

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/16/2019 1:44 pm
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1.00	2.00	3.00	4.00							
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1530 LONE OAK ROAD			PO Box:	Zip Code: 42003	County: MC CRACKEN				1.00
2.00	City: PADUCAH			State: KY						2.00
	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MERCY HEALTH LOURDES HOSPITAL LLC	180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	LOURDES HOSPITAL GERI PSYCH UNIT	18S102	99918	4	01/01/2016	N	P	O	4.00
5.00	Subprovider - IRF	LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	N	P	O	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	LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	LOURDES HOSPICE	181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II	LOURDES HOSPICE IL	141548	99918		04/15/1992				14.01
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018	12/31/2018			20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00	2.00	3.00		

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

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		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.	273	149	92	742	9,120	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.	0	0	0	21	423		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.					2		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.					2		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 Wkst. E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		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	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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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 Nonprovi der Site	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		Y		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			5.00		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		Y		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			5.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		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	

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		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00			
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,311,142	81,020			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0359		140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/16/2019 1:44 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/04/2019			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/26/2019	Y	03/26/2019		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: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/16/2019 1:44 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JAKE		CARNAZZO	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5139524046		JCARNAZZO@MERCY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/16/2019 1:44 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		265	96,725	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	13	4,745		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	10	3,650			24.00
24.01 HOSPICE II	116.01	0	0			24.01
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)		316				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)		3	1,095			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: 18-0102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,288	416	36,404			1.00
2.00 HMO and other (see instructions)	6,237	8,658				2.00
3.00 HMO IPF Subprovider	230	605				3.00
4.00 HMO IRF Subprovider	533	423				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)	17,288	416	36,404			7.00
8.00 INTENSIVE CARE UNIT	1,843	622	3,530			8.00
9.00 CORONARY CARE UNIT	1,341	290	2,379			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		178	1,241			13.00
14.00 Total (see instructions)	20,472	1,506	43,554	0.00	838.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	692	44	2,311	0.00	13.94	16.00
17.00 SUBPROVIDER - IRF	3,891	21	5,466	0.00	19.82	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	33,244	4,366	55,692	0.00	62.38	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	1,135	191	1,564	0.00	57.74	24.00
24.01 HOSPICE II	0	0	0	0.00	0.71	24.01
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	992.74	27.00
28.00 Observation Bed Days		34	3,184			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	212	360			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: 18-0102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,666	97	11,044	1.00
2.00 HMO and other (see instructions)				1,319	2,348		2.00
3.00 HMO IPF Subprovider					115		3.00
4.00 HMO IRF Subprovider					31		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	0	4,666	97	11,044	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	114	7	408	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	303	2	428	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.01 HOSPICE II	0.00						24.01
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: 18-0102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	61,093,914	0	61,093,914	2,080,594.00	29.36
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		2,400	0	2,400	12.93	185.61
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		23,317	0	23,317	187.00	124.69
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,187,570	349,732	10,537,302	331,434.89	31.79
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		56,673	0	56,673	1,142.00	49.63
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		186,775	0	186,775	1,882.00	99.24
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		14,949,663	0	14,949,663	424,599.00	35.21
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,670,259	0	13,670,259		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,737,539	0	2,737,539		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		644	0	644		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		8,322	0	8,322		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,249,340	0	2,249,340		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,454,230	-1,419,616	34,614	4,805.36	7.20
27.00	Administrative & General	5.00	5,214,557	124,123	5,338,680	100,351.08	53.20

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,135,065	0	1,135,065	9,019.33	125.85	28.00
29.00	Maintenance & Repairs	6.00	558,988	13,306	572,294	24,227.64	23.62	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,125,282	-509,650	615,632	41,949.79	14.68	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	536,435	536,435	38,215.94	14.04	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	670,290	15,955	686,245	15,534.22	44.18	38.00
39.00	Central Services and Supply	14.00	884	21	905	28.50	31.75	39.00
40.00	Pharmacy	15.00	2,258,422	53,758	2,312,180	54,645.33	42.31	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	975,781	23,227	999,008	31,860.28	31.36	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

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

Worksheet S-3
Part III
Date/Time Prepared:
5/16/2019 1:44 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	62,205,662	0	62,205,662	2,089,426.33	29.77	1.00
2.00	Excluded area salaries (see instructions)	10,187,570	349,732	10,537,302	331,434.89	31.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,018,092	-349,732	51,668,360	1,757,991.44	29.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,193,111	0	15,193,111	427,623.00	35.53	4.00
5.00	Subtotal wage-related costs (see inst.)	15,920,243	0	15,920,243	0.00	30.81	5.00
6.00	Total (sum of lines 3 thru 5)	83,131,446	-349,732	82,781,714	2,185,614.44	37.88	6.00
7.00	Total overhead cost (see instructions)	13,393,499	-1,162,441	12,231,058	320,637.47	38.15	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,278,456	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)	5,906,931	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,590,527	9.00
10.00	Dental, Hearing and Vision Plan	378,727	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,525	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)	266,201	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	429,386	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,324,453	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	52,357	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	130,199	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,416,762	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: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/16/2019 1:44 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		56,673	16,416,765
2.00	Hospital		56,673	13,670,259
3.00	Subprovider - IPF		0	195,769
4.00	Subprovider - IRF		0	293,339
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	1,183,250
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	998,147
13.01	Hospital-Based Hospice 1		0	0
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	76,001

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 18-0102 Component CCN: 18-7100		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/16/2019 1:44 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCCRACKEN		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	4,282	402	440	5,124	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,682.00	324.00	1,076.00	3,132.00	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)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			9.04	0.00	9.04	5.00
6.00	Direct Nursing Service			39.04	0.00	39.04	6.00
7.00	Nursing Supervisor			2.00	0.00	2.00	7.00
8.00	Physical Therapy Service			22.16	0.00	22.16	8.00
9.00	Physical Therapy Supervisor			0.75	0.00	0.75	9.00
10.00	Occupational Therapy Service			4.39	0.00	4.39	10.00
11.00	Occupational Therapy Supervisor			0.90	0.00	0.90	11.00
12.00	Speech Pathology Service			1.73	0.00	1.73	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.46	0.00	2.46	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
20.01				99918			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	11,817	1,373	388	257	13,835	21.00
22.00	Skilled Nursing Visit Charges	3,300,550	383,530	108,530	71,900	3,864,510	22.00
23.00	Physical Therapy Visits	12,601	910	93	327	13,931	23.00
24.00	Physical Therapy Visit Charges	2,884,650	208,280	21,370	74,990	3,189,290	24.00
25.00	Occupational Therapy Visits	2,340	338	18	43	2,739	25.00
26.00	Occupational Therapy Visit Charges	536,849	77,824	4,139	9,976	628,788	26.00
27.00	Speech Pathology Visits	658	183	3	8	852	27.00
28.00	Speech Pathology Visit Charges	151,583	42,308	696	1,819	196,406	28.00
29.00	Medical Social Service Visits	267	54	9	7	337	29.00
30.00	Medical Social Service Visit Charges	54,909	11,067	1,872	1,456	69,304	30.00
31.00	Home Health Aide Visits	1,354	189	2	7	1,552	31.00
32.00	Home Health Aide Visit Charges	106,682	15,107	134	560	122,483	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	29,037	3,047	513	649	33,246	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)	7,035,223	738,116	136,741	160,701	8,070,781	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,816		185	50	2,051	36.00
37.00	Total Number of Outlier Episodes		77		2	79	37.00
38.00	Total Non-Routine Medical Supply Charges	142,389	25,240	7,063	2,103	176,795	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 18-0102

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

Worksheet S-7

Date/Time Prepared:
5/16/2019 1:44 pm

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

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet S-7 Date/Time Prepared: 5/16/2019 1:44 pm
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	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	0	0	0	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	0	0	0	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	0	0	0	200.00

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

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

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

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

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0		207.00

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/16/2019 1:44 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	47,319	2,577	3,467	53,363	11.00
12.00	Hospice Inpatient Respite Care	302	4	11	317	12.00
13.00	Hospice General Inpatient Care	1,135	191	238	1,564	13.00
14.00	Total Hospice Days	48,756	2,772	3,716	55,244	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2018 To 12/31/2018	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/16/2019 1:44 pm
		Hospice II		

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	6,433	206	373	7,012	11.00
12.00	Hospice Inpatient Respite Care	28	0	0	28	12.00
13.00	Hospice General Inpatient Care	147	4	3	154	13.00
14.00	Total Hospice Days	6,608	210	376	7,194	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/16/2019 1:44 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.206940	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,484,944	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		152,685,579	6.00	
7.00	Medicaid cost (line 1 times line 6)		31,596,754	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)		4,111,810	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		314,078	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,111,810	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)	6,667,722	1,160,872	7,828,594	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,379,818	1,160,872	2,540,690	21.00
22.00	Payments received from patients for amounts previously written off as charity care	462	12,138	12,600	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,379,356	1,148,734	2,528,090	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,339,877		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,239,996		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,907,687		27.01
28.00	Non-Medicare bad debt expense (see instructions)		13,432,190		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,447,348		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,975,438		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,087,248		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	4,102,350	4,102,350	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	6,212,029	6,212,029	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,454,230	12,109,284	13,563,514	896,907	4.00
5.01	00540	NONPATIENT TELEPHONES	188,248	14,985	203,233	4,481	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	5,026,309	43,539,408	48,565,717	-5,635,678	5.05
6.00	00600	MAINTENANCE & REPAIRS	558,988	7,405,522	7,964,510	-53,583	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	622,152	622,152	0	8.00
9.00	00900	HOUSEKEEPING	0	2,459,304	2,459,304	-190	9.00
10.00	01000	DIETARY	1,125,282	1,419,173	2,544,455	-1,208,838	10.00
11.00	01100	CAFETERIA	0	0	0	1,212,971	11.00
13.00	01300	NURSING ADMINISTRATION	670,290	109,279	779,569	15,955	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	884	78,462	79,346	-120,093	14.00
15.00	01500	PHARMACY	2,258,422	14,956,231	17,214,653	-14,683,189	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18	18	0	16.00
17.00	01700	SOCIAL SERVICE	975,781	241,469	1,217,250	22,844	17.00
18.00	01850	PATIENT TRANSPORT	0	476,334	476,334	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,003,642	8,301,133	21,304,775	-1,379,087	30.00
31.00	03100	INTENSIVE CARE UNIT	2,141,566	491,209	2,632,775	-2,417	31.00
32.00	03200	CORONARY CARE UNIT	1,516,587	260,596	1,777,183	10,481	32.00
40.00	04000	SUBPROVIDER - I/PF	723,405	71,801	795,206	95,379	40.00
41.00	04100	SUBPROVIDER - I/RF	1,083,946	175,536	1,259,482	50,154	41.00
43.00	04300	NURSERY	0	0	0	239,744	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,295,269	24,458,539	28,753,808	-21,545,249	50.00
50.01	05001	REHAB MEDICINE	926,839	111,566	1,038,405	-51,998	50.01
51.00	05100	RECOVERY ROOM	385,766	88,301	474,067	10,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,119,202	52.00
53.00	05300	ANESTHESIOLOGY	32,136	1,845,747	1,877,883	-78,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,303,467	3,075,698	5,379,165	-2,606,740	54.00
54.01	03630	ULTRA SOUND	324,201	105,689	429,890	14,439	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	218,672	679,032	897,704	42,263	56.01
57.00	05700	CT SCAN	499,923	342,268	842,191	112,608	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,684,786	4,862,609	6,547,395	-6,587,412	59.00
60.00	06000	LABORATORY	2,377,305	4,340,215	6,717,520	56,034	60.00
64.00	06400	INTRAVENOUS THERAPY	290,954	85,494	376,448	1,108	64.00
65.00	06500	RESPIRATORY THERAPY	986,295	420,501	1,406,796	-23,449	65.00
66.00	06600	PHYSICAL THERAPY	983,037	192,211	1,175,248	-97,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	264,666	17,901	282,567	36,896	67.00
68.00	06800	SPEECH PATHOLOGY	187,403	16,274	203,677	26,671	68.00
69.00	06900	ELECTROCARDIOLOGY	1,059,462	508,827	1,568,289	36,600	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	460,616	241,162	701,778	-153,827	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,888,170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,662,170	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,658,880	73.00
73.01	07301	RETAIL PHARMACY	222,417	1,600,181	1,822,598	5,294	73.01
74.00	07400	RENAL DIALYSIS	0	984,853	984,853	-9,981	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHIATOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	556,438	854,251	1,410,689	-29,948	76.02
76.03	03020	PICC LINE TEAM	57,023	126,164	183,187	-118,824	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	166,396	12,430	178,826	58,916	90.01
90.02	09002	PAIN MANAGEMENT	904,822	641,092	1,545,914	-34,541	90.02
91.00	09100	EMERGENCY	2,798,222	2,823,576	5,621,798	-95,278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	146,805	146,805	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,372,343	4,381,314	8,753,657	-2,957,048	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	3,688,352	7,239,584	10,927,936	-3,014,663	116.00
116.01	11601	HOSPICE II	38,686	438,559	477,245	-97,349	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,813,076	153,372,739	214,185,815	7,768	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	191,068	544,232	735,300	-9,905	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
193.00	19300	0	0	0	0	0	193.00
194.00	07950	89,770	91,488	181,258	2,137	183,395	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	648	648	0	648	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00		61,093,914	154,009,107	215,103,021	0	215,103,021	200.00
TOTAL (SUM OF LINES 118 through 199)							

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,410,999	5,513,349	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,917,183	11,129,212	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	343,805	14,804,226	4.00
5.01	00540	NONPATIENT TELEPHONES	-51,140	156,574	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-11,164,278	31,765,761	5.05
6.00	00600	MAINTENANCE & REPAIRS	-28,935	7,881,992	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	622,152	8.00
9.00	00900	HOUSEKEEPING	0	2,459,114	9.00
10.00	01000	DIETARY	-632	1,334,985	10.00
11.00	01100	CAFETERIA	-530,945	682,026	11.00
13.00	01300	NURSING ADMINISTRATION	-260	795,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	987,760	947,013	14.00
15.00	01500	PHARMACY	0	2,531,464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,937,691	1,937,709	16.00
17.00	01700	SOCIAL SERVICE	0	1,240,094	17.00
18.00	01850	PATIENT TRANSPORT	0	476,334	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,779,420	14,146,268	30.00
31.00	03100	INTENSIVE CARE UNIT	-87	2,630,271	31.00
32.00	03200	CORONARY CARE UNIT	0	1,787,664	32.00
40.00	04000	SUBPROVIDER - I/PF	0	890,585	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,309,636	41.00
43.00	04300	NURSERY	-25,959	213,785	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,376	7,207,183	50.00
50.01	05001	REHAB MEDICINE	-506	985,901	50.01
51.00	05100	RECOVERY ROOM	0	484,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-121,144	998,058	52.00
53.00	05300	ANESTHESIOLOGY	-1,545,000	254,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-33	2,772,392	54.00
54.01	03630	ULTRA SOUND	0	444,329	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	939,967	56.01
57.00	05700	CT SCAN	0	954,799	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	-40,017	59.00
60.00	06000	LABORATORY	-31,404	6,742,150	60.00
64.00	06400	INTRAVENOUS THERAPY	0	377,556	64.00
65.00	06500	RESPIRATORY THERAPY	-1,500	1,381,847	65.00
66.00	06600	PHYSICAL THERAPY	-59,818	1,017,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	319,463	67.00
68.00	06800	SPEECH PATHOLOGY	0	230,348	68.00
69.00	06900	ELECTROCARDIOLOGY	-190,236	1,414,653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,978	545,973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,888,170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,662,170	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,658,880	73.00
73.01	07301	RETAIL PHARMACY	-27,381	1,800,511	73.01
74.00	07400	RENAL DIALYSIS	0	974,872	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUND CARE	-268,031	1,112,710	76.02
76.03	03020	PICC LINE TEAM	0	64,363	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	-168	237,574	90.01
90.02	09002	PAIN MANAGEMENT	-253,012	1,258,361	90.02
91.00	09100	EMERGENCY	-2,062,065	3,464,455	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	146,805	95.00
101.00	10100	HOME HEALTH AGENCY	-4	5,796,605	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-4	7,913,269	116.00
116.01	11601	HOSPICE II	0	379,896	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,547,878	201,645,705	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	725,395	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	183,395	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.01	07951	MARCUM & WALLACE HOSPITAL	6.00	7.00	
194.01			0	0	194.01
194.02	07952	FOUNDATION	0	648	194.02
194.02			0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.03			0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	194.04
194.04			0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,547,878	202,555,143	200.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6
Date/Time Prepared:
5/16/2019 1:44 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - LDRP					
1.00	NURSERY	43.00	171,759	70,913	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	801,543	330,928	2.00
	TOTALS		973,302	401,841	
B - CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,097,119	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,204,183	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
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
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
	TOTALS		0	10,301,302	
C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,231	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,846	2.00
	TOTALS		0	13,077	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,658,880	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
	TOTALS		0	15,658,880	
E - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,662,170	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

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6
Date/Time Prepared:
5/16/2019 1:44 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
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
TOTALS		0	20,662,170		
F - CAFETERIA					
1.00	11.00	536,435	676,536		1.00
TOTALS		536,435	676,536		
G - EMPLOYEE BENEFITS					
1.00	5.01	4,481	0		1.00
2.00	5.05	119,642	0		2.00
3.00	6.00	13,306	0		3.00
6.00	10.00	26,785	0		6.00
7.00	13.00	15,955	0		7.00
8.00	14.00	21	0		8.00
9.00	15.00	53,758	0		9.00
11.00	17.00	23,227	0		11.00
13.00	30.00	309,528	0		13.00
14.00	31.00	50,976	0		14.00
15.00	32.00	36,100	0		15.00
16.00	40.00	17,219	0		16.00
17.00	41.00	25,801	0		17.00
18.00	50.00	102,241	0		18.00
19.00	50.01	22,062	0		19.00
20.00	51.00	9,182	0		20.00
21.00	53.00	765	0		21.00
22.00	54.00	54,830	0		22.00
23.00	54.01	7,717	0		23.00
24.00	56.01	5,205	0		24.00
25.00	57.00	11,900	0		25.00
26.00	59.00	40,103	0		26.00
27.00	60.00	56,587	0		27.00
28.00	64.00	6,926	0		28.00
29.00	65.00	23,477	0		29.00
30.00	66.00	23,399	0		30.00
31.00	67.00	6,300	0		31.00
32.00	68.00	4,461	0		32.00
33.00	69.00	25,219	0		33.00
34.00	70.00	10,964	0		34.00
35.00	73.01	5,294	0		35.00
37.00	76.02	13,245	0		37.00
38.00	76.03	1,357	0		38.00
39.00	90.01	3,961	0		39.00
40.00	90.02	21,538	0		40.00
41.00	91.00	66,607	0		41.00
43.00	101.00	104,076	0		43.00
44.00	116.00	87,795	0		44.00
45.00	116.01	921	0		45.00
46.00	192.00	4,548	0		46.00
47.00	194.00	2,137	0		47.00
TOTALS		1,419,616	0		
H - DIRECTOR AND MANAGER					
1.00	40.00	79,490	0		1.00
2.00	41.00	27,745	0		2.00
3.00	51.00	5,521	0		3.00
4.00	54.01	25,785	0		4.00
5.00	56.01	42,644	0		5.00
6.00	57.00	113,203	0		6.00
7.00	67.00	30,596	0		7.00
8.00	68.00	38,525	0		8.00
9.00	69.00	49,139	0		9.00
10.00	90.01	54,966	0		10.00
11.00	90.02	52,465	0		11.00
TOTALS		520,079	0		
I - MED SUPPLY					
1.00	71.00	0	9,888,170		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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	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
	TOTALS		0	9,888,170	
L - PALLIATIVE					
1.00	HOSPICE II	116.01	15,875	6,076	1.00
	TOTALS		15,875	6,076	
M - HHA AND HOSPICE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,317,182	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,706,012	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	6,023,194	
500.00	Grand Total: Increases		3,465,307	63,631,246	500.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6
Date/Time Prepared:
5/16/2019 1:44 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - LDRP						
1.00	ADULTS & PEDIATRICS	30.00	973,302	401,841	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		973,302	401,841		
B - CAPITAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	659	10	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	9,443,280	10	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	66,889	0	3.00
4.00	HOUSEKEEPING	9.00	0	190	0	4.00
5.00	DIETARY	10.00	0	22,652	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	118,681	0	6.00
8.00	SOCIAL SERVICE	17.00	0	383	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	2,761	0	9.00
10.00	SUBPROVIDER - IPF	40.00	0	1,068	0	10.00
12.00	NURSERY	43.00	0	143	0	12.00
13.00	OPERATING ROOM	50.00	0	67,467	0	13.00
14.00	REHAB MEDICINE	50.01	0	1,181	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	665	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,498	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	2,453	0	17.00
18.00	LABORATORY	60.00	0	262	0	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	5,818	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	45,675	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	97,301	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	120,995	0	22.00
23.00	RENAL DIALYSIS	74.00	0	284	0	23.00
24.00	WOUNDCARE	76.02	0	11,017	0	24.00
25.00	PAIN MANAGEMENT	90.02	0	23,649	0	25.00
26.00	EMERGENCY	91.00	0	220	0	26.00
27.00	HOME HEALTH AGENCY	101.00	0	151,744	0	27.00
28.00	HOSPICE	116.00	0	100,167	0	28.00
29.00	HOSPICE II	116.01	0	1,200	0	29.00
	TOTALS		0	10,301,302		
C - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	13,077	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	13,077		
D - DRUGS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,975	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,433	0	2.00
3.00	PHARMACY	15.00	0	14,736,947	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	171,625	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	53,393	0	5.00
6.00	CORONARY CARE UNIT	32.00	0	25,619	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	262	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	3,392	0	8.00
9.00	NURSERY	43.00	0	2,351	0	9.00
10.00	OPERATING ROOM	50.00	0	180,208	0	10.00
11.00	RECOVERY ROOM	51.00	0	4,089	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,580	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	78,866	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,236	0	14.00
15.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	5,586	0	15.00
16.00	CT SCAN	57.00	0	7,979	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	42,086	0	17.00
18.00	LABORATORY	60.00	0	291	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	1,251	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	20	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	37,758	0	21.00
22.00	RENAL DIALYSIS	74.00	0	9,697	0	22.00
23.00	WOUNDCARE	76.02	0	9,731	0	23.00
24.00	PICC LINE TEAM	76.03	0	2,460	0	24.00
25.00	PARTIAL HOSPITAL PRG	90.01	0	11	0	25.00
26.00	PAIN MANAGEMENT	90.02	0	79,406	0	26.00
27.00	EMERGENCY	91.00	0	161,628	0	27.00
	TOTALS		0	15,658,880		
E - IMPLANTS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,156	0	1.00
2.00	NURSERY	43.00	0	434	0	2.00
3.00	OPERATING ROOM	50.00	0	15,994,105	0	3.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6
Date/Time Prepared:
5/16/2019 1:44 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
4.00 DELIVERY ROOM & LABOR ROOM	52.00	0	2,024	0		4.00	
5.00 RADIOLOGY-DIAGNOSTIC	54.00	0	533,313	0		5.00	
6.00 CARDIAC CATHETERIZATION	59.00	0	4,100,890	0		6.00	
7.00 SPEECH PATHOLOGY	68.00	0	3,898	0		7.00	
8.00 WOUNDCARE	76.02	0	22,445	0		8.00	
9.00 PAIN MANAGEMENT	90.02	0	3,875	0		9.00	
10.00 EMERGENCY	91.00	0	30	0		10.00	
TOTALS		0	20,662,170				
F - CAFETERIA							
1.00 DIETARY	10.00	536,435	676,536	0		1.00	
TOTALS		536,435	676,536				
G - EMPLOYEE BENEFITS							
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	1,419,616	0	0		1.00	
2.00	0.00	0	0	0		2.00	
3.00	0.00	0	0	0		3.00	
6.00	0.00	0	0	0		6.00	
7.00	0.00	0	0	0		7.00	
8.00	0.00	0	0	0		8.00	
9.00	0.00	0	0	0		9.00	
11.00	0.00	0	0	0		11.00	
13.00	0.00	0	0	0		13.00	
14.00	0.00	0	0	0		14.00	
15.00	0.00	0	0	0		15.00	
16.00	0.00	0	0	0		16.00	
17.00	0.00	0	0	0		17.00	
18.00	0.00	0	0	0		18.00	
19.00	0.00	0	0	0		19.00	
20.00	0.00	0	0	0		20.00	
21.00	0.00	0	0	0		21.00	
22.00	0.00	0	0	0		22.00	
23.00	0.00	0	0	0		23.00	
24.00	0.00	0	0	0		24.00	
25.00	0.00	0	0	0		25.00	
26.00	0.00	0	0	0		26.00	
27.00	0.00	0	0	0		27.00	
28.00	0.00	0	0	0		28.00	
29.00	0.00	0	0	0		29.00	
30.00	0.00	0	0	0		30.00	
31.00	0.00	0	0	0		31.00	
32.00	0.00	0	0	0		32.00	
33.00	0.00	0	0	0		33.00	
34.00	0.00	0	0	0		34.00	
35.00	0.00	0	0	0		35.00	
37.00	0.00	0	0	0		37.00	
38.00	0.00	0	0	0		38.00	
39.00	0.00	0	0	0		39.00	
40.00	0.00	0	0	0		40.00	
41.00	0.00	0	0	0		41.00	
43.00	0.00	0	0	0		43.00	
44.00	0.00	0	0	0		44.00	
45.00	0.00	0	0	0		45.00	
46.00	0.00	0	0	0		46.00	
47.00	0.00	0	0	0		47.00	
TOTALS		1,419,616	0				
H - DIRECTOR AND MANAGER							
1.00 ADULTS & PEDIATRICS	30.00	134,456	0	0		1.00	
2.00 OPERATING ROOM	50.00	14,190	0	0		2.00	
3.00 REHAB MEDICINE	50.01	72,879	0	0		3.00	
4.00 RADIOLOGY-DIAGNOSTIC	54.00	154,449	0	0		4.00	
5.00 CARDIAC CATHETERIZATION	59.00	76,322	0	0		5.00	
6.00 PHYSICAL THERAPY	66.00	23,987	0	0		6.00	
7.00 ELECTROENCEPHALOGRAPHY	70.00	43,796	0	0		7.00	
8.00	0.00	0	0	0		8.00	
9.00	0.00	0	0	0		9.00	
10.00	0.00	0	0	0		10.00	
11.00	0.00	0	0	0		11.00	
TOTALS		520,079	0				
I - MED SUPPLY							
1.00 ADULTS & PEDIATRICS	30.00	0	3,474	0		1.00	
2.00 OPERATING ROOM	50.00	0	5,391,520	0		2.00	
3.00 RADIOLOGY-DIAGNOSTIC	54.00	0	1,932,074	0		3.00	
4.00 ULTRA SOUND	54.01	0	19,063	0		4.00	
5.00 CT SCAN	57.00	0	4,516	0		5.00	
6.00 CARDIAC CATHETERIZATION	59.00	0	2,405,764	0		6.00	

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	SPEECH PATHOLOGY	68.00	0	12,417	0		7.00
8.00	PICC LINE TEAM	76.03	0	117,721	0		8.00
9.00	PAIN MANAGEMENT	90.02	0	1,614	0		9.00
10.00	EMERGENCY	91.00	0	7	0		10.00
	TOTALS		0	9,888,170			
L - PALLIATIVE							
1.00	HOSPICE	116.00	15,875	6,076	0		1.00
	TOTALS		15,875	6,076			
M - HHA AND HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	0	2,909,380	0		1.00
2.00	HOSPICE	116.00	0	2,980,340	0		2.00
3.00	HOSPICE II	116.01	0	119,021	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,453	0		4.00
	TOTALS		0	6,023,194			
500.00	Grand Total: Decreases		3,465,307	63,631,246			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

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

Worksheet A-7
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	453,242	203,734	0	203,734	0	1.00
2.00	Land Improvements	3,113,611	0	0	0	0	2.00
3.00	Buildings and Fixtures	121,957,216	1,311,494	0	1,311,494	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	117,187,790	6,050,073	0	6,050,073	0	5.00
6.00	Movable Equipment	17,238,667	596,107	0	596,107	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	259,950,526	8,161,408	0	8,161,408	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	259,950,526	8,161,408	0	8,161,408	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	656,976	0				1.00
2.00	Land Improvements	3,113,611	0				2.00
3.00	Buildings and Fixtures	123,268,710	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	123,237,863	0				5.00
6.00	Movable Equipment	17,834,774	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	268,111,934	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	268,111,934	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

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

Worksheet A-7
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

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

Worksheet A-7
Part III
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	250,277,160	0	250,277,160	0.933480	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,834,774	0	17,834,774	0.066520	0	2.00
3.00	Total (sum of lines 1-2)	268,111,934	0	268,111,934	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	0	3,615,319	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,204,183	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,819,502	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	1,892,799	5,231	0	0	5,513,349	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,918,472	7,846	0	-1,289	11,129,212	2.00
3.00	Total (sum of lines 1-2)	6,811,271	13,077	0	-1,289	16,642,561	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
5/16/2019 1:44 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-13,077	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-51,140	NONPATIENT TELEPHONES		5.01		0 7.00
8.00	Television and radio service (chapter 21)	A	-27,739	MAINTENANCE & REPAIRS		6.00		0 8.00
9.00	Parking lot (chapter 21)		0			0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-12,745,716					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	-317,375					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-494,216	CAFETERIA		11.00		0 14.00
15.00	Rental of quarters to employee and others	B	-481,800	CAP REL COSTS-BLDG & FIXT		1.00	10	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	B	-27,381	RETAIL PHARMACY		73.01		0 17.00
18.00	Sale of medical records and abstracts		0			0.00		0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00	Vending machines	B	-36,153	CAFETERIA		11.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 ADMIN MISC INCOME	B	-2,760	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.00
33.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.01
33.02 CLINICAL ENGINEERING MISC INCOME	B	-1,196	MAINTENANCE & REPAIRS	6.00	0 33.02
33.03 ADULTS & PEDI MISC INCOME	B	-17,626	ADULTS & PEDIATRICS	30.00	0 33.03
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.04
33.05 OTHER OPERATING REVENUE	B	-65,732	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.05
33.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.06
33.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.07
33.08 MIDDLELEVEL SALARY & BENEFIT	A	-2,021	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
33.09 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.09
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.10
33.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.11
33.12 SPEECH THERAPY OTHER INCOME	B	-59,818	PHYSICAL THERAPY	66.00	0 33.12
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.13
33.14 LAB OTHER INCOME	B	-9,404	LABORATORY	60.00	0 33.14
33.15 MEDICAL STAFF OTHER INCOME	B	-12,730	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.15
33.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.16
33.17 MIDDLELEVEL SALARY & BENEFIT	A	-960	OPERATING ROOM	50.00	0 33.17
33.18 CONTRIBUTIONS/DONATIONS	A	-327,016	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.18
33.19 PATIENT TELEPHONE	A	-14,163	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.19
33.20 MIDDLELEVEL SALARY & BENEFIT	A	-9,414	PAIN MANAGEMENT	90.02	0 33.20
33.21 MIDDLELEVEL BENEFIT	A	-2,457	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.21
33.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.22
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.24
33.25 GIFTS AND NON-REIMBURSABLES HR	A	-188,301	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.25
33.26 GIFTS AND NON-REIMBURSABLES A&G	A	-10,668	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.26
33.27 GIFTS AND NON-REIMBURSABLES NURSE AD	A	-87	INTENSIVE CARE UNIT	31.00	0 33.27
33.28 GIFTS AND NON-REIMBURSABLES CSS	A	-33	RADIOLOGY-DIAGNOSTIC	54.00	0 33.28
33.29 GIFTS AND NON-REIMBURSABLES REHAB	A	-506	REHAB MEDICINE	50.01	0 33.29
34.00 LOBBYING	A	10,726	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.00
35.00 MARKETING	A	-1,289	CAP REL COSTS-MVBLE EQUIP	2.00	14 35.00
35.01 MARKETING	A	-254,489	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.01
35.02 ADVERTISING OFFSET	A	-170,652	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.02
35.03 ADVERTISING OFFSET	A	-632	DIETARY	10.00	0 35.03
35.04 ADVERTISING OFFSET	A	-576	CAFETERIA	11.00	0 35.04
35.05 ADVERTISING OFFSET	A	-3,208	ADULTS & PEDIATRICS	30.00	0 35.05
35.06 ADVERTISING OFFSET	A	-1,978	ELECTROENCEPHALOGRAPHY	70.00	0 35.06
35.08 ADVERTISING OFFSET	A	-168	PARTIAL HOSPITAL PRG	90.01	0 35.08
35.09 ADVERTISING OFFSET	A	-1,561	PAIN MANAGEMENT	90.02	0 35.09
37.00 OTHER INCOME ER	B	-61	EMERGENCY	91.00	0 37.00
37.01 OTHER INCOMEN OR	B	-416	OPERATING ROOM	50.00	0 37.01
37.04 OTHER INCOME	B	-260	NURSING ADMINISTRATIVE	13.00	0 37.04
38.00 GIFTS AND NON-REIMBURSABLE	A	-4	HOME HEALTH AGENCY	101.00	0 38.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
38.01 GIFTS AND NON-REIMBURSABLE	A	-4	HOSPICE	116.00	0	38.01
39.00 PROVIDER TAX	A	2,796,183	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	39.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,547,878				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: 18-0102
 Period: From 01/01/2018 To 12/31/2018
 Worksheet A-8-1
 Date/Time Prepared: 5/16/2019 1:44 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MHP CAP REL COSTS-BLDG & FIX	1,905,876	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MHP CAP REL COSTS-MME	4,918,472	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MHP EMPLOYEE BENEFITS	13,552,554	13,020,448
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	MHP A&G	23,023,033	33,622,313
4.01	14.00	CENTRAL SERVICES & SUPPLY	MHP CENTRAL SUPPLY	987,760	0
4.02	16.00	MEDICAL RECORDS & LIBRARY	MHP MEDICAL RECORDS	1,937,691	0
4.03	30.00	ADULTS & PEDIATRICS	Lourdes Physi cians	5,723,657	5,723,657
4.04	90.02	PAI N MANAGEMENT	Lourdes Physi cians	202,037	202,037
4.05	91.00	EMERGENCY	Lourdes Physi cians	2,062,004	2,062,004
4.06	0.00			0	0
4.07	0.00			0	0
4.08	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			54,313,084	54,630,459

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

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

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

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

6.00	B	MERCY HEALTH	100.00	MERCY HEALTH	100.00	6.00
7.00	B	LOURDES PHYSICI	100.00	LOURDES PHYSICI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
5/16/2019 1:44 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,905,876	11		1.00
2.00	4,918,472	11		2.00
3.00	532,106	0		3.00
4.00	-10,599,280	0		4.00
4.01	987,760	0		4.01
4.02	1,937,691	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
5.00	-317,375			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	HOME OFFICE		6.00
7.00	SISTER COMPANY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 18-0102

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2019 1:44 pm

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	2,514,344	2,509,219	5,125	211,500	51	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,758,586	5,758,586	0	0	0	2.00
3.00	43.00	NURSERY	25,959	25,959	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	121,144	121,144	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,545,000	1,545,000	0	0	0	6.00
7.00	60.00	LABORATORY	22,000	22,000	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	1,500	1,500	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	190,236	190,236	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	76.02	WOUNDCARE	268,031	268,031	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	242,037	242,037	0	0	0	12.00
13.00	91.00	EMERGENCY	2,062,004	2,062,004	0	0	0	13.00
200.00			12,750,841	12,745,716	5,125		51	200.00
1.00	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	5,186	259	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	76.02	WOUNDCARE	0	0	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
200.00			5,186	259	0	0	0	200.00
1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00			
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	5,186	0	2,509,219		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,758,586		2.00
3.00	43.00	NURSERY	0	0	0	25,959		3.00
4.00	50.00	OPERATING ROOM	0	0	0	0		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	121,144		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,545,000		6.00
7.00	60.00	LABORATORY	0	0	0	22,000		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	1,500		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	190,236		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		10.00
11.00	76.02	WOUNDCARE	0	0	0	268,031		11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	242,037		12.00
13.00	91.00	EMERGENCY	0	0	0	2,062,004		13.00
200.00			0	5,186	0	12,745,716		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,513,349	5,513,349			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,129,212		11,129,212		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,804,226	43,062	76,256	14,923,544	4.00
5.01 00540	NONPATIENT TELEPHONES	156,574	6,408	0	47,105	210,087 5.01
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	31,765,761	889,202	1,537,348	1,257,727	31,240 5.05
6.00 00600	MAINTENANCE & REPAIRS	7,881,992	393,477	2,023,046	139,875	6,019 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	622,152	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	2,459,114	37,389	5,860	0	1,720 9.00
10.00 01000	DIETARY	1,334,985	145,214	7,063	150,467	3,153 10.00
11.00 01100	CAFETERIA	682,026	62,233	0	131,111	0 11.00
13.00 01300	NURSING ADMINISTRATION	795,264	17,198	684,261	167,726	1,720 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	947,013	66,804	0	221	0 14.00
15.00 01500	PHARMACY	2,531,464	43,048	0	565,122	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,937,709	0	2,399	0	8,312 16.00
17.00 01700	SOCIAL SERVICE	1,240,094	6,816	4,337	244,169	4,013 17.00
18.00 01850	PATIENT TRANSPORT	476,334	9,987	0	0	573 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,146,268	1,215,085	291,568	2,983,115	19,203 30.00
31.00 03100	INTENSIVE CARE UNIT	2,630,271	163,949	21,053	535,881	3,153 31.00
32.00 03200	CORONARY CARE UNIT	1,787,664	111,975	65,427	379,494	5,159 32.00
40.00 04000	SUBPROVIDER - I/PF	890,585	101,866	0	200,445	3,439 40.00
41.00 04100	SUBPROVIDER - I/RF	1,309,636	219,460	9,862	278,016	6,019 41.00
43.00 04300	NURSERY	213,785	5,225	0	41,980	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,207,183	525,752	2,277,677	1,071,332	13,471 50.00
50.01 05001	REHAB MEDICINE	985,901	67,729	1,311	214,109	0 50.01
51.00 05100	RECOVERY ROOM	484,681	60,273	37,975	97,879	2,866 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	998,058	38,178	0	195,906	0 52.00
53.00 05300	ANESTHESIOLOGY	254,782	5,918	43,760	8,041	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,772,392	251,338	1,364,485	538,645	9,745 54.00
54.01 03630	ULTRA SOUND	444,329	4,395	78,142	87,427	0 54.01
56.00 05600	RADIO SOTOPE	0	0	0	0	0 56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	939,967	15,198	64,194	65,141	0 56.01
57.00 05700	CT SCAN	954,799	16,681	220,949	152,763	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	-40,017	169,554	852,700	402,928	12,611 59.00
60.00 06000	LABORATORY	6,742,150	127,472	350,606	594,870	9,458 60.00
64.00 06400	INTRAVENOUS THERAPY	377,556	24,966	17,976	72,805	860 64.00
65.00 06500	RESPIRATORY THERAPY	1,381,847	15,769	10,493	246,799	860 65.00
66.00 06600	PHYSICAL THERAPY	1,017,521	3,265	27,892	240,121	4,872 66.00
67.00 06700	OCCUPATIONAL THERAPY	319,463	0	696	73,705	573 67.00
68.00 06800	SPEECH PATHOLOGY	230,348	0	2,710	56,310	2,293 68.00
69.00 06900	ELECTROCARDIOLOGY	1,414,653	71,008	64,821	277,118	1,146 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	545,973	0	138,781	104,555	2,866 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,888,170	0	186,486	0	3,439 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,662,170	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,658,880	0	185,006	0	3,439 73.00
73.01 07301	RETAIL PHARMACY	1,800,511	5,238	0	55,655	0 73.01
74.00 07400	RENAL DIALYSIS	974,872	0	0	0	860 74.00
76.00 03951	DIABETES	0	0	0	0	0 76.00
76.01 03950	LITHOTRIPTOR	0	0	0	0	0 76.01
76.02 03030	WOUND CARE	1,112,710	0	2,461	139,237	5,732 76.02
76.03 03020	PICC LINE TEAM	64,363	694	0	14,269	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PARTIAL HOSPITAL PRG	237,574	61,852	637	55,071	0 90.01
90.02 09002	PAIN MANAGEMENT	1,258,361	51,294	12,152	239,236	4,586 90.02
91.00 09100	EMERGENCY	3,464,455	239,175	244,767	700,196	8,598 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	146,805	0	0	0	0 95.00
101.00 10100	HOME HEALTH AGENCY	5,796,605	0	146,781	1,094,086	11,178 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	7,913,269	126,642	57,842	919,052	14,331 116.00
116.01 11601	HOSPICE II	379,896	0	0	13,560	0 116.01
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	201,645,705	5,420,789	11,119,780	14,853,270	207,507 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,116	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	725,395	39,797	0	47,811	287	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	183,395	15,266	4,993	22,463	573	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	648	12,381	4,439	0	1,720	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	202,555,143	5,513,349	11,129,212	14,923,544	210,087	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/16/2019 1:44 pm	
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.05	6.00	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	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	35,481,278	35,481,278				5.05
6.00	00600	MAINTENANCE & REPAIRS	10,444,409	2,218,069	12,662,478			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	622,152	132,126	0	754,278		8.00
9.00	00900	HOUSEKEEPING	2,504,083	531,790	113,229	0	3,149,102	9.00
10.00	01000	DIETARY	1,640,882	348,472	439,770	0	110,356	10.00
11.00	01100	CAFETERIA	875,370	185,901	188,467	0	47,294	11.00
13.00	01300	NURSING ADMINISTRATION	1,666,169	353,843	52,082	0	13,069	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,014,038	215,350	202,312	0	50,768	14.00
15.00	01500	PHARMACY	3,139,634	666,761	130,369	0	32,715	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,948,420	413,784	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,499,429	318,432	20,643	0	5,180	17.00
18.00	01850	PATIENT TRANSPORT	486,894	103,401	30,244	0	7,589	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,655,239	3,961,794	3,679,803	401,073	923,410	30.00
31.00	03100	INTENSIVE CARE UNIT	3,354,307	712,351	496,508	32,229	124,593	31.00
32.00	03200	CORONARY CARE UNIT	2,349,719	499,007	339,109	25,493	85,096	32.00
40.00	04000	SUBPROVIDER - I/PF	1,196,335	254,064	308,494	0	77,413	40.00
41.00	04100	SUBPROVIDER - I/RF	1,822,993	387,147	664,620	25,020	166,779	41.00
43.00	04300	NURSERY	260,990	55,426	15,822	0	3,970	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,095,415	2,356,322	1,592,204	64,365	399,547	50.00
50.01	05001	REHAB MEDICINE	1,269,050	269,507	205,113	0	51,471	50.01
51.00	05100	RECOVERY ROOM	683,674	145,191	182,534	4,846	45,805	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,232,142	261,669	115,618	0	29,013	52.00
53.00	05300	ANESTHESIOLOGY	312,501	66,366	17,924	0	4,498	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,936,605	1,048,382	761,161	61,362	191,005	54.00
54.01	03630	ULTRA SOUND	614,293	130,457	13,309	0	3,340	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,084,500	230,314	46,025	0	11,549	56.01
57.00	05700	CT SCAN	1,345,192	285,677	50,516	0	12,676	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,397,776	296,844	513,484	18,094	128,853	59.00
60.00	06000	LABORATORY	7,824,556	1,661,693	386,040	0	96,873	60.00
64.00	06400	INTRAVENOUS THERAPY	494,163	104,945	75,609	2,238	18,973	64.00
65.00	06500	RESPIRATORY THERAPY	1,655,768	351,634	47,755	85	11,984	65.00
66.00	06600	PHYSICAL THERAPY	1,293,671	274,736	9,889	2,881	2,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	394,437	83,766	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	291,661	61,940	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,828,746	388,369	215,044	11,291	53,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	792,175	168,233	0	2,462	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,078,095	2,140,275	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,662,170	4,387,973	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,847,325	3,365,481	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	1,861,404	395,305	15,864	0	3,981	73.01
74.00	07400	RENAL DIALYSIS	975,732	207,215	0	3,814	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	1,260,140	267,615	0	10,208	0	76.02
76.03	03020	PICC LINE TEAM	79,326	16,846	2,101	0	527	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	355,134	75,419	187,313	0	47,004	90.01
90.02	09002	PAIN MANAGEMENT	1,565,629	332,491	155,339	2,700	38,981	90.02
91.00	09100	EMERGENCY	4,657,191	989,043	724,325	86,108	181,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	146,805	31,177	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,048,650	1,496,915	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,031,136	1,917,933	383,527	0	96,242	116.00
116.01	11601	HOSPICE II	393,456	83,558	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	201,470,859	35,251,009	12,382,166	754,269	3,078,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,116	5,334	76,063	0	19,087	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	813,290	172,718	120,522	0	30,244	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.05	6.00	8.00	9.00	
194.00 07950 MEDICAL BUILDING AND OTHER	226,690	48,142	46,231	9	11,601	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	19,188	4,075	37,496	0	9,409	194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	202,555,143	35,481,278	12,662,478	754,278	3,149,102	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B Part I Date/Time Prepared: 5/16/2019 1:44 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.05	00591						5.05
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,539,480					10.00
11.00	01100	0	1,297,032				11.00
13.00	01300	0	11,174	2,096,337			13.00
14.00	01400	0	15	0	1,482,483		14.00
15.00	01500	0	39,296	0	0	4,008,775	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	22,916	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,857,734	328,952	1,348,994	0	0	30.00
31.00	03100	158,797	47,912	199,406	0	0	31.00
32.00	03200	107,013	30,560	128,070	0	0	32.00
40.00	04000	103,954	20,852	0	0	0	40.00
41.00	04100	311,982	29,648	0	0	0	41.00
43.00	04300	0	3,620	19,340	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	109,436	0	0	0	50.00
50.01	05001	0	18,563	0	0	0	50.01
51.00	05100	0	8,736	0	0	0	51.00
52.00	05200	0	16,888	90,250	0	0	52.00
53.00	05300	0	1,616	0	0	0	53.00
54.00	05400	0	54,239	0	0	0	54.00
54.01	03630	0	8,511	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	03450	0	5,220	0	0	0	56.01
57.00	05700	0	15,288	0	0	0	57.00
59.00	05900	0	31,143	0	0	0	59.00
60.00	06000	0	79,758	0	0	0	60.00
64.00	06400	0	5,744	0	0	0	64.00
65.00	06500	0	25,654	0	0	0	65.00
66.00	06600	0	20,463	0	0	0	66.00
67.00	06700	0	5,206	0	0	0	67.00
68.00	06800	0	4,458	0	0	0	68.00
69.00	06900	0	25,444	0	0	0	69.00
70.00	07000	0	11,234	0	0	0	70.00
71.00	07100	0	0	0	476,056	0	71.00
72.00	07200	0	0	0	994,743	0	72.00
73.00	07300	0	0	0	0	4,008,775	73.00
73.01	07301	0	3,979	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
76.00	03951	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03030	0	14,435	0	0	0	76.02
76.03	03020	0	1,376	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	5,250	0	0	0	90.01
90.02	09002	0	24,906	0	0	0	90.02
91.00	09100	0	74,882	310,277	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
101.00	10100	0	93,311	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	86,370	0	10,120	0	116.00
116.01	11601	0	1,062	0	1,264	0	116.01
118.00		2,539,480	1,288,117	2,096,337	1,482,183	4,008,775	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	4,173	0	4	0	192.00
193.00	19300	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MEDICAL BUILDING AND OTHER	0	4,742	0	296	0	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	0	0	0	0	194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	2,539,480	1,297,032	2,096,337	1,482,483	4,008,775	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			PATIENT TRANSPORT			
	16.00	17.00	18.00	24.00	25.00	
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 00540 NONPATIENT TELEPHONES						5.01
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,362,204					16.00
17.00 01700 SOCIAL SERVICE	0	1,866,600				17.00
18.00 01850 PATIENT TRANSPORT	0	0	628,128			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	159,029	1,456,898	42,290	32,815,216	0	30.00
31.00 03100 INTENSIVE CARE UNIT	27,261	54,314	7,250	5,214,928	0	31.00
32.00 03200 CORONARY CARE UNIT	17,331	54,314	4,609	3,640,321	0	32.00
40.00 04000 SUBPROVIDER - I/PF	8,240	0	2,191	1,971,543	0	40.00
41.00 04100 SUBPROVIDER - I/RF	13,520	0	3,595	3,425,304	0	41.00
43.00 04300 NURSERY	1,263	0	336	360,767	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	285,006	0	75,791	15,978,086	0	50.00
50.01 05001 REHAB MEDICINE	15,422	0	4,101	1,833,227	0	50.01
51.00 05100 RECOVERY ROOM	10,978	0	2,919	1,084,683	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,737	0	1,792	1,754,109	0	52.00
53.00 05300 ANESTHESIOLOGY	35,608	0	9,469	447,982	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	171,375	0	45,573	7,269,702	0	54.00
54.01 03630 ULTRA SOUND	27,908	0	7,422	805,240	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	46,270	0	12,305	1,436,183	0	56.01
57.00 05700 CT SCAN	122,518	0	32,581	1,864,448	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	87,896	0	23,374	2,497,464	0	59.00
60.00 06000 LABORATORY	175,771	0	46,742	10,271,433	0	60.00
64.00 06400 INTRAVENOUS THERAPY	7,524	0	2,001	711,197	0	64.00
65.00 06500 RESPIRATORY THERAPY	50,301	0	13,376	2,156,557	0	65.00
66.00 06600 PHYSICAL THERAPY	12,487	0	3,321	1,619,930	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,250	0	1,130	488,789	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,299	0	1,409	364,767	0	68.00
69.00 06900 ELECTROCARDIOLOGY	100,700	0	26,779	2,650,336	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	23,599	0	6,276	1,003,979	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	55,221	0	14,685	12,764,332	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	291,694	0	77,569	26,414,149	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	300,855	0	79,959	23,602,395	0	73.00
73.01 07301 RETAIL PHARMACY	4,080	0	1,085	2,285,698	0	73.01
74.00 07400 RENAL DIALYSIS	9,550	0	2,540	1,198,851	0	74.00
76.00 03951 DIABETES	0	0	0	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	0	0	0	76.01
76.02 03030 WOUND CARE	29,721	0	7,903	1,590,022	0	76.02
76.03 03020 PICC LINE TEAM	4,464	0	1,187	105,827	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	5,710	0	1,518	677,348	0	90.01
90.02 09002 PAIN MANAGEMENT	33,924	0	9,021	2,162,991	0	90.02
91.00 09100 EMERGENCY	137,159	301,074	36,474	7,498,295	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	177,982	0	95.00
101.00 10100 HOME HEALTH AGENCY	25,497	0	6,780	8,671,153	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	42,094	0	11,194	11,578,616	0	116.00
116.01 11601 HOSPICE II	5,774	0	1,536	486,650	0	116.01
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	2,362,036	1,866,600	628,083	200,880,500	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
			PATIENT TRANSPORT					
	16.00	17.00	18.00	24.00	25.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	125,600	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	168	0	45	1,141,164	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	337,711	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	70,168	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	2,362,204	1,866,600	628,128	202,555,143		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
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Cost Center Description		Total	
		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	00540	NONPATIENT TELEPHONES	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PATIENT TRANSPORT	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	REHAB MEDICINE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	CT SCAN	57.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	RETAIL PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	DIABETES	76.00
76.01	03950	LITHOTRIPTOR	76.01
76.02	03030	WOUNDCARE	76.02
76.03	03020	PICC LINE TEAM	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PARTIAL HOSPITAL PRG	90.01
90.02	09002	PAIN MANAGEMENT	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
116.01	11601	HOSPICE II	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Part I
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Cost Center Description		Total	
		26.00	
194.02 07952	FOUNDATION	70,168	194.02
194.03 07953	RETAIL PHARMACY	0	194.03
194.04 07954	SNF CLOSING EXP	0	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	202,555,143	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	43,062	76,256	119,318	4.00
5.01 00540	NONPATIENT TELEPHONES	0	6,408	0	6,408	5.01
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	1,846,355	889,202	1,537,348	4,272,905	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	393,477	2,023,046	2,416,523	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	37,389	5,860	43,249	9.00
10.00 01000	DIETARY	0	145,214	7,063	152,277	10.00
11.00 01100	CAFETERIA	0	62,233	0	62,233	11.00
13.00 01300	NURSING ADMINISTRATION	0	17,198	684,261	701,459	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	66,804	0	66,804	14.00
15.00 01500	PHARMACY	0	43,048	0	43,048	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	2,399	2,399	16.00
17.00 01700	SOCIAL SERVICE	0	6,816	4,337	11,153	17.00
18.00 01850	PATIENT TRANSPORT	0	9,987	0	9,987	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,215,085	291,568	1,506,653	30.00
31.00 03100	INTENSIVE CARE UNIT	0	163,949	21,053	185,002	31.00
32.00 03200	CORONARY CARE UNIT	0	111,975	65,427	177,402	32.00
40.00 04000	SUBPROVIDER - IPF	0	101,866	0	101,866	40.00
41.00 04100	SUBPROVIDER - IRF	0	219,460	9,862	229,322	41.00
43.00 04300	NURSERY	0	5,225	0	5,225	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	525,752	2,277,677	2,803,429	50.00
50.01 05001	REHAB MEDICINE	0	67,729	1,311	69,040	50.01
51.00 05100	RECOVERY ROOM	0	60,273	37,975	98,248	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	38,178	0	38,178	52.00
53.00 05300	ANESTHESIOLOGY	0	5,918	43,760	49,678	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	251,338	1,364,485	1,615,823	54.00
54.01 03630	ULTRA SOUND	0	4,395	78,142	82,537	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,198	64,194	79,392	56.01
57.00 05700	CT SCAN	0	16,681	220,949	237,630	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	169,554	852,700	1,022,254	59.00
60.00 06000	LABORATORY	0	127,472	350,606	478,078	60.00
64.00 06400	INTRAVENOUS THERAPY	0	24,966	17,976	42,942	64.00
65.00 06500	RESPIRATORY THERAPY	0	15,769	10,493	26,262	65.00
66.00 06600	PHYSICAL THERAPY	0	3,265	27,892	31,157	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	696	696	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	2,710	2,710	68.00
69.00 06900	ELECTROCARDIOLOGY	0	71,008	64,821	135,829	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	138,781	138,781	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	186,486	186,486	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	185,006	185,006	73.00
73.01 07301	RETAIL PHARMACY	0	5,238	0	5,238	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03951	DIABETES	0	0	0	0	76.00
76.01 03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02 03030	WOUNDCARE	0	0	2,461	2,461	76.02
76.03 03020	PICC LINE TEAM	0	694	0	694	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PARTIAL HOSPITAL PRG	0	61,852	637	62,489	90.01
90.02 09002	PAIN MANAGEMENT	0	51,294	12,152	63,446	90.02
91.00 09100	EMERGENCY	0	239,175	244,767	483,942	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	146,781	146,781	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	126,642	57,842	184,484	116.00
116.01 11601	HOSPICE II	0	0	0	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,846,355	5,420,789	11,119,780	18,386,924	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,116	0	25,116	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	39,797	0	39,797	382	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MEDICAL BUILDING AND OTHER	0	15,266	4,993	20,259	180	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	12,381	4,439	16,820	0	194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	1,846,355	5,513,349	11,129,212	18,488,916	119,318	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/16/2019 1:44 pm	
Cost Center Description			NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.05	6.00	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	00540	NONPATIENT TELEPHONES	6,785					5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	1,006	4,283,966				5.05
6.00	00600	MAINTENANCE & REPAIRS	194	267,805	2,685,640			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,953	0	15,953		8.00
9.00	00900	HOUSEKEEPING	56	64,207	24,015	0	131,527	9.00
10.00	01000	DIETARY	102	42,074	93,273	0	4,609	10.00
11.00	01100	CAFETERIA	0	22,445	39,973	0	1,975	11.00
13.00	01300	NURSING ADMINISTRATION	56	42,722	11,046	0	546	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,001	42,909	0	2,120	14.00
15.00	01500	PHARMACY	0	80,503	27,651	0	1,366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	268	49,959	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	130	38,447	4,378	0	216	17.00
18.00	01850	PATIENT TRANSPORT	19	12,484	6,415	0	317	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	620	478,339	780,463	8,483	38,568	30.00
31.00	03100	INTENSIVE CARE UNIT	102	86,008	105,307	682	5,204	31.00
32.00	03200	CORONARY CARE UNIT	167	60,249	71,923	539	3,554	32.00
40.00	04000	SUBPROVIDER - I PF	111	30,675	65,430	0	3,233	40.00
41.00	04100	SUBPROVIDER - I RF	194	46,743	140,962	529	6,966	41.00
43.00	04300	NURSERY	0	6,692	3,356	0	166	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	435	284,498	337,698	1,361	16,688	50.00
50.01	05001	REHAB MEDICINE	0	32,540	43,503	0	2,150	50.01
51.00	05100	RECOVERY ROOM	93	17,530	38,714	102	1,913	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,593	24,522	0	1,212	52.00
53.00	05300	ANESTHESIOLOGY	0	8,013	3,802	0	188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	315	126,579	161,438	1,298	7,978	54.00
54.01	03630	ULTRA SOUND	0	15,751	2,823	0	139	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	27,808	9,762	0	482	56.01
57.00	05700	CT SCAN	0	34,492	10,714	0	529	57.00
59.00	05900	CARDIAC CATHETERIZATION	407	35,840	108,907	383	5,382	59.00
60.00	06000	LABORATORY	305	200,629	81,877	0	4,046	60.00
64.00	06400	INTRAVENOUS THERAPY	28	12,671	16,036	47	792	64.00
65.00	06500	RESPIRATORY THERAPY	28	42,456	10,129	2	501	65.00
66.00	06600	PHYSICAL THERAPY	157	33,171	2,097	61	104	66.00
67.00	06700	OCCUPATIONAL THERAPY	19	10,114	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	74	7,478	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37	46,891	45,610	239	2,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	93	20,312	0	52	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	111	258,412	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	529,827	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111	406,341	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	47,728	3,365	0	166	73.01
74.00	07400	RENAL DIALYSIS	28	25,019	0	81	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	185	32,311	0	216	0	76.02
76.03	03020	PICC LINE TEAM	0	2,034	446	0	22	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	9,106	39,728	0	1,963	90.01
90.02	09002	PAIN MANAGEMENT	148	40,144	32,947	57	1,628	90.02
91.00	09100	EMERGENCY	278	119,415	153,625	1,821	7,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,764	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	361	180,734	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	463	231,567	81,344	0	4,020	116.00
116.01	11601	HOSPICE II	0	10,089	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,701	4,256,163	2,626,188	15,953	128,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	644	16,132	0	797	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9	20,854	25,562	0	1,263	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/16/2019 1:44 pm	
Cost Center Description		NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.05	6.00	8.00	9.00	
194.00	07950 MEDICAL BUILDING AND OTHER	19	5,813	9,805	0	485	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	56	492	7,953	0	393	194.02
194.03	07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	6,785	4,283,966	2,685,640	15,953	131,527	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/16/2019 1:44 pm		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.01	00540						5.01	
5.05	00591						5.05	
6.00	00600						6.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	293,538					10.00	
11.00	01100	0	127,674				11.00	
13.00	01300	0	1,100	758,270			13.00	
14.00	01400	0	1	0	137,837		14.00	
15.00	01500	0	3,868	0	0	160,954	15.00	
16.00	01600	0	0	0	0	0	16.00	
17.00	01700	0	2,256	0	0	0	17.00	
18.00	01850	0	0	0	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	214,735	32,381	487,947	0	0	30.00	
31.00	03100	18,355	4,716	72,128	0	0	31.00	
32.00	03200	12,370	3,008	46,324	0	0	32.00	
40.00	04000	12,016	2,053	0	0	0	40.00	
41.00	04100	36,062	2,918	0	0	0	41.00	
43.00	04300	0	356	6,996	0	0	43.00	
44.00	04400	0	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	10,772	0	0	0	50.00	
50.01	05001	0	1,827	0	0	0	50.01	
51.00	05100	0	860	0	0	0	51.00	
52.00	05200	0	1,662	32,644	0	0	52.00	
53.00	05300	0	159	0	0	0	53.00	
54.00	05400	0	5,339	0	0	0	54.00	
54.01	03630	0	838	0	0	0	54.01	
56.00	05600	0	0	0	0	0	56.00	
56.01	03450	0	514	0	0	0	56.01	
57.00	05700	0	1,505	0	0	0	57.00	
59.00	05900	0	3,066	0	0	0	59.00	
60.00	06000	0	7,851	0	0	0	60.00	
64.00	06400	0	565	0	0	0	64.00	
65.00	06500	0	2,525	0	0	0	65.00	
66.00	06600	0	2,014	0	0	0	66.00	
67.00	06700	0	512	0	0	0	67.00	
68.00	06800	0	439	0	0	0	68.00	
69.00	06900	0	2,505	0	0	0	69.00	
70.00	07000	0	1,106	0	0	0	70.00	
71.00	07100	0	0	0	44,259	0	71.00	
72.00	07200	0	0	0	92,493	0	72.00	
73.00	07300	0	0	0	0	160,954	73.00	
73.01	07301	0	392	0	0	0	73.01	
74.00	07400	0	0	0	0	0	74.00	
76.00	03951	0	0	0	0	0	76.00	
76.01	03950	0	0	0	0	0	76.01	
76.02	03030	0	1,421	0	0	0	76.02	
76.03	03020	0	135	0	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	517	0	0	0	90.01	
90.02	09002	0	2,452	0	0	0	90.02	
91.00	09100	0	7,371	112,231	0	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	0	0	0	0	0	95.00	
101.00	10100	0	9,185	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
116.00	11600	0	8,502	0	941	0	116.00	
116.01	11601	0	105	0	117	0	116.01	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		293,538	126,796	758,270	137,810	160,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	411	0	0	0	192.00	
193.00	19300	0	0	0	0	0	193.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	DI ETARY	CAFETERIA	NURSING ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MEDICAL BUILDING AND OTHER	0	467	0	27	0	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	0	0	0	0	194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	293,538	127,674	758,270	137,837	160,954	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			PATIENT TRANSPORT			
	16.00	17.00	18.00	24.00	25.00	
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 00540 NONPATIENT TELEPHONES						5.01
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	52,626					16.00
17.00 01700 SOCIAL SERVICE	0	58,532				17.00
18.00 01850 PATIENT TRANSPORT	0	0	29,222			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,530	45,685	1,961	3,623,222	0	30.00
31.00 03100 INTENSIVE CARE UNIT	605	1,703	336	484,432	0	31.00
32.00 03200 CORONARY CARE UNIT	385	1,703	214	380,872	0	32.00
40.00 04000 SUBPROVIDER - IPF	183	0	102	217,272	0	40.00
41.00 04100 SUBPROVIDER - IRF	300	0	167	466,386	0	41.00
43.00 04300 NURSERY	28	0	16	23,171	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,326	0	3,514	3,473,286	0	50.00
50.01 05001 REHAB MEDICINE	342	0	190	151,304	0	50.01
51.00 05100 RECOVERY ROOM	244	0	135	158,622	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	150	0	83	131,610	0	52.00
53.00 05300 ANESTHESIOLOGY	790	0	439	63,133	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,804	0	2,113	1,928,993	0	54.00
54.01 03630 ULTRA SOUND	619	0	344	103,750	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,027	0	571	120,077	0	56.01
57.00 05700 CT SCAN	2,719	0	1,511	290,321	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,951	0	1,084	1,182,495	0	59.00
60.00 06000 LABORATORY	3,901	0	2,167	783,610	0	60.00
64.00 06400 INTRAVENOUS THERAPY	167	0	93	73,923	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,116	0	620	85,612	0	65.00
66.00 06600 PHYSICAL THERAPY	277	0	154	71,112	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	94	0	52	12,076	0	67.00
68.00 06800 SPEECH PATHOLOGY	118	0	65	11,334	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,235	0	1,242	239,057	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	524	0	291	161,995	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,226	0	681	491,175	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,474	0	3,597	632,391	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,873	0	3,806	763,091	0	73.00
73.01 07301 RETAIL PHARMACY	91	0	50	57,475	0	73.01
74.00 07400 RENAL DIALYSIS	212	0	118	25,458	0	74.00
76.00 03951 DIABETES	0	0	0	0	0	76.00
76.01 03950 LI THOTRI PTOR	0	0	0	0	0	76.01
76.02 03030 WOUND CARE	660	0	366	38,733	0	76.02
76.03 03020 PICC LINE TEAM	99	0	55	3,599	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	127	0	70	114,440	0	90.01
90.02 09002 PAIN MANAGEMENT	753	0	418	143,906	0	90.02
91.00 09100 EMERGENCY	3,044	9,441	1,691	906,049	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	3,764	0	95.00
101.00 10100 HOME HEALTH AGENCY	566	0	314	346,688	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	934	0	519	520,122	0	116.00
116.01 11601 HOSPICE II	128	0	71	10,618	0	116.01
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	52,622	58,532	29,220	18,295,174	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
			PATIENT TRANSPORT					
	16.00	17.00	18.00	24.00	25.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	42,689	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4	0	2	88,284	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	37,055	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	25,714	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	52,626	58,532	29,222	18,488,916		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/16/2019 1:44 pm
Cost Center Description		Total			
		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	00540	NONPATIENT TELEPHONES			5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL			5.05
6.00	00600	MAINTENANCE & REPAIRS			6.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	PATIENT TRANSPORT			18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,623,222		30.00
31.00	03100	INTENSIVE CARE UNIT	484,432		31.00
32.00	03200	CORONARY CARE UNIT	380,872		32.00
40.00	04000	SUBPROVIDER - IPF	217,272		40.00
41.00	04100	SUBPROVIDER - IRF	466,386		41.00
43.00	04300	NURSERY	23,171		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	3,473,286		50.00
50.01	05001	REHAB MEDICINE	151,304		50.01
51.00	05100	RECOVERY ROOM	158,622		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,610		52.00
53.00	05300	ANESTHESIOLOGY	63,133		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,928,993		54.00
54.01	03630	ULTRA SOUND	103,750		54.01
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	120,077		56.01
57.00	05700	CT SCAN	290,321		57.00
59.00	05900	CARDIAC CATHETERIZATION	1,182,495		59.00
60.00	06000	LABORATORY	783,610		60.00
64.00	06400	INTRAVENOUS THERAPY	73,923		64.00
65.00	06500	RESPIRATORY THERAPY	85,612		65.00
66.00	06600	PHYSICAL THERAPY	71,112		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,076		67.00
68.00	06800	SPEECH PATHOLOGY	11,334		68.00
69.00	06900	ELECTROCARDIOLOGY	239,057		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,995		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	491,175		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	632,391		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	763,091		73.00
73.01	07301	RETAIL PHARMACY	57,475		73.01
74.00	07400	RENAL DIALYSIS	25,458		74.00
76.00	03951	DIABETES	0		76.00
76.01	03950	LITHOTRIPTOR	0		76.01
76.02	03030	WOUNDCARE	38,733		76.02
76.03	03020	PICC LINE TEAM	3,599		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	114,440		90.01
90.02	09002	PAIN MANAGEMENT	143,906		90.02
91.00	09100	EMERGENCY	906,049		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	3,764		95.00
101.00	10100	HOME HEALTH AGENCY	346,688		101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	520,122		116.00
116.01	11601	HOSPICE II	10,618		116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,295,174		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,689		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,284		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	37,055		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0		194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Total	
		26.00	
194.02	07952 FOUNDATION	25,714	194.02
194.03	07953 RETAIL PHARMACY	0	194.03
194.04	07954 SNF CLOSING EXP	0	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	18,488,916	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	405,223				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,334,984			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,165	63,962	61,059,300		4.00
5.01 00540	NONPATIENT TELEPHONES	471	0	192,729	733	5.01
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	65,355	1,289,500	5,145,951	109	-35,481,278 5.05
6.00 00600	MAINTENANCE & REPAIRS	28,920	1,696,894	572,294	21	0 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	2,748	4,915	0	6	0 9.00
10.00 01000	DIETARY	10,673	5,924	615,632	11	0 10.00
11.00 01100	CAFETERIA	4,574	0	536,435	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,264	573,946	686,245	6	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,910	0	905	0	0 14.00
15.00 01500	PHARMACY	3,164	0	2,312,180	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	2,012	0	29	0 16.00
17.00 01700	SOCIAL SERVICE	501	3,638	999,008	14	0 17.00
18.00 01850	PATIENT TRANSPORT	734	0	0	2	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	89,307	244,562	12,205,412	67	0 30.00
31.00 03100	INTENSIVE CARE UNIT	12,050	17,659	2,192,542	11	0 31.00
32.00 03200	CORONARY CARE UNIT	8,230	54,879	1,552,687	18	0 32.00
40.00 04000	SUBPROVIDER - I/PF	7,487	0	820,114	12	0 40.00
41.00 04100	SUBPROVIDER - I/RF	16,130	8,272	1,137,492	21	0 41.00
43.00 04300	NURSERY	384	0	171,759	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	38,642	1,910,478	4,383,320	47	0 50.00
50.01 05001	REHAB MEDICINE	4,978	1,100	876,022	0	0 50.01
51.00 05100	RECOVERY ROOM	4,430	31,853	400,469	10	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,806	0	801,543	0	0 52.00
53.00 05300	ANESTHESIOLOGY	435	36,705	32,901	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,473	1,144,505	2,203,848	34	0 54.00
54.01 03630	ULTRA SOUND	323	65,544	357,703	0	0 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,117	53,845	266,521	0	0 56.01
57.00 05700	CT SCAN	1,226	185,328	625,026	0	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	12,462	715,229	1,648,567	44	0 59.00
60.00 06000	LABORATORY	9,369	294,082	2,433,892	33	0 60.00
64.00 06400	INTRAVENOUS THERAPY	1,835	15,078	297,880	3	0 64.00
65.00 06500	RESPIRATORY THERAPY	1,159	8,801	1,009,772	3	0 65.00
66.00 06600	PHYSICAL THERAPY	240	23,395	982,449	17	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	584	301,562	2	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	2,273	230,389	8	0 68.00
69.00 06900	ELECTROCARDIOLOGY	5,219	54,371	1,133,820	4	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	116,407	427,784	10	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	156,421	0	12	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	155,180	0	12	0 73.00
73.01 07301	RETAIL PHARMACY	385	0	227,711	0	0 73.01
74.00 07400	RENAL DIALYSIS	0	0	0	3	0 74.00
76.00 03951	DIABETES	0	0	0	0	0 76.00
76.01 03950	LITHOTRIPTOR	0	0	0	0	0 76.01
76.02 03030	WOUND CARE	0	2,064	569,683	20	0 76.02
76.03 03020	PICC LINE TEAM	51	0	58,380	0	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PARTIAL HOSPITAL PRG	4,546	534	225,323	0	0 90.01
90.02 09002	PAIN MANAGEMENT	3,770	10,193	978,825	16	0 90.02
91.00 09100	EMERGENCY	17,579	205,306	2,864,829	30	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					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	123,117	4,476,419	39	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	9,308	48,517	3,760,272	50	0 116.00
116.01 11601	HOSPICE II	0	0	55,482	0	0 116.01
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	398,420	9,327,073	60,771,777	724	-35,481,278 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	Reconciliation			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,925	0	195,616	1	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,122	4,188	91,907	2	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	910	3,723	0	6	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,513,349	11,129,212	14,923,544	210,087		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.605716	1.192205	0.244411	286.612551		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			119,318	6,785		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001954	9.256480		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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.05	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	167,073,865				5.05
6.00	00600	MAINTENANCE & REPAIRS	10,444,409	307,312			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	622,152	0	1,449,524		8.00
9.00	00900	HOUSEKEEPING	2,504,083	2,748	0	304,564	9.00
10.00	01000	DIETARY	1,640,882	10,673	0	10,673	209,991
11.00	01100	CAFETERIA	875,370	4,574	0	4,574	0
13.00	01300	NURSING ADMINISTRATION	1,666,169	1,264	0	1,264	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,014,038	4,910	0	4,910	0
15.00	01500	PHARMACY	3,139,634	3,164	0	3,164	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,948,420	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,499,429	501	0	501	0
18.00	01850	PATIENT TRANSPORT	486,894	734	0	734	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,655,239	89,307	770,756	89,307	153,617
31.00	03100	INTENSIVE CARE UNIT	3,354,307	12,050	61,936	12,050	13,131
32.00	03200	CORONARY CARE UNIT	2,349,719	8,230	48,991	8,230	8,849
40.00	04000	SUBPROVIDER - I/PF	1,196,335	7,487	0	7,487	8,596
41.00	04100	SUBPROVIDER - I/RF	1,822,993	16,130	48,082	16,130	25,798
43.00	04300	NURSERY	260,990	384	0	384	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,095,415	38,642	123,693	38,642	0
50.01	05001	REHAB MEDICINE	1,269,050	4,978	0	4,978	0
51.00	05100	RECOVERY ROOM	683,674	4,430	9,313	4,430	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,232,142	2,806	0	2,806	0
53.00	05300	ANESTHESIOLOGY	312,501	435	0	435	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,936,605	18,473	117,921	18,473	0
54.01	03630	ULTRA SOUND	614,293	323	0	323	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,084,500	1,117	0	1,117	0
57.00	05700	CT SCAN	1,345,192	1,226	0	1,226	0
59.00	05900	CARDIAC CATHETERIZATION	1,397,776	12,462	34,771	12,462	0
60.00	06000	LABORATORY	7,824,556	9,369	0	9,369	0
64.00	06400	INTRAVENOUS THERAPY	494,163	1,835	4,300	1,835	0
65.00	06500	RESPIRATORY THERAPY	1,655,768	1,159	164	1,159	0
66.00	06600	PHYSICAL THERAPY	1,293,671	240	5,537	240	0
67.00	06700	OCCUPATIONAL THERAPY	394,437	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	291,661	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,828,746	5,219	21,698	5,219	0
70.00	07000	ELECTROENCEPHALOGRAPHY	792,175	0	4,732	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,078,095	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,662,170	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	15,847,325	0	0	0	0
73.01	07301	RETAIL PHARMACY	1,861,404	385	0	385	0
74.00	07400	RENAL DIALYSIS	975,732	0	7,329	0	0
76.00	03951	DIABETES	0	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0	0
76.02	03030	WOUNDCARE	1,260,140	0	19,618	0	0
76.03	03020	PICC LINE TEAM	79,326	51	0	51	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	355,134	4,546	0	4,546	0
90.02	09002	PAIN MANAGEMENT	1,565,629	3,770	5,188	3,770	0
91.00	09100	EMERGENCY	4,657,191	17,579	165,477	17,579	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	146,805	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	7,048,650	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	9,031,136	9,308	0	9,308	0
116.01	11601	HOSPICE II	393,456	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	165,989,581	300,509	1,449,506	297,761	209,991
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,116	1,846	0	1,846	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	813,290	2,925	0	2,925	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.05	6.00	8.00	9.00	10.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	226,690	1,122	18	1,122	0 194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0 194.01
194.02	07952	FOUNDATION	19,188	910	0	910	0 194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0 194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0 194.04
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)	35,481,278	12,662,478	754,278	3,149,102	2,539,480 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.212369	41.203982	0.520363	10.339705	12.093280 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,283,966	2,685,640	15,953	131,527	293,538 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.025641	8.739132	0.011006	0.431853	1.397860 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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	86,709					11.00
13.00	01300	NURSING ADMINISTRATION	747	706,835				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1	0	30,793,000			14.00
15.00	01500	PHARMACY	2,627	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	970,787,196	16.00
17.00	01700	SOCIAL SERVICE	1,532	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,991	454,849	0	0	65,363,146	30.00
31.00	03100	INTENSIVE CARE UNIT	3,203	67,235	0	0	11,204,873	31.00
32.00	03200	CORONARY CARE UNIT	2,043	43,182	0	0	7,123,306	32.00
40.00	04000	SUBPROVIDER - IPF	1,394	0	0	0	3,386,717	40.00
41.00	04100	SUBPROVIDER - IRF	1,982	0	0	0	5,557,128	41.00
43.00	04300	NURSERY	242	6,521	0	0	519,225	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,316	0	0	0	117,141,691	50.00
50.01	05001	REHAB MEDICINE	1,241	0	0	0	6,338,844	50.01
51.00	05100	RECOVERY ROOM	584	0	0	0	4,512,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,129	30,430	0	0	2,769,198	52.00
53.00	05300	ANESTHESIOLOGY	108	0	0	0	14,635,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,626	0	0	0	70,437,881	54.00
54.01	03630	ULTRA SOUND	569	0	0	0	11,470,673	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	349	0	0	0	19,017,813	56.01
57.00	05700	CT SCAN	1,022	0	0	0	50,356,943	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,082	0	0	0	36,126,508	59.00
60.00	06000	LABORATORY	5,332	0	0	0	72,244,366	60.00
64.00	06400	INTRAVENOUS THERAPY	384	0	0	0	3,092,279	64.00
65.00	06500	RESPIRATORY THERAPY	1,715	0	0	0	20,674,450	65.00
66.00	06600	PHYSICAL THERAPY	1,368	0	0	0	5,132,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	348	0	0	0	1,746,862	67.00
68.00	06800	SPEECH PATHOLOGY	298	0	0	0	2,177,800	68.00
69.00	06900	ELECTROCARDIOLOGY	1,701	0	0	0	41,389,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	751	0	0	0	9,699,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,888,170	0	22,696,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,662,170	0	119,890,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	123,540,917	73.00
73.01	07301	RETAIL PHARMACY	266	0	0	0	1,677,019	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,925,129	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	965	0	0	0	12,215,584	76.02
76.03	03020	PICC LINE TEAM	92	0	0	0	1,834,665	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	351	0	0	0	2,346,782	90.01
90.02	09002	PAI N MANAGEMENT	1,665	0	0	0	13,943,359	90.02
91.00	09100	EMERGENCY	5,006	104,618	0	0	56,374,559	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,238	0	0	0	10,479,682	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,774	0	210,195	0	17,301,228	116.00
116.01	11601	HOSPICE II	71	0	26,251	0	2,373,390	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,113	706,835	30,786,786	100	970,717,991	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		11.00	13.00	14.00	15.00	16.00		
192.00	19200	279	0	74	0	69,205	192.00	
193.00	19300	0	0	0	0	0	193.00	
194.00	07950	317	0	6,140	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	0	0	0	0	194.02	
194.03	07953	0	0	0	0	0	194.03	
194.04	07954	0	0	0	0	0	194.04	
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,297,032	2,096,337	1,482,483	4,008,775	2,362,204	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	14.958447	2.965808	0.048144	40,087.750000	0.002433	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	127,674	758,270	137,837	160,954	52,626	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.472442	1.072768	0.004476	1,609.540000	0.000054	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: 18-0102

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

Worksheet B-1
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.05	00591			5.05
6.00	00600			6.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700	25,878		17.00
18.00	01850	0	970,787,196	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	20,198	65,363,146	30.00
31.00	03100	753	11,204,873	31.00
32.00	03200	753	7,123,306	32.00
40.00	04000	0	3,386,717	40.00
41.00	04100	0	5,557,128	41.00
43.00	04300	0	519,225	43.00
44.00	04400	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	117,141,691	50.00
50.01	05001	0	6,338,844	50.01
51.00	05100	0	4,512,251	51.00
52.00	05200	0	2,769,198	52.00
53.00	05300	0	14,635,313	53.00
54.00	05400	0	70,437,881	54.00
54.01	03630	0	11,470,673	54.01
56.00	05600	0	0	56.00
56.01	03450	0	19,017,813	56.01
57.00	05700	0	50,356,943	57.00
59.00	05900	0	36,126,508	59.00
60.00	06000	0	72,244,366	60.00
64.00	06400	0	3,092,279	64.00
65.00	06500	0	20,674,450	65.00
66.00	06600	0	5,132,420	66.00
67.00	06700	0	1,746,862	67.00
68.00	06800	0	2,177,800	68.00
69.00	06900	0	41,389,047	69.00
70.00	07000	0	9,699,584	70.00
71.00	07100	0	22,696,499	71.00
72.00	07200	0	119,890,860	72.00
73.00	07300	0	123,540,917	73.00
73.01	07301	0	1,677,019	73.01
74.00	07400	0	3,925,129	74.00
76.00	03951	0	0	76.00
76.01	03950	0	0	76.01
76.02	03030	0	12,215,584	76.02
76.03	03020	0	1,834,665	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
90.01	09001	0	2,346,782	90.01
90.02	09002	0	13,943,359	90.02
91.00	09100	4,174	56,374,559	91.00
92.00	09200	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	0	0	95.00
101.00	10100	0	10,479,682	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	0	0	113.00
116.00	11600	0	17,301,228	116.00
116.01	11601	0	2,373,390	116.01
118.00		25,878	970,717,991	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
		PATIENT TRANSPORT (GROSS CHARGES)		
		17.00		
191.00 19100 RESEARCH	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	69,205		192.00
193.00 19300 NONPAID WORKERS	0	0		193.00
194.00 07950 MEDICAL BUILDING AND OTHER	0	0		194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0		194.01
194.02 07952 FOUNDATION	0	0		194.02
194.03 07953 RETAIL PHARMACY	0	0		194.03
194.04 07954 SNF CLOSING EXP	0	0		194.04
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,866,600	628,128		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	72.130767	0.000647		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	58,532	29,222		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.261844	0.000030		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

Provider CCN: 18-0102

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

Worksheet B-2
Date/Time Prepared:
5/16/2019 1:44 pm

	Description	Worksheet		Amount	
		CODE	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
56.00	Enter line name		0 0.00	0	56.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,815,216		32,815,216	0	32,815,216	30.00
31.00	03100	INTENSIVE CARE UNIT	5,214,928		5,214,928	0	5,214,928	31.00
32.00	03200	CORONARY CARE UNIT	3,640,321		3,640,321	0	3,640,321	32.00
40.00	04000	SUBPROVIDER - I/PF	1,971,543		1,971,543	0	1,971,543	40.00
41.00	04100	SUBPROVIDER - I/RF	3,425,304		3,425,304	0	3,425,304	41.00
43.00	04300	NURSERY	360,767		360,767	0	360,767	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,978,086		15,978,086	0	15,978,086	50.00
50.01	05001	REHAB MEDICINE	1,833,227		1,833,227	0	1,833,227	50.01
51.00	05100	RECOVERY ROOM	1,084,683		1,084,683	0	1,084,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,754,109		1,754,109	0	1,754,109	52.00
53.00	05300	ANESTHESIOLOGY	447,982		447,982	0	447,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,269,702		7,269,702	0	7,269,702	54.00
54.01	03630	ULTRA SOUND	805,240		805,240	0	805,240	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,436,183		1,436,183	0	1,436,183	56.01
57.00	05700	CT SCAN	1,864,448		1,864,448	0	1,864,448	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,497,464		2,497,464	0	2,497,464	59.00
60.00	06000	LABORATORY	10,271,433		10,271,433	0	10,271,433	60.00
64.00	06400	INTRAVENOUS THERAPY	711,197		711,197	0	711,197	64.00
65.00	06500	RESPIRATORY THERAPY	2,156,557	0	2,156,557	0	2,156,557	65.00
66.00	06600	PHYSICAL THERAPY	1,619,930	0	1,619,930	0	1,619,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	488,789	0	488,789	0	488,789	67.00
68.00	06800	SPEECH PATHOLOGY	364,767	0	364,767	0	364,767	68.00
69.00	06900	ELECTROCARDIOLOGY	2,650,336		2,650,336	0	2,650,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,003,979		1,003,979	0	1,003,979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,764,332		12,764,332	0	12,764,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,414,149		26,414,149	0	26,414,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,602,395		23,602,395	0	23,602,395	73.00
73.01	07301	RETAIL PHARMACY	2,285,698		2,285,698	0	2,285,698	73.01
74.00	07400	RENAL DIALYSIS	1,198,851		1,198,851	0	1,198,851	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
76.02	03030	WOUND CARE	1,590,022		1,590,022	0	1,590,022	76.02
76.03	03020	PICC LINE TEAM	105,827		105,827	0	105,827	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	677,348		677,348	0	677,348	90.01
90.02	09002	PAIN MANAGEMENT	2,162,991		2,162,991	0	2,162,991	90.02
91.00	09100	EMERGENCY	7,498,295		7,498,295	0	7,498,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,639,281		2,639,281	0	2,639,281	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	177,982		177,982	0	177,982	95.00
101.00	10100	HOME HEALTH AGENCY	8,671,153		8,671,153	0	8,671,153	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,578,616		11,578,616		11,578,616	116.00
116.01	11601	HOSPICE II	486,650		486,650		486,650	116.01
200.00		Subtotal (see instructions)	203,519,781	0	203,519,781	0	203,519,781	200.00
201.00		Less Observation Beds	2,639,281		2,639,281		2,639,281	201.00
202.00		Total (see instructions)	200,880,500	0	200,880,500	0	200,880,500	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/16/2019 1:44 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	61,773,465		61,773,465				30.00
31.00	03100	INTENSIVE CARE UNIT	11,204,873		11,204,873				31.00
32.00	03200	CORONARY CARE UNIT	7,123,306		7,123,306				32.00
40.00	04000	SUBPROVIDER - I/PF	3,386,717		3,386,717				40.00
41.00	04100	SUBPROVIDER - I/RP	5,557,128		5,557,128				41.00
43.00	04300	NURSERY	519,225		519,225				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	63,598,731	53,542,961	117,141,692	0.136400	0.000000		50.00
50.01	05001	REHAB MEDICINE	6,338,490	354	6,338,844	0.289205	0.000000		50.01
51.00	05100	RECOVERY ROOM	1,987,704	2,524,547	4,512,251	0.240386	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,765,672	3,526	2,769,198	0.633436	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,878,981	6,756,332	14,635,313	0.030610	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,669,635	55,768,246	70,437,881	0.103207	0.000000		54.00
54.01	03630	ULTRA SOUND	2,398,725	9,071,948	11,470,673	0.070200	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,921,101	16,096,712	19,017,813	0.075518	0.000000		56.01
57.00	05700	CT SCAN	16,570,227	33,786,716	50,356,943	0.037025	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	13,682,170	22,444,338	36,126,508	0.069131	0.000000		59.00
60.00	06000	LABORATORY	37,412,920	34,831,446	72,244,366	0.142176	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	30,517	3,061,762	3,092,279	0.229991	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	18,218,124	2,456,326	20,674,450	0.104310	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,187,416	1,945,004	5,132,420	0.315627	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,502,920	243,942	1,746,862	0.279810	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,620,298	557,502	2,177,800	0.167493	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	10,824,202	30,564,845	41,389,047	0.064035	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	911,994	8,787,590	9,699,584	0.103507	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,155,344	8,541,155	22,696,499	0.562392	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	86,585,610	33,305,250	119,890,860	0.220318	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,224,377	80,316,540	123,540,917	0.191049	0.000000		73.00
73.01	07301	RETAIL PHARMACY	0	1,677,019	1,677,019	1.362953	0.000000		73.01
74.00	07400	RENAL DIALYSIS	2,660,705	1,264,424	3,925,129	0.305430	0.000000		74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000		76.01
76.02	03030	WOUND CARE	110,901	12,104,683	12,215,584	0.130163	0.000000		76.02
76.03	03020	PICC LINE TEAM	1,680,515	154,150	1,834,665	0.057682	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,611	2,345,171	2,346,782	0.288628	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	22,180	13,921,180	13,943,360	0.155127	0.000000		90.02
91.00	09100	EMERGENCY	15,403,630	40,970,929	56,374,559	0.133008	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	745,416	2,844,265	3,589,681	0.735241	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	10,479,682	10,479,682				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,173,382	15,127,846	17,301,228				116.00
116.01	11601	HOSPICE II	0	2,373,390	2,373,390				116.01
200.00		Subtotal (see instructions)	462,848,212	507,869,781	970,717,993				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	462,848,212	507,869,781	970,717,993				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/16/2019 1:44 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136400		50.00
50.01	05001	REHAB MEDICINE	0.289205		50.01
51.00	05100	RECOVERY ROOM	0.240386		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.633436		52.00
53.00	05300	ANESTHESIOLOGY	0.030610		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103207		54.00
54.01	03630	ULTRA SOUND	0.070200		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.075518		56.01
57.00	05700	CT SCAN	0.037025		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.069131		59.00
60.00	06000	LABORATORY	0.142176		60.00
64.00	06400	INTRAVENOUS THERAPY	0.229991		64.00
65.00	06500	RESPIRATORY THERAPY	0.104310		65.00
66.00	06600	PHYSICAL THERAPY	0.315627		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279810		67.00
68.00	06800	SPEECH PATHOLOGY	0.167493		68.00
69.00	06900	ELECTROCARDIOLOGY	0.064035		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103507		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.562392		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220318		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191049		73.00
73.01	07301	RETAIL PHARMACY	1.362953		73.01
74.00	07400	RENAL DIALYSIS	0.305430		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUND CARE	0.130163		76.02
76.03	03020	PICC LINE TEAM	0.057682		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.288628		90.01
90.02	09002	PAIN MANAGEMENT	0.155127		90.02
91.00	09100	EMERGENCY	0.133008		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.735241		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
116.00	11600	HOSPICE			116.00
116.01	11601	HOSPICE II			116.01
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: 18-0102

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,815,216		32,815,216	30.00
31.00	03100	INTENSIVE CARE UNIT	5,214,928		5,214,928	31.00
32.00	03200	CORONARY CARE UNIT	3,640,321		3,640,321	32.00
40.00	04000	SUBPROVIDER - I/PF	1,971,543		1,971,543	40.00
41.00	04100	SUBPROVIDER - I/RF	3,425,304		3,425,304	41.00
43.00	04300	NURSERY	360,767		360,767	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,978,086		15,978,086	50.00
50.01	05001	REHAB MEDICINE	1,833,227		1,833,227	50.01
51.00	05100	RECOVERY ROOM	1,084,683		1,084,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,754,109		1,754,109	52.00
53.00	05300	ANESTHESIOLOGY	447,982		447,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,269,702		7,269,702	54.00
54.01	03630	ULTRA SOUND	805,240		805,240	54.01
56.00	05600	RADIOISOTOPE	0		0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,436,183		1,436,183	56.01
57.00	05700	CT SCAN	1,864,448		1,864,448	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,497,464		2,497,464	59.00
60.00	06000	LABORATORY	10,271,433		10,271,433	60.00
64.00	06400	INTRAVENOUS THERAPY	711,197		711,197	64.00
65.00	06500	RESPIRATORY THERAPY	2,156,557	0	2,156,557	65.00
66.00	06600	PHYSICAL THERAPY	1,619,930	0	1,619,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	488,789	0	488,789	67.00
68.00	06800	SPEECH PATHOLOGY	364,767	0	364,767	68.00
69.00	06900	ELECTROCARDIOLOGY	2,650,336		2,650,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,003,979		1,003,979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,764,332		12,764,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,414,149		26,414,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,602,395		23,602,395	73.00
73.01	07301	RETAIL PHARMACY	2,285,698		2,285,698	73.01
74.00	07400	RENAL DIALYSIS	1,198,851		1,198,851	74.00
76.00	03951	DIABETES	0		0	76.00
76.01	03950	LITHOTRIPTOR	0		0	76.01
76.02	03030	WOUND CARE	1,590,022		1,590,022	76.02
76.03	03020	PICC LINE TEAM	105,827		105,827	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	677,348		677,348	90.01
90.02	09002	PAIN MANAGEMENT	2,162,991		2,162,991	90.02
91.00	09100	EMERGENCY	7,498,295		7,498,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,639,281		2,639,281	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	177,982		177,982	95.00
101.00	10100	HOME HEALTH AGENCY	8,671,153		8,671,153	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	11,578,616		11,578,616	116.00
116.01	11601	HOSPICE II	486,650		486,650	116.01
200.00		Subtotal (see instructions)	203,519,781	0	203,519,781	200.00
201.00		Less Observation Beds	2,639,281		2,639,281	201.00
202.00		Total (see instructions)	200,880,500	0	200,880,500	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	61,773,465		61,773,465		30.00
31.00	03100	INTENSIVE CARE UNIT	11,204,873		11,204,873		31.00
32.00	03200	CORONARY CARE UNIT	7,123,306		7,123,306		32.00
40.00	04000	SUBPROVIDER - I/PF	3,386,717		3,386,717		40.00
41.00	04100	SUBPROVIDER - I/RP	5,557,128		5,557,128		41.00
43.00	04300	NURSERY	519,225		519,225		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,598,731	53,542,961	117,141,692	0.136400	50.00
50.01	05001	REHAB MEDICINE	6,338,490	354	6,338,844	0.289205	50.01
51.00	05100	RECOVERY ROOM	1,987,704	2,524,547	4,512,251	0.240386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,765,672	3,526	2,769,198	0.633436	52.00
53.00	05300	ANESTHESIOLOGY	7,878,981	6,756,332	14,635,313	0.030610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,669,635	55,768,246	70,437,881	0.103207	54.00
54.01	03630	ULTRA SOUND	2,398,725	9,071,948	11,470,673	0.070200	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,921,101	16,096,712	19,017,813	0.075518	56.01
57.00	05700	CT SCAN	16,570,227	33,786,716	50,356,943	0.037025	57.00
59.00	05900	CARDIAC CATHETERIZATION	13,682,170	22,444,338	36,126,508	0.069131	59.00
60.00	06000	LABORATORY	37,412,920	34,831,446	72,244,366	0.142176	60.00
64.00	06400	INTRAVENOUS THERAPY	30,517	3,061,762	3,092,279	0.229991	64.00
65.00	06500	RESPIRATORY THERAPY	18,218,124	2,456,326	20,674,450	0.104310	65.00
66.00	06600	PHYSICAL THERAPY	3,187,416	1,945,004	5,132,420	0.315627	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,502,920	243,942	1,746,862	0.279810	67.00
68.00	06800	SPEECH PATHOLOGY	1,620,298	557,502	2,177,800	0.167493	68.00
69.00	06900	ELECTROCARDIOLOGY	10,824,202	30,564,845	41,389,047	0.064035	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	911,994	8,787,590	9,699,584	0.103507	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,155,344	8,541,155	22,696,499	0.562392	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	86,585,610	33,305,250	119,890,860	0.220318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,224,377	80,316,540	123,540,917	0.191049	73.00
73.01	07301	RETAIL PHARMACY	0	1,677,019	1,677,019	1.362953	73.01
74.00	07400	RENAL DIALYSIS	2,660,705	1,264,424	3,925,129	0.305430	74.00
76.00	03951	DIABETES	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	76.01
76.02	03030	WOUND CARE	110,901	12,104,683	12,215,584	0.130163	76.02
76.03	03020	PICC LINE TEAM	1,680,515	154,150	1,834,665	0.057682	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,611	2,345,171	2,346,782	0.288628	90.01
90.02	09002	PAIN MANAGEMENT	22,180	13,921,180	13,943,360	0.155127	90.02
91.00	09100	EMERGENCY	15,403,630	40,970,929	56,374,559	0.133008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	745,416	2,844,265	3,589,681	0.735241	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,479,682	10,479,682		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,173,382	15,127,846	17,301,228		116.00
116.01	11601	HOSPICE II	0	2,373,390	2,373,390		116.01
200.00		Subtotal (see instructions)	462,848,212	507,869,781	970,717,993		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	462,848,212	507,869,781	970,717,993		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/16/2019 1:44 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	REHAB MEDICINE	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	RETAIL PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUND CARE	0.000000		76.02
76.03	03020	PICC LINE TEAM	0.000000		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
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
116.00	11600	HOSPICE			116.00
116.01	11601	HOSPICE II			116.01
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: 18-0102

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

Worksheet C Part II Date/Time Prepared: 5/16/2019 1:44 pm

Cost Center Description			Title XIX			Hospital		Cost
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,978,086	3,473,286	12,504,800	173,664	625,240	50.00
50.01	05001	REHAB MEDICINE	1,833,227	151,304	1,681,923	7,565	84,096	50.01
51.00	05100	RECOVERY ROOM	1,084,683	158,622	926,061	7,931	46,303	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,754,109	131,610	1,622,499	6,581	81,125	52.00
53.00	05300	ANESTHESIOLOGY	447,982	63,133	384,849	3,157	19,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,269,702	1,928,993	5,340,709	96,450	267,035	54.00
54.01	03630	ULTRA SOUND	805,240	103,750	701,490	5,188	35,075	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,436,183	120,077	1,316,106	6,004	65,805	56.01
57.00	05700	CT SCAN	1,864,448	290,321	1,574,127	14,516	78,706	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,497,464	1,182,495	1,314,969	59,125	65,748	59.00
60.00	06000	LABORATORY	10,271,433	783,610	9,487,823	39,181	474,391	60.00
64.00	06400	INTRAVENOUS THERAPY	711,197	73,923	637,274	3,696	31,864	64.00
65.00	06500	RESPIRATORY THERAPY	2,156,557	85,612	2,070,945	4,281	103,547	65.00
66.00	06600	PHYSICAL THERAPY	1,619,930	71,112	1,548,818	3,556	77,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	488,789	12,076	476,713	604	23,836	67.00
68.00	06800	SPEECH PATHOLOGY	364,767	11,334	353,433	567	17,672	68.00
69.00	06900	ELECTROCARDIOLOGY	2,650,336	239,057	2,411,279	11,953	120,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,003,979	161,995	841,984	8,100	42,099	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,764,332	491,175	12,273,157	24,559	613,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,414,149	632,391	25,781,758	31,620	1,289,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,602,395	763,091	22,839,304	38,155	1,141,965	73.00
73.01	07301	RETAIL PHARMACY	2,285,698	57,475	2,228,223	2,874	111,411	73.01
74.00	07400	RENAL DIALYSIS	1,198,851	25,458	1,173,393	1,273	58,670	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	1,590,022	38,733	1,551,289	1,937	77,564	76.02
76.03	03020	PICC LINE TEAM	105,827	3,599	102,228	180	5,111	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	677,348	114,440	562,908	5,722	28,145	90.01
90.02	09002	PAIN MANAGEMENT	2,162,991	143,906	2,019,085	7,195	100,954	90.02
91.00	09100	EMERGENCY	7,498,295	906,049	6,592,246	45,302	329,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,639,281	291,411	2,347,870	14,571	117,394	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	177,982	3,764	174,218	188	8,711	95.00
101.00	10100	HOME HEALTH AGENCY	8,671,153	346,688	8,324,465	17,334	416,223	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	11,578,616	520,122	11,058,494	26,006	552,925	116.00
116.01	11601	HOSPICE II	486,650	10,618	476,032	531	23,802	116.01
200.00		Subtotal (sum of lines 50 thru 199)	156,091,702	13,391,230	142,700,472	669,566	7,135,022	200.00
201.00		Less Observation Beds	2,639,281	291,411	2,347,870	14,571	117,394	201.00
202.00		Total (line 200 minus line 201)	153,452,421	13,099,819	140,352,602	654,995	7,017,628	202.00

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

Provider CCN: 18-0102

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

Worksheet C
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

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)	Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	15,179,182	117,141,692	0.129580		50.00
50.01	05001 REHAB MEDICINE	1,741,566	6,338,844	0.274745		50.01
51.00	05100 RECOVERY ROOM	1,030,449	4,512,251	0.228367		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,666,403	2,769,198	0.601764		52.00
53.00	05300 ANESTHESIOLOGY	425,583	14,635,313	0.029079		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,906,217	70,437,881	0.098047		54.00
54.01	03630 ULTRA SOUND	764,977	11,470,673	0.066690		54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,364,374	19,017,813	0.071742		56.01
57.00	05700 CT SCAN	1,771,226	50,356,943	0.035173		57.00
59.00	05900 CARDIAC CATHETERIZATION	2,372,591	36,126,508	0.065675		59.00
60.00	06000 LABORATORY	9,757,861	72,244,366	0.135067		60.00
64.00	06400 INTRAVENOUS THERAPY	675,637	3,092,279	0.218492		64.00
65.00	06500 RESPIRATORY THERAPY	2,048,729	20,674,450	0.099095		65.00
66.00	06600 PHYSICAL THERAPY	1,538,933	5,132,420	0.299845		66.00
67.00	06700 OCCUPATIONAL THERAPY	464,349	1,746,862	0.265819		67.00
68.00	06800 SPEECH PATHOLOGY	346,528	2,177,800	0.159118		68.00
69.00	06900 ELECTROCARDIOLOGY	2,517,819	41,389,047	0.060833		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	953,780	9,699,584	0.098332		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,126,115	22,696,499	0.534272		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,093,441	119,890,860	0.209302		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,422,275	123,540,917	0.181497		73.00
73.01	07301 RETAIL PHARMACY	2,171,413	1,677,019	1.294805		73.01
74.00	07400 RENAL DIALYSIS	1,138,908	3,925,129	0.290158		74.00
76.00	03951 DIABETES	0	0	0.000000		76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000		76.01
76.02	03030 WOUND CARE	1,510,521	12,215,584	0.123655		76.02
76.03	03020 PICC LINE TEAM	100,536	1,834,665	0.054798		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 PARTIAL HOSPITAL PRG	643,481	2,346,782	0.274197		90.01
90.02	09002 PAIN MANAGEMENT	2,054,842	13,943,360	0.147371		90.02
91.00	09100 EMERGENCY	7,123,381	56,374,559	0.126358		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,507,316	3,589,681	0.698479		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	169,083	0	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY	8,237,596	10,479,682	0.786054		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	10,999,685	17,301,228	0.635775		116.00
116.01	11601 HOSPICE II	462,317	2,373,390	0.194792		116.01
200.00	Subtotal (sum of lines 50 thru 199)	148,287,114	881,153,279			200.00
201.00	Less Observation Beds	2,507,316	0			201.00
202.00	Total (line 200 minus line 201)	145,779,798	881,153,279			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,623,222	0	3,623,222	39,588	91.52	30.00
31.00	INTENSIVE CARE UNIT	484,432		484,432	3,530	137.23	31.00
32.00	CORONARY CARE UNIT	380,872		380,872	2,379	160.10	32.00
40.00	SUBPROVIDER - IPF	217,272	0	217,272	2,311	94.02	40.00
41.00	SUBPROVIDER - IRF	466,386	0	466,386	5,466	85.32	41.00
43.00	NURSERY	23,171		23,171	1,241	18.67	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,195,355		5,195,355	54,515		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,288	1,582,198				
31.00	INTENSIVE CARE UNIT	1,843	252,915				
32.00	CORONARY CARE UNIT	1,341	214,694				
40.00	SUBPROVIDER - IPF	692	65,062				
41.00	SUBPROVIDER - IRF	3,891	331,980				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	25,055	2,446,849				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,473,286	117,141,692	0.029650	30,729,892	911,141	50.00
50.01	05001 REHAB MEDICINE	151,304	6,338,844	0.023869	1,400,294	33,424	50.01
51.00	05100 RECOVERY ROOM	158,622	4,512,251	0.035154	975,835	34,305	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	131,610	2,769,198	0.047526	4,556	217	52.00
53.00	05300 ANESTHESIOLOGY	63,133	14,635,313	0.004314	3,653,066	15,759	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,928,993	70,437,881	0.027386	7,781,059	213,092	54.00
54.01	03630 ULTRA SOUND	103,750	11,470,673	0.009045	1,173,856	10,618	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	120,077	19,017,813	0.006314	1,482,130	9,358	56.01
57.00	05700 CT SCAN	290,321	50,356,943	0.005765	8,278,379	47,725	57.00
59.00	05900 CARDIAC CATHETERIZATION	1,182,495	36,126,508	0.032732	6,101,283	199,707	59.00
60.00	06000 LABORATORY	783,610	72,244,366	0.010847	17,346,778	188,161	60.00
64.00	06400 INTRAVENOUS THERAPY	73,923	3,092,279	0.023906	15,869	379	64.00
65.00	06500 RESPIRATORY THERAPY	85,612	20,674,450	0.004141	9,988,206	41,361	65.00
66.00	06600 PHYSICAL THERAPY	71,112	5,132,420	0.013855	1,080,368	14,968	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,076	1,746,862	0.006913	460,164	3,181	67.00
68.00	06800 SPEECH PATHOLOGY	11,334	2,177,800	0.005204	756,813	3,938	68.00
69.00	06900 ELECTROCARDIOLOGY	239,057	41,389,047	0.005776	6,009,141	34,709	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	161,995	9,699,584	0.016701	468,350	7,822	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	491,175	22,696,499	0.021641	7,388,213	159,888	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	632,391	119,890,860	0.005275	40,316,809	212,671	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	763,091	123,540,917	0.006177	19,129,289	118,162	73.00
73.01	07301 RETAIL PHARMACY	57,475	1,677,019	0.034272	0	0	73.01
74.00	07400 RENAL DIALYSIS	25,458	3,925,129	0.006486	1,583,793	10,272	74.00
76.00	03951 DIABETES	0	0	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030 WOUND CARE	38,733	12,215,584	0.003171	69,247	220	76.02
76.03	03020 PICC LINE TEAM	3,599	1,834,665	0.001962	953,934	1,872	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	114,440	2,346,782	0.048765	0	0	90.01
90.02	09002 PAIN MANAGEMENT	143,906	13,943,360	0.010321	13,787	142	90.02
91.00	09100 EMERGENCY	906,049	56,374,559	0.016072	7,090,991	113,966	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	291,411	3,589,681	0.081180	303,165	24,611	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	12,510,038	850,998,979		174,555,267	2,411,669	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	39,588	0.00	17,288	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,530	0.00	1,843	31.00
32.00	03200	CORONARY CARE UNIT	0	0	2,379	0.00	1,341	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,311	0.00	692	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,466	0.00	3,891	41.00
43.00	04300	NURSERY	0	0	1,241	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)	0	0	54,515	0.00	25,055	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	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: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	117,141,692	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	6,338,844	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,512,251	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,769,198	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,635,313	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	70,437,881	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,470,673	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	19,017,813	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	50,356,943	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	36,126,508	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	72,244,366	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,092,279	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,674,450	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,132,420	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,746,862	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,177,800	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,389,047	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,699,584	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,696,499	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	119,890,860	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	123,540,917	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	1,677,019	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,925,129	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	0	12,215,584	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,834,665	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	2,346,782	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	13,943,360	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	56,374,559	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,589,681	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	850,998,979		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	30,729,892	0	17,555,849	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	1,400,294	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	975,835	0	753,183	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	4,556	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	3,653,066	0	2,226,730	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,781,059	0	20,524,139	0	54.00
54.01	03630 ULTRA SOUND	0.000000	1,173,856	0	2,773,004	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	1,482,130	0	7,033,610	0	56.01
57.00	05700 CT SCAN	0.000000	8,278,379	0	11,214,576	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,101,283	0	10,321,881	0	59.00
60.00	06000 LABORATORY	0.000000	17,346,778	0	6,065,377	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	15,869	0	1,157,977	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	9,988,206	0	762,043	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,080,368	0	69,093	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	460,164	0	32,573	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	756,813	0	27,888	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,009,141	0	14,227,726	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	468,350	0	2,675,099	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,388,213	0	3,903,797	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	40,316,809	0	13,031,334	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	19,129,289	0	26,722,765	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,583,793	0	444,323	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUND CARE	0.000000	69,247	0	5,616,084	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	953,934	0	38,198	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	508,691	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	13,787	0	6,506,513	0	90.02
91.00	09100 EMERGENCY	0.000000	7,090,991	0	10,410,651	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	303,165	0	981,036	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		174,555,267	0	165,584,140	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.136400	17,555,849	0	0	2,394,618
50.01 05001 REHAB MEDICINE	0.289205	0	0	0	0
51.00 05100 RECOVERY ROOM	0.240386	753,183	0	0	181,055
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.633436	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.030610	2,226,730	0	0	68,160
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.103207	20,524,139	0	0	2,118,235
54.01 03630 ULTRA SOUND	0.070200	2,773,004	0	0	194,665
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.075518	7,033,610	0	0	531,164
57.00 05700 CT SCAN	0.037025	11,214,576	0	0	415,220
59.00 05900 CARDIAC CATHETERIZATION	0.069131	10,321,881	0	0	713,562
60.00 06000 LABORATORY	0.142176	6,065,377	0	0	862,351
64.00 06400 INTRAVENOUS THERAPY	0.229991	1,157,977	0	0	266,324
65.00 06500 RESPIRATORY THERAPY	0.104310	762,043	0	0	79,489
66.00 06600 PHYSICAL THERAPY	0.315627	69,093	0	0	21,808
67.00 06700 OCCUPATIONAL THERAPY	0.279810	32,573	0	0	9,114
68.00 06800 SPEECH PATHOLOGY	0.167493	27,888	0	0	4,671
69.00 06900 ELECTROCARDIOLOGY	0.064035	14,227,726	0	0	911,072
70.00 07000 ELECTROENCEPHALOGRAPHY	0.103507	2,675,099	0	0	276,891
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.562392	3,903,797	0	0	2,195,464
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.220318	13,031,334	0	0	2,871,037
73.00 07300 DRUGS CHARGED TO PATIENTS	0.191049	26,722,765	0	77,895	5,105,358
73.01 07301 RETAIL PHARMACY	1.362953	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.305430	444,323	0	0	135,710
76.00 03951 DIABETES	0.000000	0	0	0	0
76.01 03950 LI THOTRIPTOR	0.000000	0	0	0	0
76.02 03030 WOUND CARE	0.130163	5,616,084	0	1	731,006
76.03 03020 PICC LINE TEAM	0.057682	38,198	0	0	2,203
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 PARTIAL HOSPITAL PRG	0.288628	508,691	0	0	146,822
90.02 09002 PAIN MANAGEMENT	0.155127	6,506,513	0	0	1,009,336
91.00 09100 EMERGENCY	0.133008	10,410,651	0	272	1,384,700
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.735241	981,036	0	0	721,298
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	165,584,140	0	78,168	23,351,333
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	165,584,140	0	78,168	23,351,333

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:44 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 REHAB MEDICINE	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,882		73.00
73.01 07301 RETAIL PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 DIABETES	0	0		76.00
76.01 03950 LITHOTRIPTOR	0	0		76.01
76.02 03030 WOUNDCARE	0	0		76.02
76.03 03020 PICC LINE TEAM	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
91.00 09100 EMERGENCY	0	36		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	14,918		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	14,918		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 18-0102 Component CCN: 18-S102		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/16/2019 1:44 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,473,286	117,141,692	0.029650	393	12	50.00
50.01	05001	REHAB MEDICINE	151,304	6,338,844	0.023869	2,734	65	50.01
51.00	05100	RECOVERY ROOM	158,622	4,512,251	0.035154	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,610	2,769,198	0.047526	0	0	52.00
53.00	05300	ANESTHESIOLOGY	63,133	14,635,313	0.004314	2,243	10	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,928,993	70,437,881	0.027386	23,363	640	54.00
54.01	03630	ULTRA SOUND	103,750	11,470,673	0.009045	6,715	61	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	120,077	19,017,813	0.006314	10,128	64	56.01
57.00	05700	CT SCAN	290,321	50,356,943	0.005765	90,108	519	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,182,495	36,126,508	0.032732	11	0	59.00
60.00	06000	LABORATORY	783,610	72,244,366	0.010847	256,257	2,780	60.00
64.00	06400	INTRAVENOUS THERAPY	73,923	3,092,279	0.023906	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,612	20,674,450	0.004141	24,603	102	65.00
66.00	06600	PHYSICAL THERAPY	71,112	5,132,420	0.013855	6,169	85	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,076	1,746,862	0.006913	1,126	8	67.00
68.00	06800	SPEECH PATHOLOGY	11,334	2,177,800	0.005204	3,053	16	68.00
69.00	06900	ELECTROCARDIOLOGY	239,057	41,389,047	0.005776	26,719	154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,995	9,699,584	0.016701	1,007	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	491,175	22,696,499	0.021641	944	20	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	632,391	119,890,860	0.005275	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	763,091	123,540,917	0.006177	97,035	599	73.00
73.01	07301	RETAIL PHARMACY	57,475	1,677,019	0.034272	0	0	73.01
74.00	07400	RENAL DIALYSIS	25,458	3,925,129	0.006486	16,701	108	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	38,733	12,215,584	0.003171	0	0	76.02
76.03	03020	PICC LINE TEAM	3,599	1,834,665	0.001962	1,668	3	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	114,440	2,346,782	0.048765	788	38	90.01
90.02	09002	PAIN MANAGEMENT	143,906	13,943,360	0.010321	0	0	90.02
91.00	09100	EMERGENCY	906,049	56,374,559	0.016072	177,229	2,848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,589,681	0.000000	1,128	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,218,627	850,998,979		750,122	8,149	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	0	0	76.00
76.01	03950 LI THOTRI PTOR	0	0	0	0	0	76.01
76.02	03030 WOUNDCARE	0	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	117,141,692	0.000000	50.00
50.01	05001 REHAB MEDICINE	0	0	0	6,338,844	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	4,512,251	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,769,198	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	14,635,313	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	70,437,881	0.000000	54.00
54.01	03630 ULTRA SOUND	0	0	0	11,470,673	0.000000	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	19,017,813	0.000000	56.01
57.00	05700 CT SCAN	0	0	0	50,356,943	0.000000	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	36,126,508	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	72,244,366	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	3,092,279	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	20,674,450	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	5,132,420	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,746,862	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2,177,800	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	41,389,047	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,699,584	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,696,499	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	119,890,860	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	123,540,917	0.000000	73.00
73.01	07301 RETAIL PHARMACY	0	0	0	1,677,019	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	3,925,129	0.000000	74.00
76.00	03951 DIABETES	0	0	0	0	0.000000	76.00
76.01	03950 LI THOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030 WOUNDCARE	0	0	0	12,215,584	0.000000	76.02
76.03	03020 PICC LINE TEAM	0	0	0	1,834,665	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	2,346,782	0.000000	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	13,943,360	0.000000	90.02
91.00	09100 EMERGENCY	0	0	0	56,374,559	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,589,681	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	850,998,979		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	393	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	2,734	0	0	0	50.01
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	2,243	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	23,363	0	805	0	54.00
54.01	03630 ULTRA SOUND	0.000000	6,715	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	10,128	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	90,108	0	5,584	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	11	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	256,257	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	24,603	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,169	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,126	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	3,053	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	26,719	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,007	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	944	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	97,035	0	30	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	16,701	0	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUND CARE	0.000000	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	1,668	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	788	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	177,229	0	76	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,128	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		750,122	0	6,495	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2018	Worksheet D				
		Component CCN: 18-S102	To 12/31/2018	Part V Date/Time Prepared: 5/16/2019 1:44 pm				
		Title XVIII	Subprovider - IPF	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.136400	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0.289205	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.240386	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.633436	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030610	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103207	805	0	0	83	54.00
54.01	03630	ULTRA SOUND	0.070200	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.075518	0	0	0	0	56.01
57.00	05700	CT SCAN	0.037025	5,584	0	0	207	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.069131	0	0	0	0	59.00
60.00	06000	LABORATORY	0.142176	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.229991	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.104310	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.315627	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279810	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.167493	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064035	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103507	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.562392	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220318	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191049	30	0	340	6	73.00
73.01	07301	RETAIL PHARMACY	1.362953	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.305430	0	0	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUND CARE	0.130163	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0.057682	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.288628	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.155127	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.133008	76	0	0	10	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.735241	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)		6,495	0	340	306	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		6,495	0	340	306	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:44 pm
			Title XVIII	Subprovider - IPF
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	65	73.00
73.01	07301 RETAIL PHARMACY	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 DIABETES	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	76.01
76.02	03030 WOUNDCARE	0	0	76.02
76.03	03020 PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	65	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	65	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/16/2019 1:44 pm		
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	3,473,286	117,141,692	0.029650	43,154	1,280	50.00
50.01	05001	REHAB MEDICINE	151,304	6,338,844	0.023869	3,069,490	73,266	50.01
51.00	05100	RECOVERY ROOM	158,622	4,512,251	0.035154	1,946	68	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,610	2,769,198	0.047526	0	0	52.00
53.00	05300	ANESTHESIOLOGY	63,133	14,635,313	0.004314	7,328	32	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,928,993	70,437,881	0.027386	112,838	3,090	54.00
54.01	03630	ULTRA SOUND	103,750	11,470,673	0.009045	13,342	121	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	120,077	19,017,813	0.006314	2,739	17	56.01
57.00	05700	CT SCAN	290,321	50,356,943	0.005765	120,198	693	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,182,495	36,126,508	0.032732	4,058	133	59.00
60.00	06000	LABORATORY	783,610	72,244,366	0.010847	930,504	10,093	60.00
64.00	06400	INTRAVENOUS THERAPY	73,923	3,092,279	0.023906	252	6	64.00
65.00	06500	RESPIRATORY THERAPY	85,612	20,674,450	0.004141	484,060	2,004	65.00
66.00	06600	PHYSICAL THERAPY	71,112	5,132,420	0.013855	743,534	10,302	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,076	1,746,862	0.006913	399,545	2,762	67.00
68.00	06800	SPEECH PATHOLOGY	11,334	2,177,800	0.005204	295,184	1,536	68.00
69.00	06900	ELECTROCARDIOLOGY	239,057	41,389,047	0.005776	64,561	373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,995	9,699,584	0.016701	10,344	173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	491,175	22,696,499	0.021641	127,223	2,753	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	632,391	119,890,860	0.005275	15,414	81	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	763,091	123,540,917	0.006177	665,468	4,111	73.00
73.01	07301	RETAIL PHARMACY	57,475	1,677,019	0.034272	0	0	73.01
74.00	07400	RENAL DIALYSIS	25,458	3,925,129	0.006486	70,995	460	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	38,733	12,215,584	0.003171	303	1	76.02
76.03	03020	PICC LINE TEAM	3,599	1,834,665	0.001962	6,343	12	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	114,440	2,346,782	0.048765	0	0	90.01
90.02	09002	PAIN MANAGEMENT	143,906	13,943,360	0.010321	1,273	13	90.02
91.00	09100	EMERGENCY	906,049	56,374,559	0.016072	12,703	204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,589,681	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,218,627	850,998,979		7,202,799	113,584	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	0	0	76.00
76.01	03950 LI THOTRI PTOR	0	0	0	0	0	76.01
76.02	03030 WOUNDCARE	0	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	117,141,692	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	6,338,844	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	4,512,251	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,769,198	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	14,635,313	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	70,437,881	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	11,470,673	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	19,017,813	0.000000	56.01
57.00	05700	CT SCAN	0	0	50,356,943	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	36,126,508	0.000000	59.00
60.00	06000	LABORATORY	0	0	72,244,366	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,092,279	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	20,674,450	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,132,420	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,746,862	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,177,800	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	41,389,047	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,699,584	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	22,696,499	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	119,890,860	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	123,540,917	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	1,677,019	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	3,925,129	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	12,215,584	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	1,834,665	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	2,346,782	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	13,943,360	0.000000	90.02
91.00	09100	EMERGENCY	0	0	56,374,559	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	3,589,681	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	850,998,979		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:44 pm
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	43,154	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	3,069,490	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	1,946	0	19	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	7,328	0	56	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	112,838	0	4,638	0	54.00
54.01	03630 ULTRA SOUND	0.000000	13,342	0	935	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	2,739	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	120,198	0	3,401	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,058	0	8	0	59.00
60.00	06000 LABORATORY	0.000000	930,504	0	271	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	252	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	484,060	0	3	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	743,534	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	399,545	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	295,184	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	64,561	0	161	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,344	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	127,223	0	667	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,414	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	665,468	0	4,693	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	70,995	0	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUND CARE	0.000000	303	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	6,343	0	6	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	1,273	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	12,703	0	4	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	214	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		7,202,799	0	15,076	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2018	Worksheet D		
		Component CCN: 18-T102	To 12/31/2018	Part V Date/Time Prepared: 5/16/2019 1:44 pm		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	50.01
51.00	05100	RECOVERY ROOM	19	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	56	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,638	0	0	54.00
54.01	03630	ULTRA SOUND	935	0	0	54.01
56.00	05600	RADIO SOTOPE	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700	CT SCAN	3,401	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	8	0	0	59.00
60.00	06000	LABORATORY	271	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	161	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	667	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,693	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	0	76.02
76.03	03020	PICC LINE TEAM	6	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	90.02
91.00	09100	EMERGENCY	4	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	214	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	15,076	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 - line 201)	15,076	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:44 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 REHAB MEDICINE	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
56.00 05600 RADIO SOTOPE	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 07301 RETAIL PHARMACY	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 DIABETES	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	76.01
76.02 03030 WOUNDCARE	0	0	76.02
76.03 03020 PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:44 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.129580	0	0	0	0
50.01 05001 REHAB MEDICINE	0.274745	0	0	0	0
51.00 05100 RECOVERY ROOM	0.228367	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.601764	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.029079	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.098047	0	0	0	0
54.01 03630 ULTRA SOUND	0.066690	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.071742	0	0	0	0
57.00 05700 CT SCAN	0.035173	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.065675	0	0	0	0
60.00 06000 LABORATORY	0.135067	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.218492	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.099095	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.299845	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.265819	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.159118	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.060833	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.098332	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.534272	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.209302	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.181497	0	0	0	0
73.01 07301 RETAIL PHARMACY	1.294805	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.290158	0	0	0	0
76.00 03951 DIABETES	0.000000	0	0	0	0
76.01 03950 LI THOTRIPTOR	0.000000	0	0	0	0
76.02 03030 WOUND CARE	0.123655	0	0	0	0
76.03 03020 PICC LINE TEAM	0.054798	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 PARTIAL HOSPITAL PRG	0.274197	0	0	0	0
90.02 09002 PAIN MANAGEMENT	0.147371	0	0	0	0
91.00 09100 EMERGENCY	0.126358	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.698479	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	0	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)		0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:44 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUND CARE	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,588	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,588	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)		36,404	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)		17,288	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)		32,815,216	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)		32,815,216	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)		32,815,216	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)		828.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,330,369	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)		14,330,369	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,214,928	3,530	1,477.32	1,843	2,722,701	43.00
44.00	CORONARY CARE UNIT	3,640,321	2,379	1,530.19	1,341	2,051,985	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,621,296	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,726,351	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)					2,049,807	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,411,669	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,461,476	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,264,875	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)					3,184	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					828.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,639,281	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,623,222	32,815,216	0.110413	2,639,281	291,411	90.00
91.00	Nursing School cost	0	32,815,216	0.000000	2,639,281	0	91.00
92.00	Allied health cost	0	32,815,216	0.000000	2,639,281	0	92.00
93.00	All other Medical Education	0	32,815,216	0.000000	2,639,281	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Component CCN: 18-S102		Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,311	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,311	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)		2,311	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)		692	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,971,543	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,971,543	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,971,543	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)		853.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		590,352	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)		590,352	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1		
		Component CCN: 18-S102				Date/Time Prepared: 5/16/2019 1:44 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					100,381		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					690,733		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)					65,062		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,149		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					73,211		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					617,522		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-S102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	217,272	1,971,543	0.110204	0	0	90.00
91.00	Nursing School cost	0	1,971,543	0.000000	0	0	91.00
92.00	Allied health cost	0	1,971,543	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,971,543	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm
		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)		5,466	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,466	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,466	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,891	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)		3,425,304	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)		3,425,304	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)		3,425,304	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)		626.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,438,334	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,438,334	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 18-T102				Date/Time Prepared: 5/16/2019 1:44 pm	
		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	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,721,836		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,160,170		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)					331,980		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					113,584		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					445,564		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,714,606		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	466,386	3,425,304	0.136159	0	0	90.00
91.00	Nursing School cost	0	3,425,304	0.000000	0	0	91.00
92.00	Allied health cost	0	3,425,304	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,425,304	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,588	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,588	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)		36,404	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)		416	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)		1,241	15.00
16.00	Nursery days (title V or XIX only)		178	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)		32,815,216	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)		32,815,216	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)		32,815,216	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)		828.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		344,831	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)		344,831	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	360,767	1,241	290.71	178	51,746	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,214,928	3,530	1,477.32	622	918,893	43.00
44.00	CORONARY CARE UNIT	3,640,321	2,379	1,530.19	290	443,755	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,759,225	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)					3,184	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					828.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,639,281	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,623,222	32,815,216	0.110413	2,639,281	291,411	90.00
91.00	Nursing School cost	0	32,815,216	0.000000	2,639,281	0	91.00
92.00	Allied health cost	0	32,815,216	0.000000	2,639,281	0	92.00
93.00	All other Medical Education	0	32,815,216	0.000000	2,639,281	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Component CCN: 18-S102		Date/Time Prepared: 5/16/2019 1:44 pm
		Title XIX	Subprovider - IPF	Cost
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)		2,311	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,311	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)		2,311	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)		44	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)		1,241	15.00
16.00	Nursery days (title V or XIX only)		178	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,971,543	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,971,543	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,971,543	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)		853.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,537	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		37,537	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1		
				Component CCN: 18-S102		Date/Time Prepared: 5/16/2019 1:44 pm		
				Title XIX	Subprovider - IPF	Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						37,537		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
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-S102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XIX		Subprovider - IPF		Cost	
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	217,272	1,971,543	0.110204	0	0	90.00
91.00	Nursing School cost	0	1,971,543	0.000000	0	0	91.00
92.00	Allied health cost	0	1,971,543	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,971,543	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,466 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,466 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,466 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)			21 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)			1,241 15.00
16.00	Nursery days (title V or XIX only)			178 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)			3,425,304 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)			3,425,304 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)			3,425,304 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)			626.66 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			13,160 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)			13,160 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 18-T102				Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XIX		Subprovider - IRF		Cost	
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,160	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
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XIX		Subprovider - IRF		Cost	
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	466,386	3,425,304	0.136159	0	0	90.00
91.00	Nursing School cost	0	3,425,304	0.000000	0	0	91.00
92.00	Allied health cost	0	3,425,304	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,425,304	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/16/2019 1:44 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		27,381,285	30.00
31.00	03100	INTENSIVE CARE UNIT		5,843,661	31.00
32.00	03200	CORONARY CARE UNIT		3,986,473	32.00
40.00	04000	SUBPROVIDER - I/PF		748,227	40.00
41.00	04100	SUBPROVIDER - I/RF		152,035	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136400	30,729,892	50.00
50.01	05001	REHAB MEDICINE	0.289205	1,400,294	50.01
51.00	05100	RECOVERY ROOM	0.240386	975,835	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.633436	4,556	52.00
53.00	05300	ANESTHESIOLOGY	0.030610	3,653,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103207	7,781,059	54.00
54.01	03630	ULTRA SOUND	0.070200	1,173,856	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.075518	1,482,130	56.01
57.00	05700	CT SCAN	0.037025	8,278,379	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.069131	6,101,283	59.00
60.00	06000	LABORATORY	0.142176	17,346,778	60.00
64.00	06400	INTRAVENOUS THERAPY	0.229991	15,869	64.00
65.00	06500	RESPIRATORY THERAPY	0.104310	9,988,206	65.00
66.00	06600	PHYSICAL THERAPY	0.315627	1,080,368	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279810	460,164	67.00
68.00	06800	SPEECH PATHOLOGY	0.167493	756,813	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064035	6,009,141	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103507	468,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.562392	7,388,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220318	40,316,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191049	19,129,289	73.00
73.01	07301	RETAIL PHARMACY	1.362953	0	73.01
74.00	07400	RENAL DIALYSIS	0.305430	1,583,793	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.130163	69,247	76.02
76.03	03020	PICC LINE TEAM	0.057682	953,934	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.288628	0	90.01
90.02	09002	PAIN MANAGEMENT	0.155127	13,787	90.02
91.00	09100	EMERGENCY	0.133008	7,090,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.735241	303,165	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)		174,555,267	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)		174,555,267	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		1,017,893		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	0.136400	393	54	50.00
50.01	05001 REHAB MEDICINE	0.289205	2,734	791	50.01
51.00	05100 RECOVERY ROOM	0.240386	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.633436	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.030610	2,243	69	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103207	23,363	2,411	54.00
54.01	03630 ULTRA SOUND	0.070200	6,715	471	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.075518	10,128	765	56.01
57.00	05700 CT SCAN	0.037025	90,108	3,336	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.069131	11	1	59.00
60.00	06000 LABORATORY	0.142176	256,257	36,434	60.00
64.00	06400 INTRAVENOUS THERAPY	0.229991	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.104310	24,603	2,566	65.00
66.00	06600 PHYSICAL THERAPY	0.315627	6,169	1,947	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.279810	1,126	315	67.00
68.00	06800 SPEECH PATHOLOGY	0.167493	3,053	511	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064035	26,719	1,711	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.103507	1,007	104	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.562392	944	531	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.220318	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191049	97,035	18,538	73.00
73.01	07301 RETAIL PHARMACY	1.362953	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.305430	16,701	5,101	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	0.130163	0	0	76.02
76.03	03020 PICC LINE TEAM	0.057682	1,668	96	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.288628	788	227	90.01
90.02	09002 PAIN MANAGEMENT	0.155127	0	0	90.02
91.00	09100 EMERGENCY	0.133008	177,229	23,573	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.735241	1,128	829	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)		750,122	100,381	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)		750,122		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/16/2019 1:44 pm	
		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
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,980,825		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.136400	43,154	5,886	50.00
50.01	05001 REHAB MEDICINE	0.289205	3,069,490	887,712	50.01
51.00	05100 RECOVERY ROOM	0.240386	1,946	468	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.633436	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.030610	7,328	224	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103207	112,838	11,646	54.00
54.01	03630 ULTRA SOUND	0.070200	13,342	937	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.075518	2,739	207	56.01
57.00	05700 CT SCAN	0.037025	120,198	4,450	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.069131	4,058	281	59.00
60.00	06000 LABORATORY	0.142176	930,504	132,295	60.00
64.00	06400 INTRAVENOUS THERAPY	0.229991	252	58	64.00
65.00	06500 RESPIRATORY THERAPY	0.104310	484,060	50,492	65.00
66.00	06600 PHYSICAL THERAPY	0.315627	743,534	234,679	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.279810	399,545	111,797	67.00
68.00	06800 SPEECH PATHOLOGY	0.167493	295,184	49,441	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064035	64,561	4,134	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.103507	10,344	1,071	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.562392	127,223	71,549	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.220318	15,414	3,396	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191049	665,468	127,137	73.00
73.01	07301 RETAIL PHARMACY	1.362953	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.305430	70,995	21,684	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LI THOTRI PTOR	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	0.130163	303	39	76.02
76.03	03020 PICC LINE TEAM	0.057682	6,343	366	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.288628	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.155127	1,273	197	90.02
91.00	09100 EMERGENCY	0.133008	12,703	1,690	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.735241	0	0	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)		7,202,799	1,721,836	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		7,202,799		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/16/2019 1:44 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136400	0	50.00
50.01	05001	REHAB MEDICINE	0.289205	0	50.01
51.00	05100	RECOVERY ROOM	0.240386	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.633436	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030610	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103207	0	54.00
54.01	03630	ULTRA SOUND	0.070200	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.075518	0	56.01
57.00	05700	CT SCAN	0.037025	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.069131	0	59.00
60.00	06000	LABORATORY	0.142176	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.229991	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.104310	0	65.00
66.00	06600	PHYSICAL THERAPY	0.315627	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279810	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.167493	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064035	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103507	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.562392	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220318	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191049	0	73.00
73.01	07301	RETAIL PHARMACY	1.362953	0	73.01
74.00	07400	RENAL DIALYSIS	0.305430	0	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.130163	0	76.02
76.03	03020	PICC LINE TEAM	0.057682	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.288628	0	90.01
90.02	09002	PAIN MANAGEMENT	0.155127	0	90.02
91.00	09100	EMERGENCY	0.133008	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.735241	0	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)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		31,046,819	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,279,198	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)		467,719	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		12,411,312	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		259.28	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.34	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.63	31.00
32.00	Sum of lines 30 and 31		30.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.77	33.00
34.00	Disproportionate share adjustment (see instructions)		1,489,039	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000173511	0.000136488	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,174,096	1,129,148	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	878,159	284,607	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,162,766		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	43,445,541		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		43,445,541	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,269,337	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,714,878	59.00
60.00	Primary payer payments		32,627	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,682,251	61.00
62.00	Deductibles billed to program beneficiaries		4,535,968	62.00
63.00	Coinurance billed to program beneficiaries		81,369	63.00
64.00	Allowable bad debts (see instructions)		933,868	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		607,014	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		283,770	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,671,928	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	IDENTIFIED ON PS&R AS OTHER ADJUST		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-34,464	70.93
70.94	HRR adjustment amount (see instructions)		-660,238	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
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)			41,977,226	71.00
71.01	Sequestration adjustment (see instructions)			839,545	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			40,445,534	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)			692,147	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,059,534	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			40,257	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0102

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/16/2019 1:44 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	31,046,819	0	31,046,819		31,046,819	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,279,198	0		9,279,198	9,279,198	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	467,719	0	349,828	117,891	467,719	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	12,411,312	0	9,282,979	3,128,333	12,411,312	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	0.1477	0.1477	0.1477	0.1477		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,489,039	0	1,146,404	342,635	1,489,039	11.00
11.01	Uncompensated care payments	36.00	1,162,766	0	919,942	270,233	1,190,175	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	43,445,541	0	33,435,584	10,009,957	43,445,541	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	43,445,541	0	33,435,584	10,009,957	43,445,541	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	3,269,337	0	2,499,522	769,815	3,269,337	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	10,472	0	10,472	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: 18-0102

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/16/2019 1:44 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	35,945,578	10,779,772	46,725,350	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,233,113	0	2,474,993	758,120	3,233,113	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	36,224	0	24,529	11,695	36,224	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	3,269,337	0	2,499,522	769,815	3,269,337	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: 18-0102

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/16/2019 1:44 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	31,046,819	31,046,819		31,046,819	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,279,198		9,279,198	9,279,198	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	467,719	363,056	104,663	467,719	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	12,411,312	9,080,085	3,331,227	12,411,312	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	0.1477	0.1477	0.1477		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,489,039	1,146,404	342,635	1,489,039	11.00
11.01	Uncompensated care payments	36.00	1,162,766	878,159	284,607	1,162,766	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	43,445,541	33,434,438	10,011,103	43,445,541	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	43,445,541	33,434,438	10,011,103	43,445,541	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,269,337	2,499,522	769,815	3,269,337	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			35,933,960	10,780,918	46,714,878	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,233,113	2,474,993	758,120	3,233,113	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	36,224	24,529	11,695	36,224	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	3,269,337	2,499,522	769,815	3,269,337	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	-34,464	-1,339,495	1,305,031	-34,464	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	-660,238	-543,320	-116,918	-660,238	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,918	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,351,333	2.00
3.00	OPPS payments		23,687,549	3.00
4.00	Outlier payment (see instructions)		72,561	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)		14,918	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		78,168	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)		78,168	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		78,168	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		63,250	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		14,918	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		23,760,110	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,532,004	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)		19,243,024	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)		19,243,024	30.00
31.00	Primary payer payments		5,755	31.00
32.00	Subtotal (line 30 minus line 31)		19,237,269	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)		927,143	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		602,643	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		273,825	36.00
37.00	Subtotal (see instructions)		19,839,912	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,839,912	40.00
40.01	Sequestration adjustment (see instructions)		396,798	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		19,076,510	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		366,604	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		396,794	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		96,612	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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		65	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		306	2.00
3.00	OPPS payments		424	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)		65	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		340	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)		340	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		340	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		275	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)		65	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)		424	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)		78	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)		411	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)		411	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		411	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)		411	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)		411	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		799	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-396	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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,158	2.00
3.00	OPPS payments		356	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		356	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)		71	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)		285	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)		285	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		285	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)		285	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 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)		285	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		279	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 18-0102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,185,564		18,845,039	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		456,115		395,244	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	03/07/2018	1,585	3.50	
3.51		07/19/2018	196,145	07/19/2018	162,188	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)		-196,145		-163,773	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)		40,445,534		19,076,510	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		692,147		366,604	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,137,681		19,443,114	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	CGS		15101		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 18-0102
Component CCN: 18-S102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		532,119		505	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		20,920		1,657	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	07/19/2018	19,852	07/19/2018	1,363	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)		-19,852		-1,363	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)		533,187		799	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		25,311		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		396	6.02
7.00	Total Medicare program liability (see instructions)		558,498		403	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: 18-0102
Component CCN: 18-T102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

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					1.00
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		5,726,308		279	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)		1,096		0	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	07/19/2018	27,126		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)		-27,126		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)		5,700,278		279	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		13,300		0	6.02
7.00	Total Medicare program liability (see instructions)		5,686,978		279	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			650,472 1.00
2.00	Net IPF PPS Outlier Payments			1,014 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			6.331507 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			651,486 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			651,486 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			651,486 18.00
19.00	Deductibles			104,472 19.00
20.00	Subtotal (line 18 minus line 19)			547,014 20.00
21.00	Coinsurance			4,020 21.00
22.00	Subtotal (line 20 minus line 21)			542,994 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			41,388 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			26,902 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,016 25.00
26.00	Subtotal (sum of lines 22 and 24)			569,896 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)			569,896 31.00
31.01	Sequestration adjustment (see instructions)			11,398 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			533,187 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			25,311 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			11,398 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			1,014 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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,609,963 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0565 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			234,496 3.00
4.00	Outlier Payments			1,373 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)			14.975342 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)			5,845,832 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)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,845,832 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,845,832 19.00
20.00	Deductibles			42,880 20.00
21.00	Subtotal (line 19 minus line 20)			5,802,952 21.00
22.00	Coinsurance			3,350 22.00
23.00	Subtotal (line 21 minus line 22)			5,799,602 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,288 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,437 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,316 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,803,039 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)			5,803,039 32.00
32.01	Sequestration adjustment (see instructions)			116,061 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,700,278 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)			-13,300 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			148,599 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,373 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: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,759,225		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,759,225	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,759,225	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		1,759,225	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		1,759,225	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	ZERO SETTLEMENT		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/16/2019 1:44 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		37,537		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		37,537	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		37,537	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		37,537	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		37,537	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/16/2019 1:44 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	13,160		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	13,160	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	13,160	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	13,160	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	13,160	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 18-0102

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

Worksheet G

Date/Time Prepared:
5/16/2019 1:44 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	21,078,148	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	47,145,448	0	0	0	4.00
5.00	Other receivable	3,412,540	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,493,577	0	0	0	6.00
7.00	Inventory	7,124,813	0	0	0	7.00
8.00	Prepaid expenses	403,249	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	67,670,621	0	0	0	11.00
FIXED ASSETS						
12.00	Land	656,976	0	0	0	12.00
13.00	Land improvements	3,113,611	0	0	0	13.00
14.00	Accumulated depreciation	-2,911,006	0	0	0	14.00
15.00	Buildings	166,694,999	0	0	0	15.00
16.00	Accumulated depreciation	-108,381,976	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	97,646,348	0	0	0	23.00
24.00	Accumulated depreciation	-80,160,169	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	76,658,783	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	104,594,551	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	2,108,879	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	106,703,430	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	251,032,834	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,767,273	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,522,991	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,671,922	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,996,779	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,958,965	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	15,155,309	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,155,309	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	45,114,274	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	205,918,560				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)	205,918,560	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	251,032,834	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0102

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

Worksheet G-1

Date/Time Prepared:
5/16/2019 1:44 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		249,130,532		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		16,482,975			2.00
3.00	Total (sum of line 1 and line 2)		265,613,507		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		265,613,507		0	11.00
12.00	MISCELLANEOUS	59,694,947		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		59,694,947		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		205,918,560		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) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	MISCELLANEOUS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 18-0102

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	55,231,416		55,231,416	1.00
2.00	SUBPROVIDER - IPF	3,321,112		3,321,112	2.00
3.00	SUBPROVIDER - IRF	5,329,350		5,329,350	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	63,881,878		63,881,878	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,481,338		9,481,338	11.00
12.00	CORONARY CARE UNIT	6,394,855		6,394,855	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,876,193		15,876,193	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	79,758,071		79,758,071	17.00
18.00	Ancillary services	357,984,790	422,247,031	780,231,821	18.00
19.00	Outpatient services	19,179,398	61,394,400	80,573,798	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		10,479,682	10,479,682	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	2,173,382	15,127,846	17,301,228	26.00
26.01	HOSPICE II	0	2,373,390	2,373,390	26.01
27.00	MISCELLANEOUS	0	69,205	69,205	27.00
27.01	Kidney Acquisition	0	0	0	27.01
27.02	Intern-Resident Service (not appvd. tchn. prgm.)	0	0	0	27.02
27.03	RETAIL PHARMACY	0	0	0	27.03
27.04	SNF CLOSING EXP	0	0	0	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	459,095,641	511,691,554	970,787,195	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		215,103,021		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)		215,103,021		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0102

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

Worksheet G-3

Date/Time Prepared:
5/16/2019 1:44 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	970,787,195	1.00
2.00	Less contractual allowances and discounts on patients' accounts	738,523,868	2.00
3.00	Net patient revenues (line 1 minus line 2)	232,263,327	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	215,103,021	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,160,306	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Operating and Non Operating	-677,331	24.00
25.00	Total other income (sum of lines 6-24)	-677,331	25.00
26.00	Total (line 5 plus line 25)	16,482,975	26.00
27.00	Other expenses specify	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,482,975	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet H

HHA CCN: 18-7100

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	87,497	0	235,968	1,892,802	1,945,924	4,162,191	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,006,157	0	0	0	0	2,006,157	6.00
7.00	Physical Therapy	1,427,407	0	0	0	0	1,427,407	7.00
8.00	Occupational Therapy	394,015	0	0	0	0	394,015	8.00
9.00	Speech Pathology	127,784	0	0	0	0	127,784	9.00
10.00	Medical Social Services	72,187	0	0	0	0	72,187	10.00
11.00	Home Health Aide	58,758	0	0	0	0	58,758	11.00
12.00	Supplies (see instructions)	0	0	0	0	301,279	301,279	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	5,343	5,343	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)	198,538	0	0	0	0	198,538	23.00
23.50	Tel emedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,372,343	0	235,968	1,892,802	2,252,546	8,753,659	24.00
		Reclassified	Reclassified	Adjustments	Net Expenses			
		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	-2,957,048	1,205,143	-6	1,205,137			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	2,006,157	0	2,006,157			6.00
7.00	Physical Therapy	0	1,427,407	0	1,427,407			7.00
8.00	Occupational Therapy	0	394,015	0	394,015			8.00
9.00	Speech Pathology	0	127,784	0	127,784			9.00
10.00	Medical Social Services	0	72,187	0	72,187			10.00
11.00	Home Health Aide	0	58,758	0	58,758			11.00
12.00	Supplies (see instructions)	0	301,279	0	301,279			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	5,343	0	5,343			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	198,538	0	198,538			23.00
23.50	Tel emedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-2,957,048	5,796,611	-6	5,796,605			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: 18-0102	Period: From 01/01/2018	Worksheet H-1 Part I
		HHA CCN: 18-7100	To 12/31/2018	Date/Time Prepared: 5/16/2019 1:44 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,205,137	0	0	0	1,205,137	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,006,157	0	0	0	2,006,157	6.00
7.00	Physical Therapy	1,427,407	0	0	0	1,427,407	7.00
8.00	Occupational Therapy	394,015	0	0	0	394,015	8.00
9.00	Speech Pathology	127,784	0	0	0	127,784	9.00
10.00	Medical Social Services	72,187	0	0	0	72,187	10.00
11.00	Home Health Aide	58,758	0	0	0	58,758	11.00
12.00	Supplies (see instructions)	301,279	0	0	0	301,279	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	5,343	0	0	0	5,343	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	198,538	0	0	0	198,538	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,796,605	0	0	0	5,796,605	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	1,205,137					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	526,563	2,532,720				6.00
7.00	Physical Therapy	374,656	1,802,063				7.00
8.00	Occupational Therapy	103,418	497,433				8.00
9.00	Speech Pathology	33,540	161,324				9.00
10.00	Medical Social Services	18,947	91,134				10.00
11.00	Home Health Aide	15,422	74,180				11.00
12.00	Supplies (see instructions)	79,078	380,357				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	1,402	6,745				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)	52,111	250,649				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		5,796,605				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-1
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
		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	1,000		0		3.00
4.00	Transportation (see instructions)	0	0	0	55,692			4.00
5.00	Administrative and General	0	0	1,000	0	-1,205,137	4,591,468	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	24,412	0	2,006,157	6.00
7.00	Physical Therapy	0	0	0	22,425	0	1,427,407	7.00
8.00	Occupational Therapy	0	0	0	4,728	0	394,015	8.00
9.00	Speech Pathology	0	0	0	1,461	0	127,784	9.00
10.00	Medical Social Services	0	0	0	604	0	72,187	10.00
11.00	Home Health Aide	0	0	0	2,062	0	58,758	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	301,279	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	5,343	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	198,538	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	1,000	55,692	-1,205,137	4,591,468	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	1,205,137	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.262473	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 18-7100

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	1.00	2.00	4.00	5.01	5A.01		
1.00 Administrative and General	0	0	146,781	21,894	11,178	179,853	1.00	
2.00 Skilled Nursing Care	2,532,720	0	0	501,999	0	3,034,719	2.00	
3.00 Physical Therapy	1,802,063	0	0	357,178	0	2,159,241	3.00	
4.00 Occupational Therapy	497,433	0	0	98,594	0	596,027	4.00	
5.00 Speech Pathology	161,324	0	0	31,975	0	193,299	5.00	
6.00 Medical Social Services	91,134	0	0	18,063	0	109,197	6.00	
7.00 Home Health Aide	74,180	0	0	14,703	0	88,883	7.00	
8.00 Supplies (see instructions)	380,357	0	0	0	0	380,357	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	6,745	0	0	0	0	6,745	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)	250,649	0	0	49,680	0	300,329	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	5,796,605	0	146,781	1,094,086	11,178	7,048,650	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	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	5.05	6.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	38,195	0	0	0	0	93,311	1.00	
2.00 Skilled Nursing Care	644,480	0	0	0	0	0	2.00	
3.00 Physical Therapy	458,556	0	0	0	0	0	3.00	
4.00 Occupational Therapy	126,578	0	0	0	0	0	4.00	
5.00 Speech Pathology	41,051	0	0	0	0	0	5.00	
6.00 Medical Social Services	23,190	0	0	0	0	0	6.00	
7.00 Home Health Aide	18,876	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	80,776	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	1,432	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)	63,781	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	1,496,915	0	0	0	0	93,311	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: 18-0102

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 18-7100

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Home Health Agency I

PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	
	13.00	14.00	15.00	16.00	17.00	18.00	
1.00 Administrative and General	0	0	0	25,497	0	6,780	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	25,497	0	6,780	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	343,636	0	343,636				1.00
2.00 Skilled Nursing Care	3,679,199	0	3,679,199	151,824	3,831,023		2.00
3.00 Physical Therapy	2,617,797	0	2,617,797	108,023	2,725,820		3.00
4.00 Occupational Therapy	722,605	0	722,605	29,818	752,423		4.00
5.00 Speech Pathology	234,350	0	234,350	9,670	244,020		5.00
6.00 Medical Social Services	132,387	0	132,387	5,463	137,850		6.00
7.00 Home Health Aide	107,759	0	107,759	4,447	112,206		7.00
8.00 Supplies (see instructions)	461,133	0	461,133	19,029	480,162		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	8,177	0	8,177	337	8,514		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	364,110	0	364,110	15,025	379,135		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	8,671,153	0	8,671,153	343,636	8,671,153		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.				0.041265			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: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	123,117	89,580	39	0	179,853	1.00
2.00 Skilled Nursing Care	0	0	2,053,910	0	0	3,034,719	2.00
3.00 Physical Therapy	0	0	1,461,383	0	0	2,159,241	3.00
4.00 Occupational Therapy	0	0	403,394	0	0	596,027	4.00
5.00 Speech Pathology	0	0	130,826	0	0	193,299	5.00
6.00 Medical Social Services	0	0	73,905	0	0	109,197	6.00
7.00 Home Health Aide	0	0	60,157	0	0	88,883	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	380,357	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	6,745	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	203,264	0	0	300,329	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	123,117	4,476,419	39	0	7,048,650	20.00
21.00 Total cost to be allocated	0	146,781	1,094,086	11,178	0	1,496,915	21.00
22.00 Unit cost multiplier	0.000000	1.192207	0.244411	286.615385	0	0.212369	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIVE (DIRECT NRSING HRS)	
	6.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	0	0	0	6,238	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	6,238	0	20.00
21.00 Total cost to be allocated	0	0	0	0	93,311	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	14.958480	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
						PATIENT TRANSPORT (GROSS CHARGES)		
		14.00	15.00	16.00	17.00	18.00		
1.00	Administrative and General	0	0	10,479,682	0	10,479,682		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	10,479,682	0	10,479,682		20.00
21.00	Total cost to be allocated	0	0	25,497	0	6,780		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.002433	0.000000	0.000647		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/16/2019 1:44 pm
		HHA CCN: 18-7100	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	3,831,023		3,831,023	24,412	156.93	1.00
2.00	Physical Therapy	3.00	2,725,820	0	2,725,820	22,425	121.55	2.00
3.00	Occupational Therapy	4.00	752,423	0	752,423	4,728	159.14	3.00
4.00	Speech Pathology	5.00	244,020	0	244,020	1,461	167.02	4.00
5.00	Medical Social Services	6.00	137,850		137,850	604	228.23	5.00
6.00	Home Health Aide	7.00	112,206		112,206	2,062	54.42	6.00
7.00	Total (sum of lines 1-6)		7,803,342	0	7,803,342	55,692		7.00

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

Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	0			8.00
8.01	Skilled Nursing Care		99918	0	13,835			8.01
9.00	Physical Therapy		99914	0	0			9.00
9.01	Physical Therapy		99918	0	13,931			9.01
10.00	Occupational Therapy		99914	0	0			10.00
10.01	Occupational Therapy		99918	0	2,739			10.01
11.00	Speech Pathology		99914	0	0			11.00
11.01	Speech Pathology		99918	0	852			11.01
12.00	Medical Social Services		99914	0	0			12.00
12.01	Medical Social Services		99918	0	337			12.01
13.00	Home Health Aide		99914	0	0			13.00
13.01	Home Health Aide		99918	0	1,552			13.01
14.00	Total (sum of lines 8-13)			0	33,246			14.00

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

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	480,162	0	480,162	301,279	1.593745	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	13,835		0	2,171,127		1.00
2.00	Physical Therapy	0	13,931		0	1,693,313		2.00
3.00	Occupational Therapy	0	2,739		0	435,884		3.00
4.00	Speech Pathology	0	852		0	142,301		4.00
5.00	Medical Social Services	0	337		0	76,914		5.00
6.00	Home Health Aide	0	1,552		0	84,460		6.00
7.00	Total (sum of lines 1-6)	0	33,246		0	4,603,999		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-3
Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Title XVIII

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PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	221,627	0	0	353,217	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,171,127						1.00
2.00	Physical Therapy	1,693,313						2.00
3.00	Occupational Therapy	435,884						3.00
4.00	Speech Pathology	142,301						4.00
5.00	Medical Social Services	76,914						5.00
6.00	Home Health Aide	84,460						6.00
7.00	Total (sum of lines 1-6)	4,603,999						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-3
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.315627	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.279810	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.167493	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.562392	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.191049	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	1.362953	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 HHA CCN: 18-7100	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-11 Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	8,247,443	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	8,247,443	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	8,247,443	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	1,348	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-1,348
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	5,217,340
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	292,364
13.00	Total PPS Reimbursement - LUPA Episodes		0	74,474
14.00	Total PPS Reimbursement - PEP Episodes		0	63,043
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	84,647
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	832
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	5,731,352
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,731,352
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,731,352
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	5,731,352
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	5,731,352
31.01	Sequestration adjustment (see instructions)		0	114,627
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	5,616,725
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-5
Date/Time Prepared:
5/16/2019 1:44 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,616,725	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		5,616,725	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,616,725	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		55,809	55,809	0	55,809
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,256,574	1,256,574	0	1,256,574
4.00	ADMINISTRATIVE & GENERAL*	197,987	2,654,167	2,852,154	-3,014,663	-162,509
5.00	PLANT OPERATION & MAINTENANCE*	0	306,869	306,869	0	306,869
6.00	LAUNDRY & LINEN SERVICE*	0	223	223	0	223
7.00	HOUSEKEEPING*	0	1,687	1,687	0	1,687
8.00	DIETARY*	0	5,434	5,434	0	5,434
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	76,325	76,325	0	76,325
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	255,833	255,833	0	255,833
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		27,382	27,382	0	27,382
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	63,465	0	63,465	0	63,465
28.00	REGISTERED NURSE**	2,296,808	0	2,296,808	0	2,296,808
29.00	LPN/LVN**	222,324	0	222,324	0	222,324
30.00	PHYSICAL THERAPY**	2,315	0	2,315	0	2,315
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	48	0	48	0	48
33.00	MEDICAL SOCIAL SERVICES**	276,341	0	276,341	0	276,341
34.00	SPIRITUAL COUNSELING**	237,540	0	237,540	0	237,540
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	391,525	0	391,525	0	391,525
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	528,478	528,478	0	528,478
39.00	PATIENT TRANSPORTATION**	0	68,928	68,928	0	68,928
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	8,475	8,475	0	8,475
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	801,884	801,884	0	801,884
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	11,270	11,270	0	11,270
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	7,000	7,000	0	7,000
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	1,173,241	1,173,241	0	1,173,241
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	4	4	0	4
100.00	TOTAL	3,688,353	7,239,583	10,927,936	-3,014,663	7,913,273

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	55,809	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,256,574	3.00
4.00	ADMINISTRATIVE & GENERAL*	-4	-162,513	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	306,869	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	223	6.00
7.00	HOUSEKEEPING*	0	1,687	7.00
8.00	DIETARY*	0	5,434	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	76,325	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	255,833	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	27,382	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	63,465	27.00
28.00	REGISTERED NURSE**	0	2,296,808	28.00
29.00	LPN/LVN**	0	222,324	29.00
30.00	PHYSICAL THERAPY**	0	2,315	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	48	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	276,341	33.00
34.00	SPIRITUAL COUNSELING**	0	237,540	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	391,525	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	528,478	38.00
39.00	PATIENT TRANSPORTATION**	0	68,928	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	8,475	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	801,884	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	11,270	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	7,000	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	1,173,241	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	4	71.00
100.00	TOTAL	-4	7,913,269	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 14-1548

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		Hospice II				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		1,200	1,200	0	1,200
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	23,047	23,047	0	23,047
4.00	ADMINISTRATIVE & GENERAL*	0	103,978	103,978	-97,349	6,629
5.00	PLANT OPERATIONS & MAINTENANCE*	0	8,943	8,943	0	8,943
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	12,100	12,100	0	12,100
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	1,068	1,068	0	1,068
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	101,326	101,326	0	101,326
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		6,030	6,030	0	6,030
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	9,149	0	9,149	0	9,149
28.00	REGISTERED NURSE**	24,614	0	24,614	0	24,614
29.00	LPN/LVN**	1,308	0	1,308	0	1,308
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	2,940	0	2,940	0	2,940
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	675	0	675	0	675
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	67,507	67,507	0	67,507
39.00	PATIENT TRANSPORTATION**	0	3,745	3,745	0	3,745
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	1,136	1,136	0	1,136
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	22,678	22,678	0	22,678
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	85,799	85,799	0	85,799
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	38,686	438,557	477,243	-97,349	379,894

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 14-1548

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice II
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	1,200	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	23,047	3.00
4.00	ADMINISTRATIVE & GENERAL*	2	6,631	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	8,943	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	12,100	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	1,068	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	101,326	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	6,030	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	9,149	27.00
28.00	REGISTERED NURSE**	0	24,614	28.00
29.00	LPN/LVN**	0	1,308	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	2,940	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	675	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	67,507	38.00
39.00	PATIENT TRANSPORTATION**	0	3,745	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1,136	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	22,678	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	85,799	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	2	379,896	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-1

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-2

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	57,077	0	57,077	0	27.00
28.00	REGISTERED NURSE	2,065,607	0	2,065,607	0	28.00
29.00	LPN/LVN	199,945	0	199,945	0	29.00
30.00	PHYSICAL THERAPY	2,082	0	2,082	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	43	0	43	0	32.00
33.00	MEDICAL SOCIAL SERVICES	248,524	0	248,524	0	33.00
34.00	SPIRITUAL COUNSELING	213,629	0	213,629	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	352,114	0	352,114	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	475,281	475,281	0	38.00
39.00	PATIENT TRANSPORTATION	0	61,990	61,990	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	7,622	7,622	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	721,165	721,165	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,135	10,135	0	46.00
100.00	TOTAL *	3,139,021	1,276,193	4,415,214	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	57,077	27.00
28.00	REGISTERED NURSE	0	2,065,607	28.00
29.00	LPN/LVN	0	199,945	29.00
30.00	PHYSICAL THERAPY	0	2,082	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	43	32.00
33.00	MEDICAL SOCIAL SERVICES	0	248,524	33.00
34.00	SPIRITUAL COUNSELING	0	213,629	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	352,114	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	475,281	38.00
39.00	PATIENT TRANSPORTATION	0	61,990	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	7,622	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	721,165	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,135	46.00
100.00	TOTAL *	0	4,415,214	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/16/2019 1:44 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice II RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	8,295	0	8,295	0	8,295	27.00
28.00	REGISTERED NURSE	22,317	0	22,317	0	22,317	28.00
29.00	LPN/LVN	1,186	0	1,186	0	1,186	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,665	0	2,665	0	2,665	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	612	0	612	0	612	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	61,207	61,207	0	61,207	38.00
39.00	PATIENT TRANSPORTATION	0	3,396	3,396	0	3,396	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1,030	1,030	0	1,030	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	20,562	20,562	0	20,562	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	35,075	86,195	121,270	0	121,270	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	8,295	27.00
28.00	REGISTERED NURSE	0	22,317	28.00
29.00	LPN/LVN	0	1,186	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,665	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	612	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	61,207	38.00
39.00	PATIENT TRANSPORTATION	0	3,396	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1,030	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	20,562	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	121,270	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS FOR HOSPI CE INPATIENT RESPI TE CARE

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-3

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		5,755	5,755	0	5,755
26.00	PHYSICIAN SERVICES	0	0	0	0	0
27.00	NURSE PRACTITIONER	380	0	380	0	380
28.00	REGISTERED NURSE	13,764	0	13,764	0	13,764
29.00	LPN/LVN	1,332	0	1,332	0	1,332
30.00	PHYSICAL THERAPY	14	0	14	0	14
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES	1,656	0	1,656	0	1,656
34.00	SPIRITUAL COUNSELING	1,423	0	1,423	0	1,423
35.00	DIETARY COUNSELING	0	0	0	0	0
36.00	COUNSELING - OTHER	0	0	0	0	0
37.00	HOSPI CE AIDE & HOME MAKER SERVICES	2,346	0	2,346	0	2,346
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	3,167	3,167	0	3,167
39.00	PATIENT TRANSPORTATION	0	413	413	0	413
40.00	IMAGING SERVICES	0	0	0	0	0
41.00	LABS & DIAGNOSTICS	0	51	51	0	51
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,805	4,805	0	4,805
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
43.00	OUTPATIENT SERVICES	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	68	68	0	68
100.00	TOTAL *	20,915	14,259	35,174	0	35,174

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	5,755
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	380
28.00	REGISTERED NURSE	0	13,764
29.00	LPN/LVN	0	1,332
30.00	PHYSICAL THERAPY	0	14
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	1,656
34.00	SPIRITUAL COUNSELING	0	1,423
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPI CE AIDE & HOME MAKER SERVICES	0	2,346
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	3,167
39.00	PATIENT TRANSPORTATION	0	413
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	51
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,805
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	68
100.00	TOTAL *	0	35,174

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS FOR HOSPI CE INPATIENT RESPI TE CARE

Provi der CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-3

Hospi ce CCN: 14-1548

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		Hospi ce I I					
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		260	260	0	260	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	37	0	37	0	37	27.00
28.00	REGISTERED NURSE	99	0	99	0	99	28.00
29.00	LPN/LVN	5	0	5	0	5	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	12	0	12	0	12	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPI CE AI DE & HOME MAKER SERVICES	3	0	3	0	3	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	272	272	0	272	38.00
39.00	PATIENT TRANSPORTATION	0	15	15	0	15	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	5	5	0	5	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	91	91	0	91	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	156	643	799	0	799	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)		
		6.00	7.00		
DI RECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	260		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	37		27.00
28.00	REGISTERED NURSE	0	99		28.00
29.00	LPN/LVN	0	5		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	12		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPI CE AI DE & HOME MAKER SERVICES	0	3		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	272		38.00
39.00	PATIENT TRANSPORTATION	0	15		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	5		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	91		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	799		100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 18-0102 Hospice CCN: 18-1507	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/16/2019 1:44 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		21,627	21,627	0	21,627	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	6,008	0	6,008	0	6,008	27.00
28.00	REGISTERED NURSE	217,437	0	217,437	0	217,437	28.00
29.00	LPN/LVN	21,047	0	21,047	0	21,047	29.00
30.00	PHYSICAL THERAPY	219	0	219	0	219	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	5	0	5	0	5	32.00
33.00	MEDICAL SOCIAL SERVICES	26,161	0	26,161	0	26,161	33.00
34.00	SPIRITUAL COUNSELING	22,488	0	22,488	0	22,488	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	37,065	0	37,065	0	37,065	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	50,030	50,030	0	50,030	38.00
39.00	PATIENT TRANSPORTATION	0	6,525	6,525	0	6,525	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	802	802	0	802	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	75,914	75,914	0	75,914	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,067	1,067	0	1,067	46.00
100.00	TOTAL *	330,430	155,965	486,395	0	486,395	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	21,627	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	6,008	27.00
28.00	REGISTERED NURSE	0	217,437	28.00
29.00	LPN/LVN	0	21,047	29.00
30.00	PHYSICAL THERAPY	0	219	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	5	32.00
33.00	MEDICAL SOCIAL SERVICES	0	26,161	33.00
34.00	SPIRITUAL COUNSELING	0	22,488	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	37,065	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	50,030	38.00
39.00	PATIENT TRANSPORTATION	0	6,525	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	802	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	75,914	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,067	46.00
100.00	TOTAL *	0	486,395	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/16/2019 1:44 pm
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice II RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		5,770	5,770	0	5,770	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	817	0	817	0	817	27.00
28.00	REGISTERED NURSE	2,198	0	2,198	0	2,198	28.00
29.00	LPN/LVN	117	0	117	0	117	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	263	0	263	0	263	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	60	0	60	0	60	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	6,028	6,028	0	6,028	38.00
39.00	PATIENT TRANSPORTATION	0	334	334	0	334	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	101	101	0	101	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,025	2,025	0	2,025	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,455	14,258	17,713	0	17,713	100.00

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

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	5,770	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	817	27.00
28.00	REGISTERED NURSE	0	2,198	28.00
29.00	LPN/LVN	0	117	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	263	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	60	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	6,028	38.00
39.00	PATIENT TRANSPORTATION	0	334	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	101	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,025	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	17,713	100.00

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

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

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	126,642	126,642	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	55,809	57,842	113,651	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,256,574	919,052	2,175,626	3.00
4.00	ADMINISTRATIVE & GENERAL	0	2,018,634	2,018,634	4.00
5.00	PLANT OPERATION & MAINTENANCE	306,869	383,527	690,396	5.00
6.00	LAUNDRY & LINEN SERVICE	223	0	223	6.00
7.00	HOUSEKEEPING	1,687	96,242	97,929	7.00
8.00	DIETARY	5,434	0	5,434	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	76,325	10,120	86,445	10.00
11.00	MEDICAL RECORDS	0	42,094	42,094	11.00
12.00	STAFF TRANSPORTATION	255,833	0	255,833	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	11,194	11,194	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,415,214	0	4,415,214	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	35,174	0	35,174	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	486,395	0	486,395	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	7,000	0	7,000	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	1,173,241	0	1,173,241	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	4	0	4	71.00
99.00	NEGATIVE COST CENTER	-162,513	0	-162,513	99.00
100.00	TOTAL	7,913,269	3,665,347	11,578,616	100.00

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

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 14-1548

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

Descriptions		Hospice II		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	1,200	0	1,200	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	23,047	13,560	36,607	3.00
4.00	ADMINISTRATIVE & GENERAL	6,631	84,620	91,251	4.00
5.00	PLANT OPERATION & MAINTENANCE	8,943	0	8,943	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,100	1,264	13,364	10.00
11.00	MEDICAL RECORDS	0	5,774	5,774	11.00
12.00	STAFF TRANSPORTATION	1,068	0	1,068	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	101,326	0	101,326	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	1,536	1,536	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	121,270	0	121,270	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	799	0	799	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	17,713	0	17,713	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	85,799	0	85,799	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	379,896	106,754	486,650	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	126,642	126,642			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	113,651		113,651		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,175,626	0	0	2,175,626	3.00
4.00	ADMINISTRATIVE & GENERAL	2,018,634	126,642	113,651	116,784	2,375,711
5.00	PLANT OPERATION & MAINTENANCE	690,396	0	0	0	690,396
6.00	LAUNDRY & LINEN SERVICE	223	0	0	0	223
7.00	HOUSEKEEPING	97,929	0	0	0	97,929
8.00	DIETARY	5,434	0	0	0	5,434
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	86,445	0	0	0	86,445
11.00	MEDICAL RECORDS	42,094	0	0	0	42,094
12.00	STAFF TRANSPORTATION	255,833	0	0	0	255,833
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	11,194	0	0	0	11,194
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	4,415,214			1,851,595	6,266,809
52.00	HOSPICE INPATIENT RESPIRE CARE	35,174	0	0	12,338	47,512
53.00	HOSPICE GENERAL INPATIENT CARE	486,395	0	0	194,909	681,304
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	7,000	0	0	0	7,000
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	1,173,241				1,173,241
71.00	OTHER NONREIMBURSABLE (SPECIFY)	4	0	0	0	4
99.00	NEGATIVE COST CENTER	-162,513	0	0	0	99.00
100.00	TOTAL	11,578,616	126,642	113,651	2,175,626	11,578,616

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	2,375,711					4.00
5.00 PLANT OPERATION & MAINTENANCE	200,213	890,609				5.00
6.00 LAUNDRY & LINEN SERVICE	65	0	288			6.00
7.00 HOUSEKEEPING	28,399	0		126,328		7.00
8.00 DIETARY	1,576	0		0	7,010	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	25,069	890,609		126,328		10.00
11.00 MEDICAL RECORDS	12,207	0		0		11.00
12.00 STAFF TRANSPORTATION	74,191	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	0	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	3,246	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	1,817,359					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	13,778	0	49	0	1,181	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	197,577	0	239	0	5,829	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	2,030	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	1	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	2,375,711	890,609	288	126,328	7,010	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,128,451			10.00
11.00	MEDICAL RECORDS	0		54,301		11.00
12.00	STAFF TRANSPORTATION	0			330,024	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	1,090,029	52,452	330,024	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	6,475	312	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	31,947	1,537	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	1,128,451	54,301	330,024	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	0				15.00
16.00	0		14,440			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	13,948		9,570,621	51.00
52.00	0	0	83	0	69,390	52.00
53.00	0	0	409	0	918,842	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		9,030	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					1,173,241	70.00
71.00	0	0	0	0	5	71.00
99.00	0	0	0	0	-162,513	99.00
100.00	0	0	14,440	0	11,578,616	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice II				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	1,200	1,200			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	36,607	0	0	36,607	3.00
4.00	ADMINISTRATIVE & GENERAL	91,251	1,200	0	0	92,451
5.00	PLANT OPERATION & MAINTENANCE	8,943	0	0	0	8,943
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	13,364	0	0	0	13,364
11.00	MEDICAL RECORDS	5,774	0	0	0	5,774
12.00	STAFF TRANSPORTATION	1,068	0	0	0	1,068
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	101,326	0	0	0	101,326
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	1,536	0	0	0	1,536
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	121,270			25,945	147,215
52.00	HOSPICE INPATIENT RESPIRE CARE	799	0	0	115	914
53.00	HOSPICE GENERAL INPATIENT CARE	17,713	0	0	10,547	28,260
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	85,799				85,799
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	486,650	1,200	0	36,607	486,650

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice II					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	92,451					4.00
5.00 PLANT OPERATION & MAINTENANCE	2,681	11,624				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	4,006	11,624		0		10.00
11.00 MEDICAL RECORDS	1,731	0		0		11.00
12.00 STAFF TRANSPORTATION	320	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	30,375	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	460	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	44,132					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	274	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	8,472	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	92,451	11,624	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice II					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	28,994			10.00
11.00	MEDICAL RECORDS	0		7,505		11.00
12.00	STAFF TRANSPORTATION	0			1,388	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	28,260	7,315	1,388	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	113	29	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	621	161	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	28,994	7,505	1,388	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2018

Part I
Date/Time Prepared:
5/16/2019 1:44 pm

Descriptions	Hospice II				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	131,701					14.00
15.00	0	0				15.00
16.00	0		1,996			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	128,369	0	0		356,679	51.00
52.00	513	0	307	0	2,150	52.00
53.00	2,819	0	1,689	0	42,022	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					85,799	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	131,701	0	1,996	0	486,650	100.00

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

Provider CCN: 18-0102

Hospice CCN: 18-1507

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

Worksheet 0-6
Part II
Date/Time Prepared:
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Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		(SQUARE FEET)	(DOLLAR VALUE)				
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	9,308					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		9,308				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	3,688,353			3.00
4.00	ADMINISTRATIVE & GENERAL	9,308	9,308	197,985	-2,375,711	8,192,177	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	690,396	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	223	6.00
7.00	HOUSEKEEPING	0	0	0	0	97,929	7.00
8.00	DIETARY	0	0	0	0	5,434	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	86,445	10.00
11.00	MEDICAL RECORDS	0	0	0	0	42,094	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	255,833	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	11,194	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,139,021	0	6,266,809	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	20,917	0	47,512	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	330,430	0	681,304	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	7,000	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-1,173,241		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	4	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	126,642	113,651	2,175,626		2,375,711	100.00
101.00	UNIT COST MULTIPLIER	13.605716	12.210034	0.589864		0.289998	101.00

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	9,308					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,881				6.00
7.00	HOUSEKEEPING	0		9,308			7.00
8.00	DIETARY	0		0	1,881		8.00
9.00	NURSING ADMINISTRATION	0		0		1,881	9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,308		9,308		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	317	0	317	317	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,564	0	1,564	1,564	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	890,609	288	126,328	7,010	0	100.00
101.00	UNIT COST MULTIPLIER	95.682101	0.153110	13.571981	3.726741	0.000000	101.00

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

Provider CCN: 18-0102

Hospice CCN: 18-1507

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

Worksheet 0-6
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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS) 10.00	MEDICAL RECORDS (PATIENT DAYS) 11.00	STAFF TRANSPORTATION (MILEAGE) 12.00	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE) 13.00	PHARMACY (CHARGES) 14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	55,244					10.00
11.00	MEDICAL RECORDS		55,244				11.00
12.00	STAFF TRANSPORTATION			581,440			12.00
13.00	VOLUNTEER SERVICE COORDINATION				2,080		13.00
14.00	PHARMACY					55,244	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES						15.00
16.00	OTHER GENERAL SERVICE						16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	53,363	53,363	581,440	1,867	53,363	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	317	317	0	13	317	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,564	1,564	0	200	1,564	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,128,451	54,301	330,024	0	0	100.00
101.00	UNIT COST MULTIPLIER	20.426671	0.982930	0.567598	0.000000	0.000000	101.00

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

Provider CCN: 18-0102

Hospice CCN: 18-1507

Period:
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To 12/31/2018

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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	55,244				15.00
16.00	OTHER GENERAL SERVICE		55,244			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,881		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	53,363	53,363			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	317	317	317		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,564	1,564	1,564		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	14,440	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.261386	0.000000		101.00

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

Provider CCN: 18-0102

Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		(SQUARE FEET)	(DOLLAR VALUE)				
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	49,492			3.00
4.00	ADMINISTRATIVE & GENERAL	100	100	0	-92,451	308,400	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	8,943	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	13,364	10.00
11.00	MEDICAL RECORDS	0	0	0	0	5,774	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	1,068	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	101,326	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	1,536	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			35,076	0	147,215	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	156	0	914	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	14,260	0	28,260	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-85,799		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,200	0	36,607		92,451	100.00
101.00	UNIT COST MULTIPLIER	12.000000	0.000000	0.739655		0.299776	101.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Descriptions		Hospice II					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	182				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	182		8.00
9.00	NURSING ADMINISTRATION	0		0		182	9.00
10.00	ROUTINE MEDICAL SUPPLIES	100		100			10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0			13.00
14.00	PHARMACY	0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0			15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	28	0	28	28	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	154	0	154	154	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	11,624	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	116.240000	0.000000	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPI CE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Descriptions		Hospice II					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	7,194					10.00
11.00	MEDICAL RECORDS		7,194				11.00
12.00	STAFF TRANSPORTATION			2,428			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	417	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	7,012	7,012	2,428	376	7,012	51.00
52.00	HOSPICE INPATIENT RESPI TE CARE	28	28	0	2	28	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	154	154	0	39	154	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	28,994	7,505	1,388	0	131,701	100.00
101.00	UNIT COST MULTIPLIER	4.030303	1.043230	0.571664	0.000000	18.307061	101.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/16/2019 1:44 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice II	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	7,194				15.00
16.00	OTHER GENERAL SERVICE		182			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			182		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	7,012	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	28	28	28		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	154	154	154		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)		1,996	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	10.967033	0.000000		101.00

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

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-7

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

Hospice I

Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
			HCHC	HRHC	HIRC		
			0	1.00	2.00		3.00
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.315627	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.279810	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.167493	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.191049	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	1.362953	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.142176	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.562392	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LI THOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUND CARE	76.02	0.130163	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.057682	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions	Charges by LOC (from Provider Records)		Shared Service Costs by LOC				
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
	5.00	6.00	7.00	8.00	9.00		
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LI THOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUND CARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

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

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-7

Hospice CCN: 14-1548

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.315627	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.279810	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.167493	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.191049	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	1.362953	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.142176	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.562392	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LI THOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.130163	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.057682	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LI THOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-8

Hospice CCN: 18-1507

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			9,570,621
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			53,363
8.00	Total average cost per diem (line 6 divided by line 7)			179.35
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	47,319	2,577	49,896
10.00	Program cost (line 8 times line 9)	8,486,663	462,185	8,948,848
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			69,390
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			317
13.00	Total average cost per diem (line 11 divided by line 12)			218.90
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	302	4	306
15.00	Program cost (line 13 times line 14)	66,108	876	66,984
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			918,842
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,564
18.00	Total average cost per diem (line 16 divided by line 17)			587.49
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,135	191	1,326
20.00	Program cost (line 18 times line 19)	666,801	112,211	779,012
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			10,558,853
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			55,244
23.00	Average cost per diem (line 21 divided by line 22)			191.13

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period: From 01/01/2018

Worksheet 0-8

Hospice CCN: 14-1548

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:44 pm

		Hospice II			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			356,679	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			7,012	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			50.87	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	6,433	206		9.00
10.00	Program cost (line 8 times line 9)	327,247	10,479		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			2,150	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			28	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			76.79	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	28	0		14.00
15.00	Program cost (line 13 times line 14)	2,150	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			42,022	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			154	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			272.87	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	147	4		19.00
20.00	Program cost (line 18 times line 19)	40,112	1,091		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			400,851	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,194	22.00
23.00	Average cost per diem (line 21 divided by line 22)			55.72	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0102	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/16/2019 1:44 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,233,113	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		36,224	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)		116.91	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)		3,269,337	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