	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	4,952,423	4,596,642	1.077400		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	67,950,937	273,092,900			200.00
201.00		Less Observation Beds	1,439,984	0			201.00
202.00		Total (line 200 minus line 201)	66,510,953	273,092,900			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part I Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | PPS

	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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	459,359	0	459,359	14,161	32.44	30.00
31.00	INTENSIVE CARE UNIT	76,207		76,207	1,762	43.25	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	60,760	0	60,760	2,502	24.28	40.00
41.00	SUBPROVIDER - IRF	126,318	0	126,318	1,883	67.08	41.00
43.00	NURSERY	57,462		57,462	1,832	31.37	43.00
200.00	Total (lines 30 through 199)	780,106		780,106	22,140		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	6,106	198,079	30.00
31.00	INTENSIVE CARE UNIT	544	23,528	31.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	NURSING ADMINISTRATION	0	0	33.02
33.03	GEROPSYCH REVENUE	0	0	33.03
33.04	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	1,748	42,441	40.00
41.00	SUBPROVIDER - IRF	1,177	78,953	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	9,575	343,001	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,179,861	50,838,413	0.023208	5,206,829	120,840	50.00
51.00	05100	RECOVERY ROOM	261,061	8,960,140	0.029136	655,119	19,088	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,967	3,610,265	0.022150	29,342	650	52.00
53.00	05300	ANESTHESIOLOGY	144,521	7,539,733	0.019168	599,604	11,493	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,520	5,719,364	0.045551	684,959	31,201	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9,170	2,799,197	0.003276	125,022	410	54.01
54.02	03630	ULTRA SOUND	5,228	3,218,095	0.001625	261,292	425	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	819,154	20,420,180	0.040115	42,430	1,702	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	9,662	14,642,033	0.000660	1,706,920	1,127	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,924	6,967,319	0.013624	257,469	3,508	58.00
60.00	06000	LABORATORY	45,211	16,701,100	0.002707	3,665,863	9,923	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,131	1,058,914	0.009567	336,960	3,224	63.00
64.00	06400	INTRAVENOUS THERAPY	93,016	7,291,785	0.012756	849,929	10,842	64.00
65.00	06500	RESPIRATORY THERAPY	49,315	4,913,658	0.010036	2,403,404	24,121	65.00
65.01	03560	PULMONARY FUNCTION TESTING	16,061	2,580,706	0.006223	951,860	5,923	65.01
66.00	06600	PHYSICAL THERAPY	152,065	8,057,537	0.018872	907,098	17,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,603	2,761,400	0.009996	443,524	4,433	67.00
68.00	06800	SPEECH PATHOLOGY	17,323	1,309,377	0.013230	178,265	2,358	68.00
69.00	06900	ELECTROCARDIOLOGY	19,379	1,124,277	0.017237	189,801	3,272	69.00
69.01	03140	CARDIOLOGY	249,767	15,594,301	0.016017	2,723,531	43,623	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,509	606,157	0.055281	16,208	896	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	26,208	12,336,549	0.002124	2,524,590	5,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	801	9,420,217	0.000085	2,169,170	184	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,423	25,431,154	0.003202	5,392,336	17,266	73.00
74.00	07400	RENAL DIALYSIS	8,128	423,717	0.019183	254,397	4,880	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,895	846,459	0.027048	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,926	898,855	0.008818	39,168	345	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	141,507	11,912,422	0.011879	418,643	4,973	90.00
91.00	09100	EMERGENCY	141,369	18,390,007	0.007687	1,475,123	11,339	91.00
92.00	09200	OBSERVATION BEDS	51,577	2,122,927	0.024295	188,366	4,576	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,059,282	268,496,258		34,697,222	365,103	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part III Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				Title XVIII		Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	14,161	0.00	6,106	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,762	0.00	544	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01
33.02	03301	NURSING ADMINISTRATION		0	0	0.00	0	33.02
33.03	03303	GEROPSYCH REVENUE		0	0	0.00	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,502	0.00	1,748	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,883	0.00	1,177	41.00
43.00	04300	NURSERY		0	1,832	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	22,140		9,575	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XVIII			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	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)	
				Title XVIII		Hospital	PPS	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50,838,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,960,140	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,610,265	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,539,733	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,719,364	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,799,197	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,218,095	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,420,180	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	14,642,033	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,967,319	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	16,701,100	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,058,914	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,291,785	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,913,658	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,580,706	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,057,537	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,761,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,309,377	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,124,277	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,594,301	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	606,157	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	12,336,549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,420,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,431,154	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	423,717	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	846,459	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	898,855	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,912,422	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,390,007	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,122,927	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	268,496,258		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	5,206,829	0	9,447,914	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	655,119	0	1,755,280	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	29,342	0	3,756	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	599,604	0	1,446,088	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	684,959	0	894,628	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	125,022	0	1,013,427	0	54.01
54.02	03630	ULTRA SOUND	0.000000	261,292	0	486,974	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	42,430	0	12,463,452	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	1,706,920	0	2,736,694	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	257,469	0	1,590,720	0	58.00
60.00	06000	LABORATORY	0.000000	3,665,863	0	2,133,551	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	336,960	0	129,301	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	849,929	0	1,403,824	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,403,404	0	182,422	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	951,860	0	193,989	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	907,098	0	47,480	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	443,524	0	27,529	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	178,265	0	5,935	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	189,801	0	230,613	0	69.00
69.01	03140	CARDIOLOGY	0.000000	2,723,531	0	3,666,078	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	16,208	0	218,849	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	2,524,590	0	2,174,899	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	2,169,170	0	1,535,127	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,392,336	0	3,467,429	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	254,397	0	14,510	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	362,803	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	39,168	0	632,400	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	418,643	0	4,807,186	0	90.00
91.00	09100	EMERGENCY	0.000000	1,475,123	0	3,051,539	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	188,366	0	473,328	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		34,697,222	0	56,597,725	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.205497	9,447,914	0	0	1,941,518	50.00
51.00	05100	RECOVERY ROOM	0.421277	1,755,280	0	0	739,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538145	3,756	0	0	2,021	52.00
53.00	05300	ANESTHESIOLOGY	0.074038	1,446,088	0	0	107,065	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.332504	894,628	0	0	297,467	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.187181	1,013,427	0	0	189,694	54.01
54.02	03630	ULTRA SOUND	0.167682	486,974	0	0	81,657	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160256	12,463,452	0	0	1,997,343	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.044556	2,736,694	0	0	121,936	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090063	1,590,720	0	0	143,265	58.00
60.00	06000	LABORATORY	0.290300	2,133,551	0	0	619,370	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402670	129,301	0	0	52,066	63.00
64.00	06400	INTRAVENOUS THERAPY	0.362919	1,403,824	0	0	509,474	64.00
65.00	06500	RESPIRATORY THERAPY	0.206004	182,422	0	0	37,580	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124688	193,989	0	0	24,188	65.01
66.00	06600	PHYSICAL THERAPY	0.547884	47,480	0	0	26,014	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406253	27,529	0	0	11,184	67.00
68.00	06800	SPEECH PATHOLOGY	0.469028	5,935	0	0	2,784	68.00
69.00	06900	ELECTROCARDIOLOGY	0.209975	230,613	0	0	48,423	69.00
69.01	03140	CARDIOLOGY	0.176443	3,666,078	0	0	646,854	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.505242	218,849	0	0	110,572	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.163115	2,174,899	0	0	354,759	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.567802	1,535,127	23,100	0	871,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192846	3,467,429	0	51,510	668,680	73.00
74.00	07400	RENAL DIALYSIS	0.749031	14,510	0	0	10,868	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.485888	362,803	0	0	176,282	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.332957	632,400	0	0	210,562	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.141761	4,807,186	0	57	681,471	90.00
91.00	09100	EMERGENCY	0.197012	3,051,539	0	0	601,190	91.00
92.00	09200	OBSERVATION BEDS	0.678301	473,328	0	0	321,059	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		56,597,725	23,100	51,567	11,606,453	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		56,597,725	23,100	51,567	11,606,453	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02	03630	ULTRA SOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,116	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,933		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	8		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	13,116	9,941		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	13,116	9,941		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part II
Date/Time Prepared:
5/31/2019 7:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,179,861	50,838,413	0.023208	0	0	50.00
51.00	05100	RECOVERY ROOM	261,061	8,960,140	0.029136	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,967	3,610,265	0.022150	0	0	52.00
53.00	05300	ANESTHESIOLOGY	144,521	7,539,733	0.019168	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,520	5,719,364	0.045551	6,146	280	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9,170	2,799,197	0.003276	0	0	54.01
54.02	03630	ULTRA SOUND	5,228	3,218,095	0.001625	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	819,154	20,420,180	0.040115	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	9,662	14,642,033	0.000660	14,458	10	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,924	6,967,319	0.013624	2,789	38	58.00
60.00	06000	LABORATORY	45,211	16,701,100	0.002707	87,227	236	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,131	1,058,914	0.009567	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	93,016	7,291,785	0.012756	5,799	74	64.00
65.00	06500	RESPIRATORY THERAPY	49,315	4,913,658	0.010036	43,561	437	65.00
65.01	03560	PULMONARY FUNCTION TESTING	16,061	2,580,706	0.006223	3,752	23	65.01
66.00	06600	PHYSICAL THERAPY	152,065	8,057,537	0.018872	51,724	976	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,603	2,761,400	0.009996	35,045	350	67.00
68.00	06800	SPEECH PATHOLOGY	17,323	1,309,377	0.013230	8,763	116	68.00
69.00	06900	ELECTROCARDIOLOGY	19,379	1,124,277	0.017237	3,427	59	69.00
69.01	03140	CARDIOLOGY	249,767	15,594,301	0.016017	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,509	606,157	0.055281	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	26,208	12,336,549	0.002124	7,562	16	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	801	9,420,217	0.000085	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,423	25,431,154	0.003202	167,057	535	73.00
74.00	07400	RENAL DIALYSIS	8,128	423,717	0.019183	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,895	846,459	0.027048	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,926	898,855	0.008818	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	141,507	11,912,422	0.011879	2,498	30	90.00
91.00	09100	EMERGENCY	141,369	18,390,007	0.007687	21,103	162	91.00
92.00	09200	OBSERVATION BEDS	0	2,122,927	0.000000	4,718	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,007,705	268,496,258		465,629	3,342	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D Part IV
Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D Part IV
Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50,838,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,960,140	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,610,265	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,539,733	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,719,364	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,799,197	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,218,095	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,420,180	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	14,642,033	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,967,319	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	16,701,100	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,058,914	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,291,785	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,913,658	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,580,706	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,057,537	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,761,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,309,377	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,124,277	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,594,301	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	606,157	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	12,336,549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,420,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,431,154	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	423,717	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	846,459	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	898,855	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,912,422	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,390,007	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,122,927	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	268,496,258		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2019 7:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,146	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	14,458	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,789	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	87,227	0	716	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	5,799	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	43,561	0	632	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	3,752	0	149	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	51,724	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	35,045	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	8,763	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,427	0	149	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	7,562	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	167,057	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	2,498	0	754	0	90.00
91.00	09100	EMERGENCY	0.000000	21,103	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	4,718	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		465,629	0	2,400	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.205497	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.421277	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538145	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.074038	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.332504	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.187181	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.167682	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160256	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.044556	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090063	0	0	0	0	58.00
60.00	06000	LABORATORY	0.290300	716	0	0	208	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402670	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.362919	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.206004	632	0	0	130	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124688	149	0	0	19	65.01
66.00	06600	PHYSICAL THERAPY	0.547884	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406253	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.469028	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.209975	149	0	0	31	69.00
69.01	03140	CARDIOLOGY	0.176443	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.505242	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.163115	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.567802	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192846	0	0	1,730	0	73.00
74.00	07400	RENAL DIALYSIS	0.749031	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.485888	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.332957	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.141761	754	0	0	107	90.00
91.00	09100	EMERGENCY	0.197012	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.678301	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		2,400	0	1,730	495	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		2,400	0	1,730	495	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02	03630	ULTRA SOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	334		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	334		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	334		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D
Part II
Date/Time Prepared:
5/31/2019 7:23 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,179,861	50,838,413	0.023208	357	8	50.00
51.00	05100	RECOVERY ROOM	261,061	8,960,140	0.029136	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,967	3,610,265	0.022150	0	0	52.00
53.00	05300	ANESTHESIOLOGY	144,521	7,539,733	0.019168	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,520	5,719,364	0.045551	11,530	525	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9,170	2,799,197	0.003276	0	0	54.01
54.02	03630	ULTRA SOUND	5,228	3,218,095	0.001625	4,579	7	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	819,154	20,420,180	0.040115	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	9,662	14,642,033	0.000660	26,886	18	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,924	6,967,319	0.013624	10,222	139	58.00
60.00	06000	LABORATORY	45,211	16,701,100	0.002707	137,308	372	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,131	1,058,914	0.009567	6,824	65	63.00
64.00	06400	INTRAVENOUS THERAPY	93,016	7,291,785	0.012756	7,796	99	64.00
65.00	06500	RESPIRATORY THERAPY	49,315	4,913,658	0.010036	107,912	1,083	65.00
65.01	03560	PULMONARY FUNCTION TESTING	16,061	2,580,706	0.006223	82,210	512	65.01
66.00	06600	PHYSICAL THERAPY	152,065	8,057,537	0.018872	525,921	9,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,603	2,761,400	0.009996	533,718	5,335	67.00
68.00	06800	SPEECH PATHOLOGY	17,323	1,309,377	0.013230	141,858	1,877	68.00
69.00	06900	ELECTROCARDIOLOGY	19,379	1,124,277	0.017237	2,235	39	69.00
69.01	03140	CARDIOLOGY	249,767	15,594,301	0.016017	10,349	166	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,509	606,157	0.055281	796	44	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	26,208	12,336,549	0.002124	56,258	119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	801	9,420,217	0.000085	1,050	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,423	25,431,154	0.003202	165,292	529	73.00
74.00	07400	RENAL DIALYSIS	8,128	423,717	0.019183	55,830	1,071	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,895	846,459	0.027048	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,926	898,855	0.008818	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	141,507	11,912,422	0.011879	5,991	71	90.00
91.00	09100	EMERGENCY	141,369	18,390,007	0.007687	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	2,122,927	0.000000	10,926	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,007,705	268,496,258		1,905,848	22,004	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D Part IV
Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D Part IV
Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50,838,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,960,140	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,610,265	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,539,733	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,719,364	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,799,197	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,218,095	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,420,180	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	14,642,033	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,967,319	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	16,701,100	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,058,914	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,291,785	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,913,658	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,580,706	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,057,537	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,761,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,309,377	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,124,277	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,594,301	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	606,157	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	12,336,549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,420,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,431,154	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	423,717	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	846,459	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	898,855	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,912,422	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,390,007	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,122,927	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	268,496,258		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2019 7:23 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	357	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	11,530	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	4,579	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	26,886	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	10,222	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	137,308	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	6,824	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	7,796	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	107,912	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	82,210	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	525,921	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	533,718	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	141,858	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,235	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	10,349	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	796	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	56,258	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	1,050	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	165,292	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	55,830	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	5,991	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	10,926	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		1,905,848	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117

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

Worksheet D Part I Date/Time Prepared: 5/31/2019 7:23 am

Title XIX | Hospital | PPS

	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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	459,359	0	459,359	14,161	32.44	30.00
31.00	INTENSIVE CARE UNIT	76,207		76,207	1,762	43.25	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	60,760	0	60,760	2,502	24.28	40.00
41.00	SUBPROVIDER - IRF	126,318	0	126,318	1,883	67.08	41.00
43.00	NURSERY	57,462		57,462	1,832	31.37	43.00
200.00	Total (lines 30 through 199)	780,106		780,106	22,140		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	1,530	49,633	30.00
31.00	INTENSIVE CARE UNIT	130	5,623	31.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	NURSING ADMINISTRATION	0	0	33.02
33.03	GEROPSYCH REVENUE	0	0	33.03
33.04	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	99	6,641	41.00
43.00	NURSERY	769	24,124	43.00
200.00	Total (lines 30 through 199)	2,528	86,021	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 7:23 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,179,861	50,838,413	0.023208	0	0	50.00
51.00	05100	RECOVERY ROOM	261,061	8,960,140	0.029136	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,967	3,610,265	0.022150	0	0	52.00
53.00	05300	ANESTHESIOLOGY	144,521	7,539,733	0.019168	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,520	5,719,364	0.045551	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9,170	2,799,197	0.003276	0	0	54.01
54.02	03630	ULTRA SOUND	5,228	3,218,095	0.001625	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	819,154	20,420,180	0.040115	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	9,662	14,642,033	0.000660	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,924	6,967,319	0.013624	0	0	58.00
60.00	06000	LABORATORY	45,211	16,701,100	0.002707	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,131	1,058,914	0.009567	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	93,016	7,291,785	0.012756	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	49,315	4,913,658	0.010036	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	16,061	2,580,706	0.006223	0	0	65.01
66.00	06600	PHYSICAL THERAPY	152,065	8,057,537	0.018872	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,603	2,761,400	0.009996	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,323	1,309,377	0.013230	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,379	1,124,277	0.017237	0	0	69.00
69.01	03140	CARDIOLOGY	249,767	15,594,301	0.016017	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,509	606,157	0.055281	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	26,208	12,336,549	0.002124	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	801	9,420,217	0.000085	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,423	25,431,154	0.003202	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,128	423,717	0.019183	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,895	846,459	0.027048	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,926	898,855	0.008818	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	141,507	11,912,422	0.011879	0	0	90.00
91.00	09100	EMERGENCY	141,369	18,390,007	0.007687	0	0	91.00
92.00	09200	OBSERVATION BEDS	51,577	2,122,927	0.024295	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,059,282	268,496,258		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part III Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				Title XIX		Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	14,161	0.00	1,530	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,762	0.00	130	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01
33.02	03301	NURSING ADMINISTRATION		0	0	0.00	0	33.02
33.03	03303	GEROPSYCH REVENUE		0	0	0.00	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,502	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,883	0.00	99	41.00
43.00	04300	NURSERY		0	1,832	0.00	769	43.00
200.00		Total (lines 30 through 199)		0	22,140		2,528	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			9.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		33.01
33.02	03301	NURSING ADMINISTRATION	0		33.02
33.03	03303	GEROPSYCH REVENUE	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
200.00		Total (lines 30 through 199)	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XIX			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	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)	
				Title XIX		Hospital	PPS	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50,838,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,960,140	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,610,265	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,539,733	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,719,364	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,799,197	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,218,095	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,420,180	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	14,642,033	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,967,319	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	16,701,100	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,058,914	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,291,785	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,913,658	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,580,706	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,057,537	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,761,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,309,377	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,124,277	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,594,301	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	606,157	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	12,336,549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,420,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,431,154	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	423,717	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	846,459	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	898,855	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,912,422	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,390,007	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,122,927	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	268,496,258		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:23 am

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XIX Inpatient Program Charges	Title XIX Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part II
Date/Time Prepared:
5/31/2019 7:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,179,861	50,838,413	0.023208	0	0	50.00
51.00	05100	RECOVERY ROOM	261,061	8,960,140	0.029136	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,967	3,610,265	0.022150	0	0	52.00
53.00	05300	ANESTHESIOLOGY	144,521	7,539,733	0.019168	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,520	5,719,364	0.045551	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9,170	2,799,197	0.003276	0	0	54.01
54.02	03630	ULTRA SOUND	5,228	3,218,095	0.001625	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	819,154	20,420,180	0.040115	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	9,662	14,642,033	0.000660	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,924	6,967,319	0.013624	0	0	58.00
60.00	06000	LABORATORY	45,211	16,701,100	0.002707	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,131	1,058,914	0.009567	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	93,016	7,291,785	0.012756	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	49,315	4,913,658	0.010036	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	16,061	2,580,706	0.006223	0	0	65.01
66.00	06600	PHYSICAL THERAPY	152,065	8,057,537	0.018872	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,603	2,761,400	0.009996	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,323	1,309,377	0.013230	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,379	1,124,277	0.017237	0	0	69.00
69.01	03140	CARDIOLOGY	249,767	15,594,301	0.016017	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,509	606,157	0.055281	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	26,208	12,336,549	0.002124	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	801	9,420,217	0.000085	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,423	25,431,154	0.003202	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,128	423,717	0.019183	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,895	846,459	0.027048	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,926	898,855	0.008818	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	141,507	11,912,422	0.011879	0	0	90.00
91.00	09100	EMERGENCY	141,369	18,390,007	0.007687	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	2,122,927	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,007,705	268,496,258		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D Part IV
Date/Time Prepared: 5/31/2019 7:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D Part IV
Date/Time Prepared: 5/31/2019 7:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50,838,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,960,140	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,610,265	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,539,733	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,719,364	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,799,197	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,218,095	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,420,180	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	14,642,033	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,967,319	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	16,701,100	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,058,914	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,291,785	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,913,658	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,580,706	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,057,537	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,761,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,309,377	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,124,277	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,594,301	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	606,157	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	12,336,549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,420,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,431,154	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	423,717	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	846,459	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	898,855	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,912,422	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,390,007	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,122,927	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	268,496,258		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2019 7:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	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)	14,161	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,161	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)	12,571	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)	6,106	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)	12,824,839	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)	12,824,839	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)	12,824,839	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)	905.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,529,899	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)	5,529,899	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:23 am

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,641,596	1,762	1,499.20	544	815,565	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	8,585,157	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	14,930,621	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)	221,607	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	365,103	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	586,710	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	14,343,911	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,590	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	905.65	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,439,984	89.00

	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	459,359	12,824,839	0.035818	1,439,984	51,577	90.00
91.00	Nursing School cost	0	12,824,839	0.000000	1,439,984	0	91.00
92.00	Allied health cost	0	12,824,839	0.000000	1,439,984	0	92.00
93.00	All other Medical Education	0	12,824,839	0.000000	1,439,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	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)	2,502	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,502	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)	2,502	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)	1,748	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)	2,790,694	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)	2,790,694	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)	2,790,694	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,115.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,949,702	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,949,702	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	128,376	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,078,078	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)	42,441	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,342	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	45,783	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,032,295	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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	60,760	2,790,694	0.021772	0	0	90.00
91.00	Nursing School cost	0	2,790,694	0.000000	0	0	91.00
92.00	Allied health cost	0	2,790,694	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,790,694	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,883	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,883	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)	1,883	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)	1,177	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)	2,259,546	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)	2,259,546	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)	2,259,546	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,199.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,412,365	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,412,365	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	750,651	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,163,016	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)	78,953	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	22,004	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	100,957	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,062,059	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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	126,318	2,259,546	0.055904	0	0	90.00
91.00	Nursing School cost	0	2,259,546	0.000000	0	0	91.00
92.00	Allied health cost	0	2,259,546	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,259,546	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XIX	Hospital	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)	14,161	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,161	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)	12,571	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)	1,530	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,832	15.00
16.00	Nursery days (title V or XIX only)	769	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)	12,824,839	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)	12,824,839	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)	12,824,839	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)	905.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,385,645	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,385,645	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XIX			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,934,341	1,832	1,055.86	769	811,956	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,641,596	1,762	1,499.20	130	194,896	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,392,497	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)	79,380	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	79,380	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,313,117	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,590	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	905.65	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,439,984	89.00

	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	459,359	12,824,839	0.035818	1,439,984	51,577	90.00
91.00	Nursing School cost	0	12,824,839	0.000000	1,439,984	0	91.00
92.00	Allied health cost	0	12,824,839	0.000000	1,439,984	0	92.00
93.00	All other Medical Education	0	12,824,839	0.000000	1,439,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	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)	2,502	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,502	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)	2,502	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)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,832	15.00
16.00	Nursery days (title V or XIX only)	769	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)	2,790,694	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)	2,790,694	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)	2,790,694	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,115.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:23 am
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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	60,760	2,790,694	0.021772	0	0	90.00
91.00	Nursing School cost	0	2,790,694	0.000000	0	0	91.00
92.00	Allied health cost	0	2,790,694	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,790,694	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | 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		7,339,812		30.00
31.00	03100	INTENSIVE CARE UNIT		1,214,675		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301	NURSING ADMINISTRATION		0		33.02
33.03	03303	GEROPSYCH REVENUE		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.205497	5,206,829	1,069,988	50.00
51.00	05100	RECOVERY ROOM	0.421277	655,119	275,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538145	29,342	15,790	52.00
53.00	05300	ANESTHESIOLOGY	0.076571	599,604	45,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.332504	684,959	227,752	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.187181	125,022	23,402	54.01
54.02	03630	ULTRA SOUND	0.167682	261,292	43,814	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161303	42,430	6,844	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.044556	1,706,920	76,054	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090063	257,469	23,188	58.00
60.00	06000	LABORATORY	0.290300	3,665,863	1,064,200	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402670	336,960	135,684	63.00
64.00	06400	INTRAVENOUS THERAPY	0.362919	849,929	308,455	64.00
65.00	06500	RESPIRATORY THERAPY	0.206004	2,403,404	495,111	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124688	951,860	118,686	65.01
66.00	06600	PHYSICAL THERAPY	0.547884	907,098	496,984	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406253	443,524	180,183	67.00
68.00	06800	SPEECH PATHOLOGY	0.469028	178,265	83,611	68.00
69.00	06900	ELECTROCARDIOLOGY	0.209975	189,801	39,853	69.00
69.01	03140	CARDIOLOGY	0.176443	2,723,531	480,548	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.515139	16,208	8,349	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.163115	2,524,590	411,798	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.567802	2,169,170	1,231,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192846	5,392,336	1,039,890	73.00
74.00	07400	RENAL DIALYSIS	0.749031	254,397	190,551	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.485888	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.332957	39,168	13,041	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.141975	418,643	59,437	90.00
91.00	09100	EMERGENCY	0.197012	1,475,123	290,617	91.00
92.00	09200	OBSERVATION BEDS	0.678301	188,366	127,769	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		34,697,222	8,585,157	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)		34,697,222		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D-3
Date/Time Prepared:
5/31/2019 7:23 am

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
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301	NURSING ADMINISTRATION		0		33.02
33.03	03303	GEROPSYCH REVENUE		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		3,591,602		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.205497	0	0	50.00
51.00	05100	RECOVERY ROOM	0.421277	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538145	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076571	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.332504	6,146	2,044	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.187181	0	0	54.01
54.02	03630	ULTRA SOUND	0.167682	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161303	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.044556	14,458	644	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090063	2,789	251	58.00
60.00	06000	LABORATORY	0.290300	87,227	25,322	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402670	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.362919	5,799	2,105	64.00
65.00	06500	RESPIRATORY THERAPY	0.206004	43,561	8,974	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124688	3,752	468	65.01
66.00	06600	PHYSICAL THERAPY	0.547884	51,724	28,339	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406253	35,045	14,237	67.00
68.00	06800	SPEECH PATHOLOGY	0.469028	8,763	4,110	68.00
69.00	06900	ELECTROCARDIOLOGY	0.209975	3,427	720	69.00
69.01	03140	CARDIOLOGY	0.176443	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.515139	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.163115	7,562	1,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.567802	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192846	167,057	32,216	73.00
74.00	07400	RENAL DIALYSIS	0.749031	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.485888	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.332957	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.141975	2,498	355	90.00
91.00	09100	EMERGENCY	0.197012	21,103	4,158	91.00
92.00	09200	OBSERVATION BEDS	0.678301	4,718	3,200	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		465,629	128,376	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)		465,629		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D-3
Date/Time Prepared:
5/31/2019 7:23 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301	NURSING ADMINISTRATION		0		33.02
33.03	03303	GEROPSYCH REVENUE		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,186,550		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.205497	357	73	50.00
51.00	05100	RECOVERY ROOM	0.421277	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538145	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076571	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.332504	11,530	3,834	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.187181	0	0	54.01
54.02	03630	ULTRA SOUND	0.167682	4,579	768	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161303	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.044556	26,886	1,198	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090063	10,222	921	58.00
60.00	06000	LABORATORY	0.290300	137,308	39,861	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402670	6,824	2,748	63.00
64.00	06400	INTRAVENOUS THERAPY	0.362919	7,796	2,829	64.00
65.00	06500	RESPIRATORY THERAPY	0.206004	107,912	22,230	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124688	82,210	10,251	65.01
66.00	06600	PHYSICAL THERAPY	0.547884	525,921	288,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406253	533,718	216,825	67.00
68.00	06800	SPEECH PATHOLOGY	0.469028	141,858	66,535	68.00
69.00	06900	ELECTROCARDIOLOGY	0.209975	2,235	469	69.00
69.01	03140	CARDIOLOGY	0.176443	10,349	1,826	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.515139	796	410	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.163115	56,258	9,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.567802	1,050	596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192846	165,292	31,876	73.00
74.00	07400	RENAL DIALYSIS	0.749031	55,830	41,818	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.485888	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.332957	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.141975	5,991	851	90.00
91.00	09100	EMERGENCY	0.197012	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.678301	10,926	7,411	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,905,848	750,651	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		1,905,848		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,384,404	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	3,137,797	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)	93,222	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	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	82.64	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)	15.27	31.00
32.00	Sum of lines 30 and 31	20.78	32.00
33.00	Allowable disproportionate share percentage (see instructions)	6.36	33.00
34.00	Disproportionate share adjustment (see instructions)	199,103	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000065517	0.000065080	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	443,330	538,395	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	331,586	135,705	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	467,291		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	13,281,817		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)	13,281,817	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,010,168	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	14,291,985	59.00
60.00	Primary payer payments	9,826	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	14,282,159	61.00
62.00	Deductibles billed to program beneficiaries	1,622,428	62.00
63.00	Coinsurance billed to program beneficiaries	34,840	63.00
64.00	Allowable bad debts (see instructions)	135,875	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	88,319	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	86,472	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	12,713,210	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	82,901	70.93
70.94	HRR adjustment amount (see instructions)	-208,418	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,587,693	71.00
71.01	Sequestration adjustment (see instructions)		251,754	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		12,146,246	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)		189,693	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		269,324	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	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	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
	Comparision 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: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,384,404	0	9,384,404		9,384,404	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,137,797	0		3,137,797	3,137,797	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	93,222	0	61,609	31,613	93,222	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	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0636	0.0636	0.0636	0.0636		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	199,103	0	149,212	49,891	199,103	11.00
11.01	Uncompensated care payments	36.00	467,291	0	331,586	135,705	467,291	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	13,281,817	0	9,926,811	3,355,006	13,281,817	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	13,281,817	0	9,926,811	3,355,006	13,281,817	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,010,168	0	757,366	252,802	1,010,168	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,684,177	3,607,808	14,291,985	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,009,261	0	756,746	252,515	1,009,261	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	907	0	620	287	907	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,010,168	0	757,366	252,802	1,010,168	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: 16-0117

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

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII Hospital PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 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	9,384,404	9,384,404		9,384,404	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,137,797		3,137,797	3,137,797	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	93,222	61,609	31,613	93,222	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	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0636	0.0636	0.0636		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	199,103	149,212	49,891	199,103	11.00
11.01	Uncompensated care payments	36.00	467,291	331,586	135,705	467,291	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	13,281,817	9,926,811	3,355,006	13,281,817	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	13,281,817	9,926,811	3,355,006	13,281,817	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,010,168	757,366	252,802	1,010,168	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			10,684,177	3,607,808	14,291,985	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2019 7:23 am

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,009,261	756,746	252,515	1,009,261	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	907	620	287	907	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,010,168	757,366	252,802	1,010,168	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	82,901	68,457	14,444	82,901	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	-208,418	-181,119	-27,299	-208,418	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	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/31/2019 7:23 am
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	23,057	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	11,606,453	2.00
3.00	OPPS payments	12,094,146	3.00
4.00	Outlier payment (see instructions)	8,291	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	23,057	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	74,667	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)	74,667	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 chargebasis 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)	74,667	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	51,610	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)	23,057	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)	12,102,437	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	4,620	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	2,393,985	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)	9,726,889	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	9,726,889	30.00
31.00	Primary payer payments	6,464	31.00
32.00	Subtotal (line 30 minus line 31)	9,720,425	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)	86,038	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	55,925	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	54,059	36.00
37.00	Subtotal (see instructions)	9,776,350	37.00
38.00	MSP-LCC reconciliation amount from PS&R	128	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	9,776,222	40.00
40.01	Sequestration adjustment (see instructions)	195,524	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	9,524,180	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	56,518	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	334	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	495	2.00
3.00	OPPS payments	672	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	334	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,730	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)	1,730	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 chargebasis 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)	1,730	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,396	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)	334	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)	672	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)	45	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)	961	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	961	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	961	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	961	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	961	40.00
40.01	Sequestration adjustment (see instructions)	19	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	954	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-12	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		12,146,246		9,524,180	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)		12,146,246		9,524,180	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		189,693		56,518	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		12,335,939		9,580,698	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: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,315,323		954	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)		1,315,323		954	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		3,580		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		12	6.02
7.00	Total Medicare program liability (see instructions)		1,318,903		942	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: 16-0117 Component CCN: 16-T117	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,809,244		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)		1,809,244		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		6,850		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,816,094		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: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/31/2019 7:23 am
	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)	1,478,552	1.00
2.00	Net IPF PPS Outlier Payments	28,052	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	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 instuctions)	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)	6.854795	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) 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)	1,506,604	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,506,604	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,506,604	18.00
19.00	Deductibles	96,432	19.00
20.00	Subtotal (line 18 minus line 19)	1,410,172	20.00
21.00	Coinsurance	68,005	21.00
22.00	Subtotal (line 20 minus line 21)	1,342,167	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	5,618	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	3,652	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,618	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,345,819	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)	0	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)	1,345,819	31.00
31.01	Sequestration adjustment (see instructions)	26,916	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,315,323	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)	3,580	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	28,052	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,803,577	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0664	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	65,289	3.00
4.00	Outlier Payments	20,045	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	5.158904	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	1,888,911	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1,888,911	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	1,888,911	19.00
20.00	Deductibles	37,496	20.00
21.00	Subtotal (line 19 minus line 20)	1,851,415	21.00
22.00	Coinsurance	0	22.00
23.00	Subtotal (line 21 minus line 22)	1,851,415	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,680	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,742	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,853,157	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,853,157	32.00
32.01	Sequestration adjustment (see instructions)	37,063	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	1,809,244	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	6,850	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	146,090	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	20,045	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

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

Provider CCN: 16-0117

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

Worksheet G

Date/Time Prepared: 5/31/2019 7:23 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	5,946,881	0	0	0	1.00
2.00	Temporary investments	340,478	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,303,156	0	0	0	4.00
5.00	Other receivable	779,396	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,383,663	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	2,421,274	0	0	0	8.00
9.00	Other current assets	543,135	0	0	0	9.00
10.00	Due from other funds	2,124,433	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	30,075,090	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	6,140,303	0	0	0	12.00
13.00	Land improvements	7,215,187	0	0	0	13.00
14.00	Accumulated depreciation	-5,889,682	0	0	0	14.00
15.00	Buildings	99,672,612	0	0	0	15.00
16.00	Accumulated depreciation	-52,031,549	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	68,708,913	0	0	0	23.00
24.00	Accumulated depreciation	-45,232,900	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	514,778	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	79,097,662	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	85,421,347	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	9,170,566	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	94,591,913	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	203,764,665	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,090,181	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,016,513	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,142,647	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,249,341	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	18,220,503	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,220,503	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	31,469,844	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	172,294,821				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	172,294,821	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	203,764,665	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-1 | Date/Time Prepared: 5/31/2019 7:23 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		176,947,675		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-5,382,404				2.00
3.00	Total (sum of line 1 and line 2)		171,565,271		0		3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS) (SPEC	549,963		0		0	4.00
5.00	FHF PERM RESTR NA - CURRENT YR	117,981		0		0	5.00
6.00	FHF TEMP RESTR NA-CURRENT YR	226,324		0		0	6.00
7.00	NET ASSETS RELEASE FROM RESTR	31,855		0		0	7.00
8.00	TSFR TO UNRESTRICT CA	890,920		0		0	8.00
9.00	UNRESTRICTED NA	1,029,073		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,846,116		0		10.00
11.00	Subtotal (line 3 plus line 10)		174,411,387		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CONTRIBUTIONS	922,775		0		0	13.00
14.00	TEMP RESTR	886,424		0		0	14.00
15.00	NET ASSETS RELEASE - CAP	307,367		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)		2,116,566		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		172,294,821		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS) (SPEC		0		4.00
5.00	FHF PERM RESTR NA - CURRENT YR		0		5.00
6.00	FHF TEMP RESTR NA-CURRENT YR		0		6.00
7.00	NET ASSETS RELEASE FROM RESTR		0		7.00
8.00	TSFR TO UNRESTRICT CA		0		8.00
9.00	UNRESTRICTED NA		0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00	CONTRIBUTIONS		0		13.00
14.00	TEMP RESTR		0		14.00
15.00	NET ASSETS RELEASE - CAP		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: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/31/2019 7:23 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	22,598,766		22,598,766	1.00
2.00	SUBPROVIDER - IPF	5,164,565		5,164,565	2.00
3.00	SUBPROVIDER - IRF	3,547,272		3,547,272	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)	31,310,603		31,310,603	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	3,673,055		3,673,055	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
13.02	NURSING ADMINISTRATION	0		0	13.02
13.03	GEROPSYCH REVENUE	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,673,055		3,673,055	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,983,658		34,983,658	17.00
18.00	Ancillary services	81,965,820	185,721,544	267,687,364	18.00
19.00	Outpatient services	0	1,971,152	1,971,152	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		4,596,642	4,596,642	22.00
23.00	AMBULANCE SERVICES	0	0	0	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) PHYSICIANS	0	27,599,229	27,599,229	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	116,949,478	219,888,567	336,838,045	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		104,286,105		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)		104,286,105		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-3 | Date/Time Prepared: 5/31/2019 7:23 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	336,838,045	1.00
2.00	Less contractual allowances and discounts on patients' accounts	220,046,654	2.00
3.00	Net patient revenues (line 1 minus line 2)	116,791,391	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	104,286,105	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,505,286	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-3,489,728	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	19,953	21.00
22.00	Rental of hospital space	394,653	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER (SPECIFY) GRANTS	18,557	24.01
24.02	OTHER (SPECIFY) MEANINGFUL USE	56,436	24.02
24.03	OTHER (SPECIFY) MISCELLANEOUS	4,622,985	24.03
25.00	Total other income (sum of lines 6-24)	1,622,856	25.00
26.00	Total (line 5 plus line 25)	14,128,142	26.00
27.00	OTHER EXPENSES (SPECIFY) FTS NET	19,243,693	27.00
27.01	OTHER EXPENSES (SPECIFY) CCVNA	266,853	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	19,510,546	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-5,382,404	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H
Date/Time Prepared: 5/31/2019 7:23 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	5,942	3,495	1,000	13,597	1,286,090	1,310,124	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	879,854	243,894	55,940	878	94,285	1,274,851	6.00
7.00	Physical Therapy	631,649	150,304	50,172	24,957	9,872	866,954	7.00
8.00	Occupational Therapy	196,355	50,396	15,141	33,564	5,176	300,632	8.00
9.00	Speech Pathology	49,891	11,981	4,753	1,831	1,331	69,787	9.00
10.00	Medical Social Services	32,806	9,478	5,137	2,364	317	50,102	10.00
11.00	Home Health Aide	47,923	20,358	15,004	19,526	640	103,451	11.00
12.00	Supplies (see instructions)	0	0	0	85	28	113	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,844,420	489,906	147,147	96,802	1,397,739	3,976,014	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	1,310,124	-173,447	1,136,677			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-114	1,274,737	0	1,274,737			6.00
7.00	Physical Therapy	0	866,954	0	866,954			7.00
8.00	Occupational Therapy	0	300,632	0	300,632			8.00
9.00	Speech Pathology	0	69,787	0	69,787			9.00
10.00	Medical Social Services	0	50,102	0	50,102			10.00
11.00	Home Health Aide	0	103,451	0	103,451			11.00
12.00	Supplies (see instructions)	0	113	0	113			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-114	3,975,900	-173,447	3,802,453			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-1 Part I
Date/Time Prepared: 5/31/2019 7:23 am

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,136,677	0	0	0	0	1,136,677	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,274,737	0	0	0	0	1,274,737	6.00
7.00	Physical Therapy	866,954	0	0	0	0	866,954	7.00
8.00	Occupational Therapy	300,632	0	0	0	0	300,632	8.00
9.00	Speech Pathology	69,787	0	0	0	0	69,787	9.00
10.00	Medical Social Services	50,102	0	0	0	0	50,102	10.00
11.00	Home Health Aide	103,451	0	0	0	0	103,451	11.00
12.00	Supplies (see instructions)	113	0	0	0	0	113	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,802,453	0	0	0	0	3,802,453	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,136,677		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	543,544	1,818,281	6.00
7.00	Physical Therapy	369,666	1,236,620	7.00
8.00	Occupational Therapy	128,188	428,820	8.00
9.00	Speech Pathology	29,757	99,544	9.00
10.00	Medical Social Services	21,363	71,465	10.00
11.00	Home Health Aide	44,111	147,562	11.00
12.00	Supplies (see instructions)	48	161	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		3,802,453	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-1
Part II
Date/Time Prepared:
5/31/2019 7:23 am

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-1,136,677	2,665,776	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,274,737	6.00
7.00	Physical Therapy	0	0	0	0	0	866,954	7.00
8.00	Occupational Therapy	0	0	0	0	0	300,632	8.00
9.00	Speech Pathology	0	0	0	0	0	69,787	9.00
10.00	Medical Social Services	0	0	0	0	0	50,102	10.00
11.00	Home Health Aide	0	0	0	0	0	103,451	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	113	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,136,677	2,665,776	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,136,677	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.426396	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part I
Date/Time Prepared: 5/31/2019 7:23 am

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	53,830	0	0	53,830	8,804	1.00
2.00	Skilled Nursing Care	1,818,281	0	0	0	1,818,281	297,371	2.00
3.00	Physical Therapy	1,236,620	0	0	0	1,236,620	202,243	3.00
4.00	Occupational Therapy	428,820	0	0	0	428,820	70,131	4.00
5.00	Speech Pathology	99,544	0	0	0	99,544	16,280	5.00
6.00	Medical Social Services	71,465	0	0	0	71,465	11,688	6.00
7.00	Home Health Aide	147,562	0	0	0	147,562	24,133	7.00
8.00	Supplies (see instructions)	161	0	0	0	161	26	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,802,453	53,830	0	0	3,856,283	630,676	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

	Cost Center Description	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	Subtotal	PURCHASING RECEIVING AND STORES	
		5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00	Administrative and General	154,599	0	217,233	1,188	218,421	908	1.00
2.00	Skilled Nursing Care	0	0	2,115,652	11,572	2,127,224	8,841	2.00
3.00	Physical Therapy	0	0	1,438,863	7,871	1,446,734	6,013	3.00
4.00	Occupational Therapy	0	0	498,951	2,729	501,680	2,085	4.00
5.00	Speech Pathology	0	0	115,824	634	116,458	484	5.00
6.00	Medical Social Services	0	0	83,153	455	83,608	347	6.00
7.00	Home Health Aide	0	0	171,695	939	172,634	717	7.00
8.00	Supplies (see instructions)	0	0	187	1	188	1	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	154,599	0	4,641,558	25,389	4,666,947	19,396	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000		0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2
Part I
Date/Time Prepared:
5/31/2019 7:23 am

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	6.01	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	55,018	142,969	0	48,898	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	55,018	142,969	0	48,898	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	11.01	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	8,774	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	8,774	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part I
Date/Time Prepared: 5/31/2019 7:23 am

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	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
		16.00	17.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	10,421	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	10,421	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	485,409	0	485,409			1.00
2.00	Skilled Nursing Care	0	2,136,065	0	2,136,065	232,115	2,368,180	2.00
3.00	Physical Therapy	0	1,452,747	0	1,452,747	157,863	1,610,610	3.00
4.00	Occupational Therapy	0	503,765	0	503,765	54,742	558,507	4.00
5.00	Speech Pathology	0	116,942	0	116,942	12,708	129,650	5.00
6.00	Medical Social Services	0	83,955	0	83,955	9,123	93,078	6.00
7.00	Home Health Aide	0	173,351	0	173,351	18,837	192,188	7.00
8.00	Supplies (see instructions)	0	189	0	189	21	210	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	4,952,423	0	4,952,423	485,409	4,952,423	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.108665		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part II
Date/Time Prepared: 5/31/2019 7:23 am

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
		1.00	2.00	4.00	5A.01	5.01	5.02	
1.00	Administrative and General	7,782	0	1,844,421	0	53,830	3,976,014	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,818,281	0	2.00
3.00	Physical Therapy	0	0	0	0	1,236,620	0	3.00
4.00	Occupational Therapy	0	0	0	0	428,820	0	4.00
5.00	Speech Pathology	0	0	0	0	99,544	0	5.00
6.00	Medical Social Services	0	0	0	0	71,465	0	6.00
7.00	Home Health Aide	0	0	0	0	147,562	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	161	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,782	0	1,844,421		3,856,283	3,976,014	20.00
21.00	Total cost to be allocated	53,830	0	0		630,676	154,599	21.00
22.00	Unit cost multiplier	6.917245	0.000000	0.000000		0.163545	0.038883	22.00

	Cost Center Description	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00	Administrative and General	0	0	217,233	0	218,421	0	1.00
2.00	Skilled Nursing Care	0	0	2,115,652	0	2,127,224	0	2.00
3.00	Physical Therapy	0	0	1,438,863	0	1,446,734	0	3.00
4.00	Occupational Therapy	0	0	498,951	0	501,680	0	4.00
5.00	Speech Pathology	0	0	115,824	0	116,458	0	5.00
6.00	Medical Social Services	0	0	83,153	0	83,608	0	6.00
7.00	Home Health Aide	0	0	171,695	0	172,634	0	7.00
8.00	Supplies (see instructions)	0	0	187	0	188	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0		4,641,558		4,666,947	0	20.00
21.00	Total cost to be allocated	0		25,389		19,396	0	21.00
22.00	Unit cost multiplier	0.000000		0.005470		0.004156	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part II
Date/Time Prepared: 5/31/2019 7:23 am

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	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		6.01	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	7,782	7,782	0	7,782	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,782	7,782	0	7,782	0	0	20.00
21.00	Total cost to be allocated	55,018	142,969	0	48,898	0	0	21.00
22.00	Unit cost multiplier	7.069905	18.371755	0.000000	6.283475	0.000000	0.000000	22.00

	Cost Center Description	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.01	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	69,956	0	4,596,642	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	69,956	0	4,596,642	20.00
21.00	Total cost to be allocated	0	0	0	8,774	0	10,421	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.125422	0.000000	0.002267	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2
Part II
Date/Time Prepared:
5/31/2019 7:23 am

Home Health Agency I | PPS

	Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
		17.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-3 Part I
Date/Time Prepared: 5/31/2019 7:23 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,368,180		2,368,180	10,816	218.95	1.00
2.00	Physical Therapy	3.00	1,610,610	0	1,610,610	7,587	212.29	2.00
3.00	Occupational Therapy	4.00	558,507	0	558,507	2,505	222.96	3.00
4.00	Speech Pathology	5.00	129,650	0	129,650	465	278.82	4.00
5.00	Medical Social Services	6.00	93,078		93,078	368	252.93	5.00
6.00	Home Health Aide	7.00	192,188		192,188	2,231	86.14	6.00
7.00	Total (sum of lines 1-6)		4,952,213	0	4,952,213	23,972		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		16300	0	1			8.00
8.01	Skilled Nursing Care		19780	0	4			8.01
8.02	Skilled Nursing Care		20220	0	5,268			8.02
8.03	Skilled Nursing Care		26980	0	5			8.03
8.04	Skilled Nursing Care		99914	0	373			8.04
8.05	Skilled Nursing Care		99916	0	813			8.05
8.06	Skilled Nursing Care		99952	0	302			8.06
9.00	Physical Therapy		16300	0	0			9.00
9.01	Physical Therapy		19780	0	4			9.01
9.02	Physical Therapy		20220	0	3,644			9.02
9.03	Physical Therapy		26980	0	6			9.03
9.04	Physical Therapy		99914	0	267			9.04
9.05	Physical Therapy		99916	0	471			9.05
9.06	Physical Therapy		99952	0	368			9.06
10.00	Occupational Therapy		16300	0	0			10.00
10.01	Occupational Therapy		19780	0	0			10.01
10.02	Occupational Therapy		20220	0	1,206			10.02
10.03	Occupational Therapy		26980	0	8			10.03
10.04	Occupational Therapy		99914	0	51			10.04
10.05	Occupational Therapy		99916	0	121			10.05
10.06	Occupational Therapy		99952	0	91			10.06
11.00	Speech Pathology		16300	0	0			11.00
11.01	Speech Pathology		19780	0	0			11.01
11.02	Speech Pathology		20220	0	132			11.02
11.03	Speech Pathology		26980	0	2			11.03
11.04	Speech Pathology		99914	0	3			11.04
11.05	Speech Pathology		99916	0	44			11.05
11.06	Speech Pathology		99952	0	17			11.06
12.00	Medical Social Services		16300	0	0			12.00
12.01	Medical Social Services		19780	0	0			12.01
12.02	Medical Social Services		20220	0	196			12.02
12.03	Medical Social Services		26980	0	0			12.03
12.04	Medical Social Services		99914	0	18			12.04
12.05	Medical Social Services		99916	0	15			12.05
12.06	Medical Social Services		99952	0	10			12.06
13.00	Home Health Aide		16300	0	0			13.00
13.01	Home Health Aide		19780	0	0			13.01
13.02	Home Health Aide		20220	0	770			13.02
13.03	Home Health Aide		26980	0	3			13.03
13.04	Home Health Aide		99914	0	10			13.04
13.05	Home Health Aide		99916	0	127			13.05
13.06	Home Health Aide		99952	0	52			13.06
14.00	Total (sum of lines 8-13)			0	14,402			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-3
Part I
Date/Time Prepared:
5/31/2019 7:23 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	210	0	210	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	6,766		0	1,481,416		1.00
2.00	Physical Therapy	0	4,760		0	1,010,500		2.00
3.00	Occupational Therapy	0	1,477		0	329,312		3.00
4.00	Speech Pathology	0	198		0	55,206		4.00
5.00	Medical Social Services	0	239		0	60,450		5.00
6.00	Home Health Aide	0	962		0	82,867		6.00
7.00	Total (sum of lines 1-6)	0	14,402		0	3,019,751		7.00
	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-3
Part I
Date/Time Prepared:
5/31/2019 7:23 am

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	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	102,305	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)						
		12.00						
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,481,416						1.00
2.00	Physical Therapy	1,010,500						2.00
3.00	Occupational Therapy	329,312						3.00
4.00	Speech Pathology	55,206						4.00
5.00	Medical Social Services	60,450						5.00
6.00	Home Health Aide	82,867						6.00
7.00	Total (sum of lines 1-6)	3,019,751						7.00

	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part II Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.547884	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.406253	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.469028	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.163115	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.192846	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,455,619	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	69,636	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	37,395	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	14,386	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	10,731	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	304	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,588,071	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,588,071	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,588,071	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,588,071	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	2,588,071	31.00
31.01	Sequestration adjustment (see instructions)	0	51,762	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	722	31.02
32.00	Interim payments (see instructions)	0	2,535,586	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2018 To 12/31/2018	Worksheet H-5 Date/Time Prepared: 5/31/2019 7:23 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,535,586	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,535,586	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,535,587	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 16-0117	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/31/2019 7:23 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,009,261	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	907	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)	40.54	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	1,010,168	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