

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 3:09 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report	Date: 5/29/2019 Time: 3:09 pm
Contractor use only	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low. 5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HEALTH NETWORK, INC. (15-0074) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HOLLY MILLARD
Officer or Administrator of Provider(s)

NETWORK SENIOR VICE PRESIDENT OF FIN
Title

(Dated when report is electronically signed.)
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-526,464	-447,183	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-526,464	-447,183	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:09 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1500 NORTH RITTER AVENUE	PO Box:							1.00	
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219	County: MARION					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	COMMUNITY HEALTH NETWORK, INC.	150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N		N	22.03	
23.00	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.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,224	724	14	102	26,556	27		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:09 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.02	1	60.02

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			32.85	29.67	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.		FAMILY MEDICINE	1350	5.60	4.79	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.17	3.25	0.049708	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.92	25.07	0.135219		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)			0.98	9.06	0.097610		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	6.68	26.45	0.201630		67.00
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	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	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:09 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,320,557	0	0		
		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		HB0720		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:09 pm	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1500 N RITTER	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	2.00
				Y	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					
				Y	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					
				N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				N	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
Multi campus					
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
				N	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					
		0.00			
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01	
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00	
		Beginning	Ending		
		1.00	2.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2015		12/31/2015	
		1.00		2.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 3:09 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/23/2017	Y	02/23/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 3:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.	SHIRLEY		BI SHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0074

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2019 3:09 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.	NETWORK DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 3:09 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	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	23	8,395	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)		305	111,325	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		305				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 3:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,743	3,070	65,033			1.00
2.00 HMO and other (see instructions)	8,964	26,017				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,743	3,070	65,033			7.00
8.00 INTENSIVE CARE UNIT	2,276	0	6,047			8.00
9.00 CORONARY CARE UNIT	2,260	0	5,645			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,533	1,853			13.00
14.00 Total (see instructions)	20,279	4,603	78,578	43.16	2,753.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			523			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				43.16	2,753.70	27.00
28.00 Observation Bed Days		2,002	5,890			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			643			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	27	324			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 3:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	4,786	582	17,767	1.00
2.00 HMO and other (see instructions)			1,958	5,117		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,786	582	17,767	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet S-3 Part II Date/Time Prepared: 5/29/2019 3:09 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	177,514,842	-1,050,565	176,464,277	5,353,291.00	32.96	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		298,690	0	298,690	1,858.00	160.76	4.00
4.01	Physicians - Part A - Teaching		812,920	0	812,920	6,641.00	122.41	4.01
5.00	Physician and Non-Physician-Part B		8,029,678	0	8,029,678	91,206.00	88.04	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	3,521,215	3,521,215	119,292.00	29.52	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,736,466	-21,407	3,715,059	175,035.00	21.22	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		3,200,063	0	3,200,063	30,026.00	106.58	11.00
12.00	Contract labor: Top level management and other management and administrative services		1,766,924	0	1,766,924	14,217.00	124.28	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,659,470	0	4,659,470	41,352.00	112.68	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		55,145,402	0	55,145,402	1,305,917.00	42.23	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		45,186,231	0	45,186,231			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,454,623	0	1,454,623			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		20,739	0	20,739			22.00
22.01	Physician Part A - Teaching		74,127	0	74,127			22.01
23.00	Physician Part B		1,018,046	0	1,018,046			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		790,965	0	790,965			25.00
25.50	Home office wage-related (core)		12,603,957	0	12,603,957			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	199,480	0	199,480	4,168.00	47.86	26.00
27.00	Administrative & General	5.00	10,970,148	-25,545	10,944,603	276,635.00	39.56	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 3:09 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.)	17,564,603	0	17,564,603	176,174.00	99.70	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,670,256	-24,093	2,646,163	110,541.00	23.94	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,652,633	-28,769	2,623,864	164,483.00	15.95	32.00
33.00	Housekeeping under contract (see instructions)	561,298	0	561,298	13,253.00	42.35	33.00
34.00	Dietary	2,444,412	-1,748,753	695,659	42,106.00	16.52	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,730,216	1,730,216	102,467.00	16.89	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,175,432	-9,871	3,165,561	91,588.00	34.56	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	5,804,413	-18,460	5,785,953	95,434.00	60.63	40.00
41.00	Medical Records & Medical Records Library	751,670	-1,294	750,376	20,128.00	37.28	41.00
42.00	Social Service	2,164,229	-10,647	2,153,582	56,055.00	38.42	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 3:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi 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)	186,798,145	-4,571,780	182,226,365	5,325,579.00	34.22	1.00
2.00	Excluded area salaries (see instructions)	3,736,466	-21,407	3,715,059	175,035.00	21.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	183,061,679	-4,550,373	178,511,306	5,150,544.00	34.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	64,771,859	0	64,771,859	1,391,512.00	46.55	4.00
5.00	Subtotal wage-related costs (see inst.)	57,810,927	0	57,810,927	0.00	32.39	5.00
6.00	Total (sum of lines 3 thru 5)	305,644,465	-4,550,373	301,094,092	6,542,056.00	46.02	6.00
7.00	Total overhead cost (see instructions)	48,958,574	-137,216	48,821,358	1,153,032.00	42.34	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 3:09 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			5,615,004 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			6,085,662 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			17,383,956 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			4,928,112 9.00
10.00	Dental, Hearing and Vision Plan			184,269 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			100,073 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,530,246 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			284,342 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			12,242,203 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 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			190,864 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			48,544,731 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 3:09 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	3,200,063	48,544,731	1.00
2.00	Hospital	3,200,063	45,186,231	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	3,358,500	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 3:09 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)		0.231666	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		116,625,873	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		18,969,026	5.00	
6.00	Medicaid charges		452,818,847	6.00	
7.00	Medicaid cost (line 1 times line 6)		104,902,731	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	42,908,476	3,287,029	46,195,505	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,940,435	3,287,029	13,227,464	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,940,435	3,287,029	13,227,464	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)		5,455,088	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		888,287	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,366,595	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		4,088,493	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,425,473	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,652,937	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,652,937	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/29/2019 3:09 pm			
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		21,370,022	21,370,022	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		20,863,854	20,863,854	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	199,480	102,260	301,740	-26,202	275,538	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,970,148	170,379,482	181,349,630	-21,951,877	159,397,753	5.00
7.00	00700	OPERATION OF PLANT	2,670,256	14,261,864	16,932,120	-966,432	15,965,688	7.00
8.00	00800	LAUNDRY & LINEN SERVICE		1,025,783	1,025,783	-83	1,025,700	8.00
9.00	00900	HOUSEKEEPING	2,652,633	1,968,968	4,621,601	-9,859	4,611,742	9.00
10.00	01000	DIETARY	2,444,412	4,098,903	6,543,315	-4,660,007	1,883,308	10.00
11.00	01100	CAFETERIA		0	0	4,299,691	4,299,691	11.00
13.00	01300	NURSING ADMINISTRATION	3,175,432	1,077,315	4,252,747	-39,045	4,213,702	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		898,186	898,186	-1,377,875	-479,689	14.00
15.00	01500	PHARMACY	5,804,413	95,965,565	101,769,978	-92,354,419	9,415,559	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	751,670	615,971	1,367,641	-80	1,367,561	16.00
17.00	01700	SOCIAL SERVICE	2,164,229	572,610	2,736,839	-1,050	2,735,789	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		0	0	4,272,237	4,272,237	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,662,630	2,456,110	11,118,740	-4,325,047	6,793,693	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,404,086	13,543,132	50,947,218	-3,629,078	47,318,140	30.00
31.00	03100	INTENSIVE CARE UNIT	5,179,969	2,396,603	7,576,572	-674,586	6,901,986	31.00
32.00	03200	CORONARY CARE UNIT	2,945,788	1,512,658	4,458,446	-156,536	4,301,910	32.00
43.00	04300	NURSERY		0	0	552,532	552,532	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,053,141	24,047,258	28,100,399	-19,961,231	8,139,168	50.00
51.00	05100	RECOVERY ROOM	975,678	459,515	1,435,193	-105,307	1,329,886	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	473,686	842,468	1,316,154	1,365,638	2,681,792	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,933,212	2,562,453	6,495,665	-2,702,220	3,793,445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	325,728	1,239,457	1,565,185	-513,000	1,052,185	55.00
57.00	05700	CT SCAN	831,607	1,300,298	2,131,905	376,103	2,508,008	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	414,338	596,940	1,011,278	-269,225	742,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,011,106	27,363,439	30,374,545	-26,327,419	4,047,126	59.00
60.00	06000	LABORATORY		13,283,466	13,283,466	-176,317	13,107,149	60.00
64.00	06400	INTRAVENOUS THERAPY	311,793	109,470	421,263	-28,119	393,144	64.00
65.00	06500	RESPIRATORY THERAPY	3,287,226	1,587,350	4,874,576	-577,560	4,297,016	65.00
66.00	06600	PHYSICAL THERAPY	5,693,593	3,305,758	8,999,351	-3,057,114	5,942,237	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	1,530,202	1,530,202	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	559,773	559,773	68.00
69.00	06900	ELECTROCARDIOLOGY	2,435,573	420,476	2,856,049	-424,869	2,431,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	519,073	458,712	977,785	-199,488	778,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	25,362,231	25,362,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	25,639,613	25,639,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	107,914,334	107,914,334	73.00
74.00	07400	RENAL DIALYSIS		1,424,395	1,424,395	-2,392	1,422,003	74.00
76.00	03330	ENDOSCOPY	399,843	496,221	896,064	-346,956	549,108	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	28,012,702	11,358,413	39,371,115	-1,880,705	37,490,410	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7,749,938	5,391,471	13,141,409	-1,304,134	11,837,275	76.03
76.04	03952	WOUND CARE CENTER	903,777	2,692,102	3,595,879	-942,353	2,653,526	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	9,821,711	24,801,965	34,623,676	-4,988,149	29,635,527	76.05
76.06	03953	IMAGING CENTERS	2,630,168	4,339,626	6,969,794	-2,303,232	4,666,562	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER		2,175,408	2,175,408	-46,152	2,129,256	76.07
76.97	07697	CARDIAC REHABILITATION	690,295	355,495	1,045,790	-140,543	905,247	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		0	0	465,681	465,681	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER		0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1,753,418	852,854	2,606,272	-186,840	2,419,432	90.02
90.03	09001	CLINIC		0	0	0	0	90.03
90.04	04953	SPINE CENTER		46	46	0	46	90.04
90.05	04954	INFUSION CENTERS	426,303	15,659,853	16,086,156	-15,405,197	680,959	90.05
90.06	09002	MEDCHECK CLINICS		0	0	0	0	90.06
90.07	09003	KNEE CENTER	1,634,030	1,960,001	3,594,031	-202,916	3,391,115	90.07
90.08	09004	PALLIATIVE CARE		0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS		0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE		0	0	0	0	90.12
91.00	09100	EMERGENCY	8,465,291	7,181,063	15,646,354	-676,577	14,969,777	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	173,778,376	467,141,383	640,919,759	1,631,720	642,551,479	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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	90,633	90,633	-27,829	62,804	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	1,302	36	1,338	0	1,338	194.03
194.04	07954 SMO-NON PROVIDER BASED	477,778	148,746	626,524	0	626,524	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	2,351,463	2,382,540	4,734,003	-1,468,664	3,265,339	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	905,923	535,892	1,441,815	-135,227	1,306,588	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	177,514,842	470,299,230	647,814,072	0	647,814,072	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
5/29/2019 3:09 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	-6,566,956	14,803,066	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,967,294	30,831,148	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,791,400	9,066,938	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-43,250,837	116,146,916	5.00
7.00	00700	OPERATION OF PLANT	-145,815	15,819,873	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,025,700	8.00
9.00	00900	HOUSEKEEPING	0	4,611,742	9.00
10.00	01000	DIETARY	-65,227	1,818,081	10.00
11.00	01100	CAFETERIA	-2,109,707	2,189,984	11.00
13.00	01300	NURSING ADMINISTRATION	4,359,991	8,573,693	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,929,603	3,449,914	14.00
15.00	01500	PHARMACY	-508,163	8,907,396	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,499,336	5,866,897	16.00
17.00	01700	SOCIAL SERVICE	0	2,735,789	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,017,777	3,254,460	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,661,809	5,131,884	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-174,178	47,143,962	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,901,986	31.00
32.00	03200	CORONARY CARE UNIT	0	4,301,910	32.00
43.00	04300	NURSERY	0	552,532	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-289,022	7,850,146	50.00
51.00	05100	RECOVERY ROOM	0	1,329,886	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-827,725	1,854,067	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-36,018	3,757,427	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,052,185	55.00
57.00	05700	CT SCAN	0	2,508,008	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	742,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	-166,858	3,880,268	59.00
60.00	06000	LABORATORY	-990,925	12,116,224	60.00
64.00	06400	INTRAVENOUS THERAPY	0	393,144	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,297,016	65.00
66.00	06600	PHYSICAL THERAPY	176,924	6,119,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,530,202	67.00
68.00	06800	SPEECH PATHOLOGY	0	559,773	68.00
69.00	06900	ELECTROCARDIOLOGY	543,686	2,974,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144,450	922,747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,362,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,639,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,090,602	110,004,936	73.00
74.00	07400	RENAL DIALYSIS	0	1,422,003	74.00
76.00	03330	ENDOSCOPY	0	549,108	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-24,023,388	13,467,022	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-9,158,584	2,678,691	76.03
76.04	03952	WOUND CARE CENTER	0	2,653,526	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	-7,794,488	21,841,039	76.05
76.06	03953	IMAGING CENTERS	0	4,666,562	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	2,129,256	76.07
76.97	07697	CARDIAC REHABILITATION	-27,133	878,114	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	465,681	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	-660,856	1,758,576	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPINE CENTER	0	46	90.04
90.05	04954	INFUSION CENTERS	0	680,959	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	0	3,391,115	90.07
90.08	09004	PALLIATIVE CARE	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	-147,227	14,822,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-65,119,407	577,432,072	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	62,804	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	1,338	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	626,524	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	3,265,339	194.05
194.07	07957 LI FE CHECK	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	1,306,588	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-65,119,407	582,694,665	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 3:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,362,231	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	0		0	25,362,231	
B - Implantable Device Recl class					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	25,639,613	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
	0		0	25,639,613	
C - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	107,914,334	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

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 3:09 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
0			0	107,914,334		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,008,754		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
0			0	20,008,754		
E - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,136,040		1.00
0			0	11,136,040		
F - Other Capital Rental						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,853,643		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

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 3:09 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
0			0	10,853,643		
G - STD BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,545		1.00
2.00	OPERATION OF PLANT	7.00	0	24,093		2.00
3.00	HOUSEKEEPING	9.00	0	28,769		3.00
4.00	DIETARY	10.00	0	18,537		4.00
5.00	NURSING ADMINISTRATION	13.00	0	9,871		5.00
6.00	PHARMACY	15.00	0	18,460		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,294		7.00
8.00	SOCIAL SERVICE	17.00	0	10,647		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	60,339		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	261,108		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	33,182		11.00
12.00	CORONARY CARE UNIT	32.00	0	25,455		12.00
13.00	OPERATING ROOM	50.00	0	12,729		13.00
14.00	RECOVERY ROOM	51.00	0	3,365		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,645		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	205		16.00
17.00	CT SCAN	57.00	0	2,477		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,446		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	12,442		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	4,969		20.00
21.00	RESPIRATORY THERAPY	65.00	0	23,970		21.00
22.00	PHYSICAL THERAPY	66.00	0	39,188		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	9,557		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,264		24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	205,272		25.00
26.00	LUTHERWOOD PARTNERSHIP	76.03	0	57,575		26.00
27.00	WOUND CARE CENTER	76.04	0	2,226		27.00
28.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	35,756		28.00
29.00	IMAGING CENTERS	76.06	0	12,508		29.00
30.00	CARDIAC REHABILITATION	76.97	0	9,472		30.00
31.00	HEALTHY HEARTS CENTER	90.02	0	17,064		31.00
32.00	INFUSION CENTERS	90.05	0	177		32.00
33.00	KNEE CENTER	90.07	0	10,849		33.00
34.00	EMERGENCY	91.00	0	25,702		34.00
35.00	FAMILY PRACTICE MEDICINE	194.05	0	20,670		35.00
36.00	GROUP HOMES AND MISCELLANEOUS CENTERS	194.08	0	737		36.00
0			0	1,050,565		
H - Labor and Delivery						
1.00	NURSERY	43.00	382,204	170,328		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	944,655	420,983		2.00
0			1,326,859	591,311		

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
I - Cafeteria						
1.00	CAFETERIA	11.00	1,730,216	0	1.00	
2.00	CAFETERIA	11.00	0	2,569,475	2.00	
	0		1,730,216	2,569,475		
J - Therapy Recl ass						
1.00	OCCUPATIONAL THERAPY	67.00	1,079,768	450,434	1.00	
2.00	SPEECH PATHOLOGY	68.00	394,997	164,776	2.00	
	0		1,474,765	615,210		
K - Building Depreciation						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,998,543	1.00	
	0		0	9,998,543		
L - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	235,439	1.00	
	0		0	235,439		
M - Radiology Support						
1.00	RADIOLOGY-THERAPEUTIC	55.00	380,777	125,133	1.00	
2.00	CT SCAN	57.00	165,378	54,347	2.00	
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	28,208	9,270	3.00	
4.00	IMAGING CENTERS	76.06	113,274	37,225	4.00	
	0		687,637	225,975		
N - Hyperbaric Oxygen Therapy						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	129,137	336,544	1.00	
	0		129,137	336,544		
O - IHH Cat Scan						
1.00	CT SCAN	57.00	587,557	0	1.00	
2.00	CT SCAN	57.00	0	137,535	2.00	
	0		587,557	137,535		
P - Residents Costs						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,521,215	751,022	1.00	
	0		3,521,215	751,022		
S - CBI Allocation to Gallahue						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	2,304	1.00	
	0		0	2,304		
500.00	Grand Total: Increases		9,457,386	217,428,538	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - Chargeable Medical Supplies							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	56	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	36,075	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	161,883	0	3.00	
4.00	HOUSEKEEPING	9.00	0	1,134	0	4.00	
5.00	DIETARY	10.00	0	1,011	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	14,283	0	6.00	
7.00	PHARMACY	15.00	0	228,327	0	7.00	
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,033	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	956,730	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	409,514	0	10.00	
11.00	CORONARY CARE UNIT	32.00	0	114,884	0	11.00	
12.00	OPERATING ROOM	50.00	0	7,540,868	0	12.00	
13.00	RECOVERY ROOM	51.00	0	101,741	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	448,267	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	556,134	0	15.00	
16.00	CT SCAN	57.00	0	206,819	0	16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,098	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	11,275,309	0	18.00	
19.00	LABORATORY	60.00	0	58,219	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	25,115	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	424,367	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	31,393	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	34,083	0	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	34,215	0	24.00	
25.00	RENAL DIALYSIS	74.00	0	1,518	0	25.00	
26.00	ENDOSCOPY	76.00	0	241,899	0	26.00	
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	27,268	0	27.00	
28.00	WOUND CARE CENTER	76.04	0	289,492	0	28.00	
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	521,528	0	29.00	
30.00	IMAGING CENTERS	76.06	0	976,151	0	30.00	
31.00	BREAST DIAGNOSTIC CENTER	76.07	0	750	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	14,926	0	32.00	
33.00	HEALTHY HEARTS CENTER	90.02	0	29,937	0	33.00	
34.00	INFUSION CENTERS	90.05	0	4,931	0	34.00	
35.00	KNEE CENTER	90.07	0	17,620	0	35.00	
36.00	EMERGENCY	91.00	0	531,989	0	36.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	272	0	37.00	
38.00	FAMILY PRACTICE MEDICINE	194.05	0	30,813	0	38.00	
39.00	GROUP HOMES AND MISC. N_R CTRS	194.08	0	3,579	0	39.00	
			0	25,362,231			
B - Implantable Device Reclass							
1.00	OPERATING ROOM	50.00	0	11,298,687	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	196,444	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	13,970,977	0	3.00	
4.00	ENDOSCOPY	76.00	0	33,354	0	4.00	
5.00	WOUND CARE CENTER	76.04	0	140,151	0	5.00	
			0	25,639,613			
C - Drugs Charges to Pat							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	63	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	1,508	0	2.00	
3.00	DIETARY	10.00	0	369	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	14,112	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,877	0	5.00	
6.00	PHARMACY	15.00	0	91,376,471	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	71,888	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	20,412	0	8.00	
9.00	CORONARY CARE UNIT	32.00	0	12,966	0	9.00	
10.00	OPERATING ROOM	50.00	0	90,574	0	10.00	
11.00	RECOVERY ROOM	51.00	0	1,215	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,769	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,799	0	13.00	
14.00	CT SCAN	57.00	0	154,903	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	59,129	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	123,257	0	16.00	
17.00	INTRAVENOUS THERAPY	64.00	0	39	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	6,464	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	1,065	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	4,602	0	20.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	2	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	96	0	22.00	
23.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	35,071	0	23.00	
24.00	LUTHERWOOD PARTNERSHIP	76.03	0	14,224	0	24.00	
25.00	WOUND CARE CENTER	76.04	0	39,266	0	25.00	
26.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	282,597	0	26.00	
27.00	IMAGING CENTERS	76.06	0	94,567	0	27.00	
28.00	HEALTHY HEARTS CENTER	90.02	0	90	0	28.00	
29.00	INFUSION CENTERS	90.05	0	15,084,507	0	29.00	
30.00	EMERGENCY	91.00	0	24,519	0	30.00	
31.00	FAMILY PRACTICE MEDICINE	194.05	0	340,893	0	31.00	
32.00	GROUP HOMES AND MIS. N_R	194.08	0	20	0	32.00	
	CTRS						
	0		0	107,914,334			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,394	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,016,048	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	528,278	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	83	0	4.00	
5.00	HOUSEKEEPING	9.00	0	6,276	0	5.00	
6.00	DIETARY	10.00	0	84,648	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	8,832	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,661	0	8.00	
9.00	PHARMACY	15.00	0	77,533	0	9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	32,154	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	656,616	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	227,839	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	28,606	0	13.00	
14.00	OPERATING ROOM	50.00	0	794,783	0	14.00	
15.00	RECOVERY ROOM	51.00	0	1,400	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	518,244	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	261,247	0	17.00	
18.00	CT SCAN	57.00	0	206,832	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	239,157	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	953,938	0	20.00	
21.00	LABORATORY	60.00	0	64,654	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0	2,769	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	135,111	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	94,029	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	249,892	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	122,541	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	503	0	27.00	
28.00	ENDOSCOPY	76.00	0	71,073	0	28.00	
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	176,922	0	29.00	
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	76,250	0	30.00	
31.00	WOUND CARE CENTER	76.04	0	7,683	0	31.00	
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	3,692,534	0	32.00	
33.00	IMAGING CENTERS	76.06	0	1,034,162	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	20,689	0	34.00	
35.00	HEALTHY HEARTS CENTER	90.02	0	32,248	0	35.00	
36.00	INFUSION CENTERS	90.05	0	60,025	0	36.00	
37.00	KNEE CENTER	90.07	0	184,298	0	37.00	
38.00	EMERGENCY	91.00	0	77,573	0	38.00	
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,104	0	39.00	
40.00	FAMILY PRACTICE MEDICINE	194.05	0	182,921	0	40.00	
41.00	GROUP HOMES AND MIS. N_R	194.08	0	51,204	0	41.00	
	CTRS						
	0		0	20,008,754			
E - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,136,040	11	1.00	
	0		0	11,136,040			
F - Other Capital Rental							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,752	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,525,908	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	274,763	0	3.00	
4.00	HOUSEKEEPING	9.00	0	2,449	0	4.00	
5.00	DIETARY	10.00	0	274,288	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	1,818	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,353,337	0	7.00	
8.00	PHARMACY	15.00	0	672,088	0	8.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

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		
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	80	0	9.00
10.00	SOCIAL SERVICE	17.00	0	1,050	0	10.00
11.00	I&R SERVICES-OTHER PRGM	22.00	0	19,623	0	11.00
	COSTS APPRVD					
12.00	ADULTS & PEDIATRICS	30.00	0	25,674	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	16,821	0	13.00
14.00	CORONARY CARE UNIT	32.00	0	80	0	14.00
15.00	OPERATING ROOM	50.00	0	236,319	0	15.00
16.00	RECOVERY ROOM	51.00	0	951	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,236	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	286	0	18.00
19.00	CT SCAN	57.00	0	160	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	319	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	3,938	0	21.00
22.00	LABORATORY	60.00	0	53,444	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	196	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	11,618	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	840,652	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	136,292	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	42,730	0	27.00
28.00	RENAL DIALYSIS	74.00	0	275	0	28.00
29.00	ENDOSCOPY	76.00	0	630	0	29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,643,748	0	30.00
31.00	LUTHERWOOD PARTNERSHIP	76.03	0	1,213,660	0	31.00
32.00	WOUND CARE CENTER	76.04	0	80	0	32.00
33.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	491,490	0	33.00
34.00	IMAGING CENTERS	76.06	0	348,851	0	34.00
35.00	BREAST DIAGNOSTIC CENTER	76.07	0	45,402	0	35.00
36.00	CARDIAC REHABILITATION	76.97	0	104,928	0	36.00
37.00	HEALTHY HEARTS CENTER	90.02	0	124,565	0	37.00
38.00	INFUSION CENTERS	90.05	0	255,734	0	38.00
39.00	KNEE CENTER	90.07	0	998	0	39.00
40.00	EMERGENCY	91.00	0	42,496	0	40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,453	0	41.00
42.00	FAMILY PRACTICE MEDICINE	194.05	0	914,037	0	42.00
43.00	GROUP HOMES AND MI SC. N_R CTRS	194.08	0	80,424	0	43.00
	TOTAL		0	10,853,643		
G - STD BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	25,545	0	0	1.00
2.00	OPERATION OF PLANT	7.00	24,093	0	0	2.00
3.00	HOUSEKEEPING	9.00	28,769	0	0	3.00
4.00	DIETARY	10.00	18,537	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	9,871	0	0	5.00
6.00	PHARMACY	15.00	18,460	0	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	1,294	0	0	7.00
8.00	SOCIAL SERVICE	17.00	10,647	0	0	8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	60,339	0	0	9.00
	COSTS APPRVD					
10.00	ADULTS & PEDIATRICS	30.00	261,108	0	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	33,182	0	0	11.00
12.00	CORONARY CARE UNIT	32.00	25,455	0	0	12.00
13.00	OPERATING ROOM	50.00	12,729	0	0	13.00
14.00	RECOVERY ROOM	51.00	3,365	0	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	20,645	0	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	205	0	0	16.00
17.00	CT SCAN	57.00	2,477	0	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,446	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	12,442	0	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	4,969	0	0	20.00
21.00	RESPIRATORY THERAPY	65.00	23,970	0	0	21.00
22.00	PHYSICAL THERAPY	66.00	39,188	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	9,557	0	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	2,264	0	0	24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	205,272	0	0	25.00
26.00	LUTHERWOOD PARTNERSHIP	76.03	57,575	0	0	26.00
27.00	WOUND CARE CENTER	76.04	2,226	0	0	27.00
28.00	ONCOLOGY-CANCER CARE CENTER	76.05	35,756	0	0	28.00
29.00	IMAGING CENTERS	76.06	12,508	0	0	29.00
30.00	CARDIAC REHABILITATION	76.97	9,472	0	0	30.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
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		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
31.00	HEALTHY HEARTS CENTER	90.02	17,064	0	0		31.00
32.00	INFUSION CENTERS	90.05	177	0	0		32.00
33.00	KNEE CENTER	90.07	10,849	0	0		33.00
34.00	EMERGENCY	91.00	25,702	0	0		34.00
35.00	FAMILY PRACTICE MEDICINE	194.05	20,670	0	0		35.00
36.00	GROUP HOMES AND MISC. N_R	194.08	737	0	0		36.00
	CTRS						
			1,050,565	0			
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	1,326,859	591,311	0		1.00
2.00		0.00	0	0	0		2.00
			1,326,859	591,311			
I - Cafeteria							
1.00	DIETARY	10.00	1,730,216	0	0		1.00
2.00	DIETARY	10.00	0	2,569,475	0		2.00
			1,730,216	2,569,475			
J - Therapy Reclasse							
1.00	PHYSICAL THERAPY	66.00	1,474,765	615,210	0		1.00
2.00		0.00	0	0	0		2.00
			1,474,765	615,210			
K - Building Depreciation							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,998,543	9		1.00
			0	9,998,543			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	235,439	12		1.00
			0	235,439			
M - Radiology Support							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	687,637	225,975	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
			687,637	225,975			
N - Hyperbaric Oxygen Therapy							
1.00	WOUND CARE CENTER	76.04	129,137	336,544	0		1.00
			129,137	336,544			
O - IHH Cat Scan							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	587,557	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	137,535	0		2.00
			587,557	137,535			
P - Residents Costs							
1.00	I&R SERVICES-OTHER PRGM	22.00	3,521,215	751,022	0		1.00
	COSTS APPRVD						
			3,521,215	751,022			
S - CBI Allocation to Gallahue							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,304	0		1.00
			0	2,304			
500.00	Grand Total: Decreases		10,507,951	216,377,973			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 3:09 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,453,049	0	0	0	1,710,000
2.00	Land Improvements	4,335,982	0	0	0	126,439
3.00	Buildings and Fixtures	400,805,410	85,106,043	0	85,106,043	23,702,749
4.00	Building Improvements	10,439,956	1,294,642	0	1,294,642	31,661
5.00	Fixed Equipment	0	0	0	0	0
6.00	Movable Equipment	179,369,290	11,497,385	0	11,497,385	2,632,178
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	599,403,687	97,898,070	0	97,898,070	28,203,027
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	599,403,687	97,898,070	0	97,898,070	28,203,027
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,743,049	0			1.00
2.00	Land Improvements	4,209,543	0			2.00
3.00	Buildings and Fixtures	462,208,704	0			3.00
4.00	Building Improvements	11,702,937	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	188,234,497	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	669,098,730	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	669,098,730	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 3:09 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: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet A-7 Part III Date/Time Prepared: 5/29/2019 3:09 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	420,034,397	0	420,034,397	0.700754	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	179,369,290	0	179,369,290	0.299246	0	2.00
3.00	Total (sum of lines 1-2)	599,403,687	0	599,403,687	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	10,035,294	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,977,505	10,853,643	2.00
3.00	Total (sum of lines 1-2)	0	0	0	30,012,799	10,853,643	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 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	4,532,333	235,439	0	0	14,803,066	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	30,831,148	2.00
3.00	Total (sum of lines 1-2)	4,532,333	235,439	0	0	45,634,214	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			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)	B	-19,685		ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-328,418				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	4,115,970				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,980,373		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			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			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** 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
33.00 EMS PARAMED EDUCATION	B	-181,043		EMERGENCY	91.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 3:09 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	Misc Revenue	B	-52,835	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	Misc Revenue	B	-176,226	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03	Misc Revenue	B	-706,009	OPERATION OF PLANT	7.00	0 33.03
33.04	Misc Revenue	B	-65,227	DIETARY	10.00	0 33.04
33.05	Misc Revenue	B	-531,157	PHARMACY	15.00	0 33.05
33.06	Misc Revenue	B	-32,388	MEDICAL RECORDS & LIBRARY	16.00	0 33.06
33.07	Misc Revenue	B	-30,766	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.07
33.08	Misc Revenue	B	-138,991	RADIOLOGY-DIAGNOSTIC	54.00	0 33.08
33.09	Misc Revenue	B	-1,005,491	LABORATORY	60.00	0 33.09
33.10	Misc Revenue	B	-62,318	PHYSICAL THERAPY	66.00	0 33.10
33.11	Misc Revenue	B	-108	ELECTROCARDIOLOGY	69.00	0 33.11
33.12	Misc Revenue	B	-27,133	CARDIAC REHABILITATION	76.97	0 33.12
33.13	Misc Revenue	B	-6,513	EMERGENCY	91.00	0 33.13
33.14	Space Rental Income	B	-466,751	OPERATION OF PLANT	7.00	0 33.14
34.00	50 BMO Loan Non-Allow Interest Expense	A	77,339	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01	LOC Non-Allow Interest Expense	A	-66,760	CAP REL COSTS-BLDG & FIXT	1.00	11 34.01
34.02	12A Non-Allow Interest Expense	A	-1,730,393	CAP REL COSTS-BLDG & FIXT	1.00	11 34.02
34.03	12B Non-Allow Interest Expense	A	-218,836	CAP REL COSTS-BLDG & FIXT	1.00	11 34.03
34.04	50 BMO Loan Non-Allow Interest Expense	A	-127,999	CAP REL COSTS-BLDG & FIXT	1.00	11 34.04
34.05	12B Non-Allow Interest Expense	A	-911,673	CAP REL COSTS-BLDG & FIXT	1.00	11 34.05
34.06	00 Non-Allow Interest Expense	A	-3,548,046	CAP REL COSTS-BLDG & FIXT	1.00	11 34.06
34.07	Loss on Assets	A	-4,802	ADMINISTRATIVE & GENERAL	5.00	0 34.07
34.08	Loss on Assets	A	-12,467	ELECTROENCEPHALOGRAPHY	70.00	0 34.08
34.09	Loss on Assets	A	-4,914	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 34.09
34.10	HAF Tax Offset	A	-18,572,562	ADMINISTRATIVE & GENERAL	5.00	0 34.10
36.00	CARDIAC CATH SHARED SERVICES	A	-127,131	CARDIAC CATHETERIZATION	59.00	0 36.00
36.01	CARDIAC MONITORING SHARED SERVICES	A	294,258	ELECTROCARDIOLOGY	69.00	0 36.01
36.02	Non Allow Marketing Expense	A	-328,566	ADMINISTRATIVE & GENERAL	5.00	0 36.02
36.03	Depreciation Carryforward	A	36,751	CAP REL COSTS-BLDG & FIXT	1.00	9 36.03
36.04	Depreciation Carryforward	A	265,422	CAP REL COSTS-MVBLE EQUIP	2.00	9 36.04
36.05	Meals on Wheels Cost	A	-129,334	CAFETERIA	11.00	0 36.05
36.06	Pavillions	A	-2,148,931	ADMINISTRATIVE & GENERAL	5.00	0 36.06
36.07	Physician Assistant Offset	A	-389,057	ADULTS & PEDIATRICS	30.00	0 36.07
36.08	Nurse Practitioner Offset	A	-442,257	ADULTS & PEDIATRICS	30.00	9 36.08
36.09	Nurse Practitioner Offset	A	-289,022	OPERATING ROOM	50.00	0 36.09
36.10	Nurse Practitioner Offset	A	-39,727	CARDIAC CATHETERIZATION	59.00	9 36.10
36.11	Nurse Practitioner Offset	A	-950,658	HEALTHY HEARTS CENTER	90.02	9 36.11
36.12	OB Laborist Loss	A	-827,725	DELIVERY ROOM & LABOR ROOM	52.00	0 36.12
36.13	Gallahue Professional Fee	A	-24,039,897	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 36.13
36.14	Gallahue Professional Fee	A	-9,158,584	LUTHERWOOD PARTNERSHIP	76.03	0 36.14
36.15	SPONSORSHIP	A	-28,374	ADMINISTRATIVE & GENERAL	5.00	0 36.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-65,119,407			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0074
 Period: From 01/01/2018 To 12/31/2018
 Worksheet A-8-1
 Date/Time Prepared: 5/29/2019 3:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	21.00	I&R SERVICES-SALARY & FRINGE	RESIDENT COSTS	3,254,460	4,272,237 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	OTHER PROGRAM COSTS	5,215,460	6,846,503 2.00
3.00	7.00	OPERATION OF PLANT	1400 N RITTER	182,736	143,466 3.00
3.01	76.05	ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	195,331	153,354 3.01
3.02	70.00	ELECTROENCEPHALOGRAPHY	1400 N RITTER	59,710	46,878 3.02
3.03	15.00	PHARMACY	1400 N RITTER	106,995	84,001 3.03
3.04	60.00	LABORATORY	1400 N RITTER	67,779	53,213 3.04
3.05	76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	7250 CLEARVISTA	25,769	4,346 3.05
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	9,701,872	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CHNW - HOME OFFICE	8,844,235	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	90,453,112	113,961,793 4.02
4.03	7.00	OPERATION OF PLANT	CHNW - HOME OFFICE	987,675	0 4.03
4.04	13.00	NURSING ADMINISTRATION	CHNW - HOME OFFICE	4,359,991	0 4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CHNW - HOME OFFICE	3,929,603	0 4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	CHNW - HOME OFFICE	4,531,724	0 4.06
4.07	30.00	ADULTS & PEDIATRICS	CHNW - HOME OFFICE	657,136	0 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	CHNW - HOME OFFICE	102,973	0 4.08
4.09	66.00	PHYSICAL THERAPY	CHNW - HOME OFFICE	239,242	0 4.09
4.10	69.00	ELECTROCARDIOLOGY	CHNW - HOME OFFICE	249,536	0 4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	CHNW - HOME OFFICE	144,085	0 4.11
4.12	73.00	DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	2,090,602	0 4.12
4.13	76.05	ONCOLOGY-CANCER CARE CENTER	CHNW - HOME OFFICE	4,506,668	0 4.13
4.14	90.02	HEALTHY HEARTS CENTER	CHNW - HOME OFFICE	289,802	0 4.14
4.15	91.00	EMERGENCY	CHNW - HOME OFFICE	40,329	0 4.15
4.16	76.05	ONCOLOGY-CANCER CARE CENTER	ANDERSON CANCER CENTER	0	12,343,133 4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR AND CAL	1,788,069	0 4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			142,024,894	137,908,924 5.00

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

Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Related Organization(s) and/or Home Office
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	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0074

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 3:09 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	-1,017,777	0		1.00
2.00	-1,631,043	0		2.00
3.00	39,270	0		3.00
3.01	41,977	0		3.01
3.02	12,832	0		3.02
3.03	22,994	0		3.03
3.04	14,566	0		3.04
3.05	21,423	0		3.05
4.00	9,701,872	9		4.00
4.01	8,844,235	0		4.01
4.02	-23,508,681	0		4.02
4.03	987,675	0		4.03
4.04	4,359,991	0		4.04
4.05	3,929,603	0		4.05
4.06	4,531,724	0		4.06
4.07	657,136	0		4.07
4.08	102,973	0		4.08
4.09	239,242	0		4.09
4.10	249,536	0		4.10
4.11	144,085	0		4.11
4.12	2,090,602	0		4.12
4.13	4,506,668	0		4.13
4.14	289,802	0		4.14
4.15	40,329	0		4.15
4.16	-12,343,133	0		4.16
4.17	1,788,069	0		4.17
5.00	4,115,970			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0074

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 3:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	525,682	224,334	301,348	211,500	1,940	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			525,682	224,334	301,348		1,940	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	197,264	9,863	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			197,264	9,863	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	197,264	104,084	328,418		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	197,264	104,084	328,418		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal
		BLDG & FIXT	MVBLE EQUIP		
	0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,803,066	14,803,066		14,803,066
2.00 00200	CAP REL COSTS-MVBLE EQUIP	30,831,148		30,831,148	30,831,148
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,066,938	171,255	15,415,572	24,653,765
5.00 00500	ADMINISTRATIVE & GENERAL	116,146,916	746,021	6,339,359	1,530,800
7.00 00700	OPERATION OF PLANT	15,819,873	2,203,542	175,526	370,114
8.00 00800	LAUNDRY & LINEN SERVICE	1,025,700	0	42	0
9.00 00900	HOUSEKEEPING	4,611,742	247,684	3,664	366,995
10.00 01000	DIETARY	1,818,081	189,589	38,615	97,300
11.00 01100	CAFETERIA	2,189,984	522,332	128,314	242,002
13.00 01300	NURSING ADMINISTRATION	8,573,693	168,035	5,368	442,761
14.00 01400	CENTRAL SERVICES & SUPPLY	3,449,914	292,224	692,503	0
15.00 01500	PHARMACY	8,907,396	39,172	361,792	809,270
16.00 01600	MEDICAL RECORDS & LIBRARY	5,866,897	36,015	40	104,954
17.00 01700	SOCIAL SERVICE	2,735,789	60,179	529	301,217
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,254,460	0	0	492,505
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,131,884	5,662	26,096	710,680
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	47,143,962	3,962,760	178,546	5,009,491
31.00 03100	INTENSIVE CARE UNIT	6,901,986	620,863	123,095	719,871
32.00 03200	CORONARY CARE UNIT	4,301,910	359,770	14,458	408,461
43.00 04300	NURSERY	552,532	59,106	6,322	53,458
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	7,850,146	988,337	410,816	565,124
51.00 05100	RECOVERY ROOM	1,329,886	201,313	1,184	135,995
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,854,067	146,102	15,625	198,381
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,757,427	570,093	271,505	368,884
55.00 05500	RADIOLOGY-THERAPEUTIC	1,052,185	165,088	123,783	98,789
57.00 05700	CT SCAN	2,508,008	88,153	104,354	221,280
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	742,053	107,561	120,834	61,416
59.00 05900	CARDIAC CATHETERIZATION	3,880,268	417,298	404,678	419,417
60.00 06000	LABORATORY	12,116,224	93,289	55,355	0
64.00 06400	INTRAVENOUS THERAPY	393,144	8,756	1,494	42,915
65.00 06500	RESPIRATORY THERAPY	4,297,016	44,266	73,844	456,425
66.00 06600	PHYSICAL THERAPY	6,119,161	69,336	458,810	584,598
67.00 06700	OCCUPATIONAL THERAPY	1,530,202	17,744	8,987	151,025
68.00 06800	SPEECH PATHOLOGY	559,773	6,483	3,288	55,247
69.00 06900	ELECTROCARDIOLOGY	2,974,866	20,270	191,418	339,322
70.00 07000	ELECTROENCEPHALOGRAPHY	922,747	0	78,565	72,285
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,362,231	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	25,639,613	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	110,004,936	0	0	0
74.00 07400	RENAL DIALYSIS	1,422,003	6,841	139	0
76.00 03330	ENDOSCOPY	549,108	0	36,139	55,925
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,467,022	111,749	915,876	3,889,370
76.03 03951	LUTHERWOOD PARTNERSHIP	2,678,691	0	649,193	1,075,915
76.04 03952	WOUND CARE CENTER	2,653,526	107,792	3,359	108,036
76.05 03480	ONCOLOGY-CANCER CARE CENTER	21,841,039	373,516	1,710,383	1,368,742
76.06 03953	IMAGING CENTERS	4,666,562	2,547	692,210	381,970
76.07 03954	BREAST DIAGNOSTIC CENTER	2,129,256	53,949	22,883	0
76.97 07697	CARDIAC REHABILITATION	878,114	152,606	61,203	95,225
76.98 07698	HYPERBARIC OXYGEN THERAPY	465,681	17,976	553	18,062
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00 09000	CLINIC	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0
90.02 04951	HEALTHY HEARTS CENTER	1,758,576	88,301	68,000	242,860
90.03 09001	CLINIC	0	0	0	0
90.04 04953	SPINE CENTER	46	0	0	46
90.05 04954	INFUSION CENTERS	680,959	0	157,288	59,601
90.06 09002	MEDCHECK CLINICS	0	0	0	0
90.07 09003	KNEE CENTER	3,391,115	262,334	10,120	227,031
90.08 09004	PALLIATIVE CARE	0	0	0	0
90.10 09006	WORK SITE CLINICS	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	14,822,550	951,249	51,389	1,180,428	17,005,616	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	577,432,072	14,757,158	30,213,116	24,134,147	576,248,514
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
192.00 19200 PHYSICIANS' PRIVATE OFFICES	62,804	45,908	11,325	0	120,037	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	1,338	0	0	182	1,520	194.03
194.04 07954 SMO-NON PROVIDER BASED	626,524	0	0	66,826	693,350	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	3,265,339	0	552,873	326,003	4,144,215	194.05
194.07 07957 LI FE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,306,588	0	53,834	126,607	1,487,029	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	582,694,665	14,803,066	30,831,148	24,653,765	582,694,665

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/29/2019 3:09 pm		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	124,763,096					5.00
7.00	00700	OPERATION OF PLANT	5,059,120	23,628,175				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	279,462	0	1,305,204			8.00
9.00	00900	HOUSEKEEPING	1,424,931	500,959	652,597	7,808,572		9.00
10.00	01000	DIETARY	584,018	383,457	0	129,469	3,240,529	10.00
11.00	01100	CAFETERIA	839,860	1,056,454	0	356,697	1,620,264	11.00
13.00	01300	NURSING ADMINISTRATION	2,503,767	339,862	1,882	114,750	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,208,214	591,044	0	199,557	0	14.00
15.00	01500	PHARMACY	2,756,538	79,229	0	26,750	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,636,848	72,843	0	24,594	0	16.00
17.00	01700	SOCIAL SERVICE	843,969	121,717	0	41,096	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,020,857	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,600,453	11,452	2,696	3,867	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,337,451	8,014,960	323,528	2,706,137	1,372,577	30.00
31.00	03100	INTENSIVE CARE UNIT	2,279,258	1,255,739	25,489	423,982	128,102	31.00
32.00	03200	CORONARY CARE UNIT	1,385,294	727,661	0	245,684	119,586	32.00
43.00	04300	NURSERY	182,927	119,546	3,087	40,363	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,673,930	1,998,983	29,877	674,928	0	50.00
51.00	05100	RECOVERY ROOM	454,548	407,170	0	137,475	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	603,250	295,501	7,623	99,772	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,353,502	1,153,053	13,173	389,312	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	392,284	333,902	8,394	112,737	0	55.00
57.00	05700	CT SCAN	796,040	178,297	26,473	60,199	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	281,130	217,549	8,426	73,452	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,395,391	844,014	11,037	284,969	0	59.00
60.00	06000	LABORATORY	3,341,551	188,684	0	63,707	0	60.00
64.00	06400	INTRAVENOUS THERAPY	121,596	17,710	0	5,980	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,327,249	89,531	24,950	30,229	0	65.00
66.00	06600	PHYSICAL THERAPY	1,970,325	140,236	0	47,349	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	465,331	35,889	0	12,117	0	67.00
68.00	06800	SPEECH PATHOLOGY	170,224	13,113	0	4,427	0	68.00
69.00	06900	ELECTROCARDIOLOGY	960,621	40,998	0	13,842	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	292,500	0	1,332	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,909,914	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,985,487	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,970,835	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	389,325	13,836	0	4,672	0	74.00
76.00	03330	ENDOSCOPY	174,687	0	2,326	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,008,707	226,021	0	76,313	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	1,199,811	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	782,668	218,017	10,022	73,610	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	6,891,238	755,462	14,949	255,071	0	76.05
76.06	03953	IMAGING CENTERS	1,564,753	5,151	0	1,739	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	601,046	109,115	0	36,841	0	76.07
76.97	07697	CARDIAC REHABILITATION	323,437	308,656	0	104,213	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	136,844	36,358	0	12,276	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	587,873	178,595	13,649	60,300	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	13	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	244,618	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1,059,990	530,590	0	179,146	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	4,633,163	1,923,969	123,694	649,600	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	123,006,848	23,535,323	1,305,204	7,777,222	3,240,529	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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	32,704	92,852	0	31,350	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	414	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	188,903	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	1,129,087	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	405,140	0	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	124,763,096	23,628,175	1,305,204	7,808,572	3,240,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	6,955,907					11.00
13.00	01300	NURSING ADMINISTRATION	201,355	12,351,473				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,175,735	12,609,191			14.00
15.00	01500	PHARMACY	324,914	0	6,304,564	19,609,625		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45,763	0	73	9,804,812	17,592,839	16.00
17.00	01700	SOCIAL SERVICE	123,559	0	129	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	260,847	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	128,135	0	1,005	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,031,856	3,680,573	65,802	0	1,344,616	30.00
31.00	03100	INTENSIVE CARE UNIT	297,457	538,823	10,187	0	210,510	31.00
32.00	03200	CORONARY CARE UNIT	187,626	339,873	7,574	0	129,635	32.00
43.00	04300	NURSERY	22,881	41,448	1,277	0	18,035	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	260,847	472,506	450,976	0	852,236	50.00
51.00	05100	RECOVERY ROOM	54,915	0	3,741	0	99,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,491	107,765	3,155	0	44,576	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,983	0	1,246	0	385,349	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	45,763	0	10,027	0	139,558	55.00
57.00	05700	CT SCAN	141,864	0	254	0	578,091	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,458	0	8	0	99,661	58.00
59.00	05900	CARDIAC CATHETERIZATION	169,321	0	513,376	0	1,408,676	59.00
60.00	06000	LABORATORY	0	0	96,088	0	1,159,232	60.00
64.00	06400	INTRAVENOUS THERAPY	18,305	0	161	0	4,717	64.00
65.00	06500	RESPIRATORY THERAPY	192,203	0	2,469	0	194,132	65.00
66.00	06600	PHYSICAL THERAPY	105,254	0	3,300	0	183,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,068	0	853	0	47,487	67.00
68.00	06800	SPEECH PATHOLOGY	22,881	0	312	0	17,402	68.00
69.00	06900	ELECTROCARDIOLOGY	187,626	0	4,544	0	390,369	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,610	0	2,209	0	57,269	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	951,464	0	650,950	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	565,942	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,048,406	9,804,813	5,019,658	73.00
74.00	07400	RENAL DIALYSIS	0	0	75	0	32,422	74.00
76.00	03330	ENDOSCOPY	22,881	0	2,310	0	37,578	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	224,236	0	13,955	0	165,848	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	8,406	0	5,720	76.03
76.04	03952	WOUND CARE CENTER	64,068	0	8,708	0	95,800	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	649,828	0	36,613	0	1,600,363	76.05
76.06	03953	IMAGING CENTERS	4,576	0	2,629	0	393,448	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	39,054	76.07
76.97	07697	CARDIAC REHABILITATION	59,491	0	762	0	28,407	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,153	0	852	0	18,264	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	109,830	0	5,284	0	33,971	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	6	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	20,564	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	132,711	0	1,997	0	36,110	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	611	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	549,151	994,750	40,628	0	1,483,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,955,907	12,351,473	12,605,419	19,609,625	17,592,839
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	0	0	39	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	90	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	3,643	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,955,907	12,351,473	12,609,191	19,609,625	17,592,839

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B Part I Date/Time Prepared: 5/29/2019 3:09 pm

Cost Center Description			INTERNS & RESIDENTS			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH			
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				23.00	23.01
				17.00	21.00					
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		
5.00	00500	ADMINISTRATIVE & GENERAL						5.00		
7.00	00700	OPERATION OF PLANT						7.00		
8.00	00800	LAUNDRY & LINEN SERVICE						8.00		
9.00	00900	HOUSEKEEPING						9.00		
10.00	01000	DIETARY						10.00		
11.00	01100	CAFETERIA						11.00		
13.00	01300	NURSING ADMINISTRATION						13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00		
15.00	01500	PHARMACY						15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00		
17.00	01700	SOCIAL SERVICE	4,228,184					17.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,028,669				21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		7,621,930			22.00		
23.00	02300	EMS TRAINING-ALLIED HEALTH	0			0		23.00		
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				0	23.01		
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0					23.02		
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0					23.03		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	3,499,344	2,577,197	3,906,247	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	325,382	405,509	614,628	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	303,750	0	0	0	0	32.00		
43.00	04300	NURSERY	99,708	0	0	0	0	43.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	94,352	143,009	0	0	50.00		
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00		
57.00	05700	CT SCAN	0	0	0	0	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00		
60.00	06000	LABORATORY	0	10,368	15,715	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	40,813	61,861	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,465	53,753	0	0	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00		
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00		
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	123,124	186,619	0	0	76.01		
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03		
76.04	03952	WOUND CARE CENTER	0	30,116	45,646	0	0	76.04		
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05		
76.06	03953	IMAGING CENTERS	0	0	0	0	0	76.06		
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07		
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97		
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00	09000	CLINIC	0	0	0	0	0	90.00		
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01		
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	0	90.02		
90.03	09001	CLINIC	0	0	0	0	0	90.03		
90.04	04953	SPI NE CENTER	0	0	0	0	0	90.04		
90.05	04954	INFUSION CENTERS	0	0	0	0	0	90.05		
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06		
90.07	09003	KNEE CENTER	0	41,485	62,879	0	0	90.07		
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08		
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10		
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12		
91.00	09100	EMERGENCY	0	108,409	164,314	0	0	91.00		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED D HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					0	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	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	60,561	91,792	0	0	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,480,863	2,244,537	0	0	194.05	
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	20,407	30,930	0	0	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
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)	4,228,184	5,028,669	7,621,930	0	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2018
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Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH						23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH						23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0					23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	101,155,047	-6,483,444	94,671,603	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14,880,881	-1,020,137	13,860,744	31.00
32.00	03200	CORONARY CARE UNIT	0	0	8,531,282	0	8,531,282	32.00
43.00	04300	NURSERY	0	0	1,200,690	0	1,200,690	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	17,466,067	-237,361	17,228,706	50.00
51.00	05100	RECOVERY ROOM	0	0	2,825,595	0	2,825,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,435,308	0	3,435,308	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,382,527	0	8,382,527	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,482,510	0	2,482,510	55.00
57.00	05700	CT SCAN	0	0	4,703,013	0	4,703,013	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,739,548	0	1,739,548	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	9,748,445	0	9,748,445	59.00
60.00	06000	LABORATORY	0	0	17,140,213	-26,083	17,114,130	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	614,778	0	614,778	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,732,314	0	6,732,314	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,784,566	-102,674	9,681,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,333,703	0	2,333,703	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	853,150	0	853,150	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,123,876	0	5,123,876	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,463,517	0	1,463,517	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	33,874,559	0	33,874,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	33,191,042	0	33,191,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	158,937,866	-89,218	158,848,648	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,869,313	0	1,869,313	74.00
76.00	03330	ENDOSCOPY	0	0	880,954	0	880,954	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	24,408,840	-309,743	24,099,097	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	5,617,736	0	5,617,736	76.03
76.04	03952	WOUND CARE CENTER	0	0	4,201,368	-75,762	4,125,606	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	35,497,204	0	35,497,204	76.05
76.06	03953	IMAGING CENTERS	0	0	7,715,585	0	7,715,585	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	2,992,144	0	2,992,144	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	2,012,114	0	2,012,114	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	716,019	0	716,019	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	3,147,239	0	3,147,239	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	65	0	65	90.04
90.05	04954	INFUSION CENTERS	0	0	1,163,030	0	1,163,030	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	5,935,508	-104,364	5,831,144	90.07
90.08	09004	PALLIATIVE CARE	0	0	611	0	611	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	27,676,975	-272,723	27,404,252	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
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Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	570,435,202	-8,721,509	561,713,693	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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	429,335	-152,353	276,982	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	1,934	0	1,934	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	882,253	0	882,253	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	8,998,792	-3,725,400	5,273,392	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	1,947,149	-51,337	1,895,812	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	582,694,665	-12,650,599	570,044,066	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 3:09 pm

	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	171,255	15,415,572	15,586,827	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	746,021	6,339,359	7,085,380	5.00
7.00	00700	OPERATION OF PLANT	0	2,203,542	175,526	2,379,068	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	42	42	8.00
9.00	00900	HOUSEKEEPING	0	247,684	3,664	251,348	9.00
10.00	01000	DIETARY	0	189,589	38,615	228,204	10.00
11.00	01100	CAFETERIA	0	522,332	128,314	650,646	11.00
13.00	01300	NURSING ADMINISTRATION	0	168,035	5,368	173,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	292,224	692,503	984,727	14.00
15.00	01500	PHARMACY	0	39,172	361,792	400,964	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,015	40	36,055	16.00
17.00	01700	SOCIAL SERVICE	0	60,179	529	60,708	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,662	26,096	31,758	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,962,760	178,546	4,141,306	30.00
31.00	03100	INTENSIVE CARE UNIT	0	620,863	123,095	743,958	31.00
32.00	03200	CORONARY CARE UNIT	0	359,770	14,458	374,228	32.00
43.00	04300	NURSERY	0	59,106	6,322	65,428	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	988,337	410,816	1,399,153	50.00
51.00	05100	RECOVERY ROOM	0	201,313	1,184	202,497	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	146,102	15,625	161,727	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	570,093	271,505	841,598	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	165,088	123,783	288,871	55.00
57.00	05700	CT SCAN	0	88,153	104,354	192,507	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	107,561	120,834	228,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	417,298	404,678	821,976	59.00
60.00	06000	LABORATORY	0	93,289	55,355	148,644	60.00
64.00	06400	INTRAVENOUS THERAPY	0	8,756	1,494	10,250	64.00
65.00	06500	RESPIRATORY THERAPY	0	44,266	73,844	118,110	65.00
66.00	06600	PHYSICAL THERAPY	0	69,336	458,810	528,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,744	8,987	26,731	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,483	3,288	9,771	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,270	191,418	211,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	78,565	78,565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	6,841	139	6,980	74.00
76.00	03330	ENDOSCOPY	0	0	36,139	36,139	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	111,749	915,876	1,027,625	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	649,193	649,193	76.03
76.04	03952	WOUND CARE CENTER	0	107,792	3,359	111,151	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	373,516	1,710,383	2,083,899	76.05
76.06	03953	IMAGING CENTERS	0	2,547	692,210	694,757	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	53,949	22,883	76,832	76.07
76.97	07697	CARDIAC REHABILITATION	0	152,606	61,203	213,809	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	17,976	553	18,529	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	88,301	68,000	156,301	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	157,288	157,288	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	262,334	10,120	272,454	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

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Part II
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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			
	0	1.00	2.00	2A	4.00	
91.00 09100 EMERGENCY	0	951,249	51,389	1,002,638	746,296	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00		14,757,158	30,213,116	44,970,274	15,258,312	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
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	45,908	11,325	57,233	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	115	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	42,249	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	552,873	552,873	206,107	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	53,834	53,834	80,044	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		0	0	0	0	200.00
201.00		0	0	0	0	201.00
202.00		14,803,066	30,831,148	45,634,214	15,586,827	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,053,189					5.00
7.00	00700	OPERATION OF PLANT	326,555	2,939,618				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,039	0	18,081			8.00
9.00	00900	HOUSEKEEPING	91,976	62,325	9,040	646,712		9.00
10.00	01000	DIETARY	37,697	47,706	0	10,723	385,846	10.00
11.00	01100	CAFETERIA	54,211	131,435	0	29,542	192,923	11.00
13.00	01300	NURSING ADMINISTRATION	161,613	42,283	26	9,504	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	77,988	73,533	0	16,528	0	14.00
15.00	01500	PHARMACY	177,929	9,857	0	2,215	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	105,655	9,062	0	2,037	0	16.00
17.00	01700	SOCIAL SERVICE	54,476	15,143	0	3,404	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	65,894	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	103,306	1,425	37	320	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	990,000	997,154	4,482	224,125	163,431	30.00
31.00	03100	INTENSIVE CARE UNIT	147,121	156,228	353	35,115	15,253	31.00
32.00	03200	CORONARY CARE UNIT	89,418	90,529	0	20,348	14,239	32.00
43.00	04300	NURSERY	11,808	14,873	43	3,343	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	172,596	248,697	414	55,898	0	50.00
51.00	05100	RECOVERY ROOM	29,340	50,657	0	11,386	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,938	36,764	106	8,263	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,366	143,453	182	32,243	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,321	41,541	116	9,337	0	55.00
57.00	05700	CT SCAN	51,383	22,182	367	4,986	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,146	27,066	117	6,083	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	90,070	105,005	153	23,601	0	59.00
60.00	06000	LABORATORY	215,690	23,475	0	5,276	0	60.00
64.00	06400	INTRAVENOUS THERAPY	7,849	2,203	0	495	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,671	11,139	346	2,504	0	65.00
66.00	06600	PHYSICAL THERAPY	127,180	17,447	0	3,921	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,036	4,465	0	1,004	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,988	1,631	0	367	0	68.00
69.00	06900	ELECTROCARDIOLOGY	62,006	5,101	0	1,146	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,880	0	18	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	446,020	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	450,898	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,934,551	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	25,130	1,721	0	387	0	74.00
76.00	03330	ENDOSCOPY	11,276	0	32	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	323,301	28,120	0	6,320	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	77,445	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	50,520	27,124	139	6,096	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	444,815	93,988	207	21,125	0	76.05
76.06	03953	IMAGING CENTERS	101,001	641	0	144	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	38,796	13,575	0	3,051	0	76.07
76.97	07697	CARDIAC REHABILITATION	20,877	38,400	0	8,631	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,833	4,523	0	1,017	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	37,946	22,219	189	4,994	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	1	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	15,790	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	68,420	66,012	0	14,837	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	299,061	239,364	1,714	53,800	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,939,827	2,928,066	18,081	644,116	385,846		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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,111	11,552	0	2,596	0		192.00
194.00	07950 HOME OFFICE	0	0	0	0	0		194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0		194.01
194.03	07953 SCHOOL BASED CLINICS	27	0	0	0	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	12,193	0	0	0	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	72,880	0	0	0	0		194.05
194.07	07957 LIFE CHECK	0	0	0	0	0		194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	26,151	0	0	0	0		194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0		194.09
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	8,053,189	2,939,618	18,081	646,712	385,846		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,211,757					11.00
13.00	01300	NURSING ADMINISTRATION	35,077	701,830				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	350,915	1,503,691			14.00
15.00	01500	PHARMACY	56,602	0	751,804	1,911,011		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,972	0	9	955,505	1,182,649	16.00
17.00	01700	SOCIAL SERVICE	21,525	0	15	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	45,441	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,322	0	120	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	353,958	209,136	7,848	0	90,432	30.00
31.00	03100	INTENSIVE CARE UNIT	51,819	30,617	1,215	0	14,158	31.00
32.00	03200	CORONARY CARE UNIT	32,686	19,312	903	0	8,719	32.00
43.00	04300	NURSERY	3,986	2,355	152	0	1,213	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,441	26,849	53,783	0	57,317	50.00
51.00	05100	RECOVERY ROOM	9,567	0	446	0	6,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,364	6,123	376	0	2,998	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,727	0	149	0	25,917	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,972	0	1,196	0	9,386	55.00
57.00	05700	CT SCAN	24,713	0	30	0	38,879	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,783	0	1	0	6,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,497	0	61,225	0	94,740	59.00
60.00	06000	LABORATORY	0	0	11,459	0	77,964	60.00
64.00	06400	INTRAVENOUS THERAPY	3,189	0	19	0	317	64.00
65.00	06500	RESPIRATORY THERAPY	33,483	0	295	0	13,056	65.00
66.00	06600	PHYSICAL THERAPY	18,336	0	394	0	12,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,161	0	102	0	3,194	67.00
68.00	06800	SPEECH PATHOLOGY	3,986	0	37	0	1,170	68.00
69.00	06900	ELECTROCARDIOLOGY	32,686	0	542	0	26,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,378	0	263	0	3,852	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	113,471	0	43,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	38,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	482,809	955,506	337,043	73.00
74.00	07400	RENAL DIALYSIS	0	0	9	0	2,181	74.00
76.00	03330	ENDOSCOPY	3,986	0	276	0	2,527	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	39,063	0	1,664	0	11,154	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	1,003	0	385	76.03
76.04	03952	WOUND CARE CENTER	11,161	0	1,039	0	6,443	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	113,204	0	4,366	0	107,632	76.05
76.06	03953	IMAGING CENTERS	797	0	314	0	26,461	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	2,627	76.07
76.97	07697	CARDIAC REHABILITATION	10,364	0	91	0	1,910	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,594	0	102	0	1,228	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	19,133	0	630	0	2,285	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	1,383	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	23,119	0	238	0	2,429	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	41	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	95,665	56,523	4,845	0	99,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,211,757	701,830	1,503,240	1,911,011	1,182,649		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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	5	0	0		192.00
194.00	07950 HOME OFFICE	0	0	0	0	0		194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0		194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	11	0	0		194.05
194.07	07957 LIFE CHECK	0	0	0	0	0		194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	0	0	435	0	0		194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0		194.09
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,211,757	701,830	1,503,691	1,911,011	1,182,649		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description	INTERNS & RESIDENTS			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	345,708			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	422,709		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		608,597	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0		0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0			23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0			23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	286,117			30.00
31.00	03100	INTENSIVE CARE UNIT	26,604			31.00
32.00	03200	CORONARY CARE UNIT	24,835			32.00
43.00	04300	NURSERY	8,152			43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0			50.00
51.00	05100	RECOVERY ROOM	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0			55.00
57.00	05700	CT SCAN	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0			59.00
60.00	06000	LABORATORY	0			60.00
64.00	06400	INTRAVENOUS THERAPY	0			64.00
65.00	06500	RESPIRATORY THERAPY	0			65.00
66.00	06600	PHYSICAL THERAPY	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0			67.00
68.00	06800	SPEECH PATHOLOGY	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			73.00
74.00	07400	RENAL DIALYSIS	0			74.00
76.00	03330	ENDOSCOPY	0			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0			76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0			76.03
76.04	03952	WOUND CARE CENTER	0			76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0			76.05
76.06	03953	IMAGING CENTERS	0			76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0			76.07
76.97	07697	CARDIAC REHABILITATION	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
90.00	09000	CLINIC	0			90.00
90.01	04950	DIABETIC CARE CENTER	0			90.01
90.02	04951	HEALTHY HEARTS CENTER	0			90.02
90.03	09001	CLINIC	0			90.03
90.04	04953	SPINE CENTER	0			90.04
90.05	04954	INFUSION CENTERS	0			90.05
90.06	09002	MEDCHECK CLINICS	0			90.06
90.07	09003	KNEE CENTER	0			90.07
90.08	09004	PALLIATIVE CARE	0			90.08
90.10	09006	WORK SITE CLINICS	0			90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0			90.12
91.00	09100	EMERGENCY	0			91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0					98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		345,708	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00	
191.00 19100 RESEARCH	0					191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00	
194.00 07950 HOME OFFICE	0					194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0					194.01	
194.03 07953 SCHOOL BASED CLINICS	0					194.03	
194.04 07954 SMO-NON PROVIDER BASED	0					194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0					194.05	
194.07 07957 LIFE CHECK	0					194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0					194.08	
194.09 07959 SURGERY CENTER EAST	0					194.09	
200.00 Cross Foot Adjustments		422,709	608,597	0		0 200.00	
201.00 Negative Cost Centers	0	0	0	0		0 201.00	
202.00 TOTAL (sum lines 118 through 201)	345,708	422,709	608,597	0		0 202.00	

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 3:09 pm		
Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH						23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH						23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0					23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			10,635,221	0	10,635,221	30.00
31.00	03100	INTENSIVE CARE UNIT			1,677,561	0	1,677,561	31.00
32.00	03200	CORONARY CARE UNIT			933,456	0	933,456	32.00
43.00	04300	NURSERY			145,151	0	145,151	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			2,417,434	0	2,417,434	50.00
51.00	05100	RECOVERY ROOM			396,556	0	396,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			391,080	0	391,080	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,384,853	0	1,384,853	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			446,197	0	446,197	55.00
57.00	05700	CT SCAN			474,946	0	474,946	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			330,123	0	330,123	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,491,433	0	1,491,433	59.00
60.00	06000	LABORATORY			482,508	0	482,508	60.00
64.00	06400	INTRAVENOUS THERAPY			51,454	0	51,454	64.00
65.00	06500	RESPIRATORY THERAPY			553,167	0	553,167	65.00
66.00	06600	PHYSICAL THERAPY			1,077,364	0	1,077,364	66.00
67.00	06700	OCCUPATIONAL THERAPY			172,175	0	172,175	67.00
68.00	06800	SPEECH PATHOLOGY			62,879	0	62,879	68.00
69.00	06900	ELECTROCARDIOLOGY			553,951	0	553,951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			153,656	0	153,656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			603,270	0	603,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			488,960	0	488,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			3,709,909	0	3,709,909	73.00
74.00	07400	RENAL DIALYSIS			36,408	0	36,408	74.00
76.00	03330	ENDOSCOPY			89,593	0	89,593	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			3,896,202	0	3,896,202	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP			1,408,246	0	1,408,246	76.03
76.04	03952	WOUND CARE CENTER			281,976	0	281,976	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER			3,734,588	0	3,734,588	76.05
76.06	03953	IMAGING CENTERS			1,065,606	0	1,065,606	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER			134,881	0	134,881	76.07
76.97	07697	CARDIAC REHABILITATION			354,286	0	354,286	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY			47,245	0	47,245	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER			0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER			397,239	0	397,239	90.02
90.03	09001	CLINIC			0	0	0	90.03
90.04	04953	SPINE CENTER			1	0	1	90.04
90.05	04954	INFUSION CENTERS			212,142	0	212,142	90.05
90.06	09002	MEDCHECK CLINICS			0	0	0	90.06
90.07	09003	KNEE CENTER			591,044	0	591,044	90.07
90.08	09004	PALLIATIVE CARE			41	0	41	90.08
90.10	09006	WORK SITE CLINICS			0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE			0	0	0	90.12
91.00	09100	EMERGENCY			2,599,690	0	2,599,690	91.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	43,482,492	0	43,482,492	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			73,497	0	73,497	192.00
194.00	07950	HOME OFFICE			0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS			0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS			142	0	142	194.03
194.04	07954	SMO-NON PROVIDER BASED			54,442	0	54,442	194.04
194.05	07955	FAMILY PRACTICE MEDICINE			831,871	0	831,871	194.05
194.07	07957	LIFECHECK			0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS			160,464	0	160,464	194.08
194.09	07959	SURGERY CENTER EAST			0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	1,031,306	0	1,031,306	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	45,634,214	0	45,634,214	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT	703,265						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		61,172,201					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	8,136	30,586,101	176,264,797				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	35,442	12,577,943	10,944,603	-124,763,096	457,931,569		5.00
7.00 00700 OPERATION OF PLANT	104,686	348,261	2,646,163	0	18,569,055		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	83	0	0	1,025,742		8.00
9.00 00900 HOUSEKEEPING	11,767	7,269	2,623,864	0	5,230,085		9.00
10.00 01000 DIETARY	9,007	76,616	695,659	0	2,143,585		10.00
11.00 01100 CAFETERIA	24,815	254,588	1,730,216	0	3,082,632		11.00
13.00 01300 NURSING ADMINISTRATION	7,983	10,650	3,165,561	0	9,189,857		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	13,883	1,373,998	0	0	4,434,641		14.00
15.00 01500 PHARMACY	1,861	717,833	5,785,953	0	10,117,630		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,711	80	750,376	0	6,007,906		16.00
17.00 01700 SOCIAL SERVICE	2,859	1,050	2,153,582	0	3,097,714		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,521,215	0	3,746,965		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	269	51,778	5,081,076	0	5,874,322		22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0		23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0		23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0		23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	188,263	354,254	35,816,119	0	56,294,759		30.00
31.00 03100 INTENSIVE CARE UNIT	29,496	244,233	5,146,787	0	8,365,815		31.00
32.00 03200 CORONARY CARE UNIT	17,092	28,686	2,920,333	0	5,084,599		32.00
43.00 04300 NURSERY	2,808	12,543	382,204	0	671,418		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	46,954	815,101	4,040,412	0	9,814,423		50.00
51.00 05100 RECOVERY ROOM	9,564	2,350	972,313	0	1,668,378		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,941	31,001	1,418,341	0	2,214,175		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,084	538,694	2,637,373	0	4,967,909		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	7,843	245,599	706,300	0	1,439,845		55.00
57.00 05700 CT SCAN	4,188	207,050	1,582,065	0	2,921,795		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	5,110	239,748	439,100	0	1,031,864		58.00
59.00 05900 CARDIAC CATHETERIZATION	19,825	802,923	2,998,664	0	5,121,661		59.00
60.00 06000 LABORATORY	4,432	109,830	0	0	12,264,868		60.00
64.00 06400 INTRAVENOUS THERAPY	416	2,964	306,824	0	446,309		64.00
65.00 06500 RESPIRATORY THERAPY	2,103	146,515	3,263,256	0	4,871,551		65.00
66.00 06600 PHYSICAL THERAPY	3,294	910,326	4,179,640	0	7,231,905		66.00
67.00 06700 OCCUPATIONAL THERAPY	843	17,832	1,079,768	0	1,707,958		67.00
68.00 06800 SPEECH PATHOLOGY	308	6,523	394,997	0	624,791		68.00
69.00 06900 ELECTROCARDIOLOGY	963	379,793	2,426,016	0	3,525,876		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	155,881	516,809	0	1,073,597		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,362,231		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	25,639,613		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	110,004,936		73.00
74.00 07400 RENAL DIALYSIS	325	275	0	0	1,428,983		74.00
76.00 03330 ENDOSCOPY	0	71,703	399,843	0	641,172		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,309	1,817,192	27,807,430	0	18,384,017		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	1,288,066	7,692,363	0	4,403,799		76.03
76.04 03952 WOUND CARE CENTER	5,121	6,665	772,414	0	2,872,713		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	17,745	3,393,577	9,785,955	0	25,293,680		76.05
76.06 03953 IMAGING CENTERS	121	1,373,416	2,730,934	0	5,743,289		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	2,563	45,402	0	0	2,206,088		76.07
76.97 07697 CARDIAC REHABILITATION	7,250	121,434	680,823	0	1,187,148		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	854	1,098	129,137	0	502,272		76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	4,195	134,919	1,736,354	0	2,157,737		90.02
90.03 09001 CLINIC	0	0	0	0	0		90.03
90.04 04953 SPINE CENTER	0	0	0	0	46		90.04
90.05 04954 INFUSION CENTERS	0	312,075	426,126	0	897,848		90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0		90.06
90.07 09003 KNEE CENTER	12,463	20,080	1,623,181	0	3,890,600		90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0		90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0		90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00						
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12		
91.00 09100 EMERGENCY	45,192	101,962	8,439,589	0	0	17,005,616	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00		
OTHER REIMBURSABLE COST CENTERS									
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00		
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			701,084	59,945,960	172,549,738	-124,763,096	451,485,418	118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00		
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,181	22,470	0	0	0	120,037	192.00		
194.00 07950 HOME OFFICE	0	0	0	0	0	0	194.00		
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	0	194.01		
194.03 07953 SCHOOL BASED CLINICS	0	0	1,302	0	0	1,520	194.03		
194.04 07954 SMO-NON PROVIDER BASED	0	0	477,778	0	0	693,350	194.04		
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,096,958	2,330,793	0	0	4,144,215	194.05		
194.07 07957 LIFE CHECK	0	0	0	0	0	0	194.07		
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	106,813	905,186	0	0	1,487,029	194.08		
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	0	194.09		
200.00	Cross Foot Adjustments						200.00		
201.00	Negative Cost Centers						201.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	14,803,066	30,831,148	24,653,765		124,763,096	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	21.049058	0.504006	0.139868		0.272449	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)			15,586,827		8,053,189	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)			0.088428		0.017586	205.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)		
		7.00	8.00	9.00	10.00	11.00		
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	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	555,001				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	123,457			8.00	
9.00	00900	HOUSEKEEPING	11,767	61,728	543,234		9.00	
10.00	01000	DIETARY	9,007	0	9,007	152,968	10.00	
11.00	01100	CAFETERIA	24,815	0	24,815	76,484	1,520	11.00
13.00	01300	NURSING ADMINISTRATION	7,983	178	7,983	0	44	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,883	0	13,883	0	0	14.00
15.00	01500	PHARMACY	1,861	0	1,861	0	71	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,711	0	1,711	0	10	16.00
17.00	01700	SOCIAL SERVICE	2,859	0	2,859	0	27	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	57	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	269	255	269	0	28	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	188,263	30,602	188,263	64,792	444	30.00
31.00	03100	INTENSIVE CARE UNIT	29,496	2,411	29,496	6,047	65	31.00
32.00	03200	CORONARY CARE UNIT	17,092	0	17,092	5,645	41	32.00
43.00	04300	NURSERY	2,808	292	2,808	0	5	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,954	2,826	46,954	0	57	50.00
51.00	05100	RECOVERY ROOM	9,564	0	9,564	0	12	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,941	721	6,941	0	13	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,084	1,246	27,084	0	26	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,843	794	7,843	0	10	55.00
57.00	05700	CT SCAN	4,188	2,504	4,188	0	31	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,110	797	5,110	0	6	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,825	1,044	19,825	0	37	59.00
60.00	06000	LABORATORY	4,432	0	4,432	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	416	0	416	0	4	64.00
65.00	06500	RESPIRATORY THERAPY	2,103	2,360	2,103	0	42	65.00
66.00	06600	PHYSICAL THERAPY	3,294	0	3,294	0	23	66.00
67.00	06700	OCCUPATIONAL THERAPY	843	0	843	0	14	67.00
68.00	06800	SPEECH PATHOLOGY	308	0	308	0	5	68.00
69.00	06900	ELECTROCARDIOLOGY	963	0	963	0	41	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	126	0	0	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	325	0	325	0	0	74.00
76.00	03330	ENDOSCOPY	0	220	0	0	5	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,309	0	5,309	0	49	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	5,121	948	5,121	0	14	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	17,745	1,414	17,745	0	142	76.05
76.06	03953	IMAGING CENTERS	121	0	121	0	1	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	2,563	0	2,563	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	7,250	0	7,250	0	13	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	854	0	854	0	2	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	4,195	1,291	4,195	0	24	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	12,463	0	12,463	0	29	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	45,192	11,700	45,192	0	120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	552,820	123,457	541,053	152,968	1,520	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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,181	0	2,181	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
194.07	07957 LIFECHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	23,628,175	1,305,204	7,808,572	3,240,529	6,955,907	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.573212	10.572134	14.374233	21.184359	4,576.254605	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,939,618	18,081	646,712	385,846	1,211,757	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.296599	0.146456	1.190485	2.522397	797.208553	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1 Date/Time Prepared: 5/29/2019 3:09 pm

Table with columns: Cost Center Description, NURSING ADMINISTRATION (DIRECT NURS. HRS.), CENTRAL SERVICES & SUPPLY (COSTED REQUIS.), PHARMACY (COSTED REQUIS.), MEDICAL RECORDS & LIBRARY (GROSS CHARGES), SOCIAL SERVICE (TOTAL PATIENT DAYS). Rows include various cost centers like GENERAL SERVICE COST CENTERS, INPATIENT ROUTINE SERVICE COST CENTERS, ANCILLARY SERVICE COST CENTERS, and OUTPATIENT SERVICE COST CENTERS.

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13.00	14.00	15.00	16.00	17.00	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,490	336,011,948	200	2,424,668,959	78,578	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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,047	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	2,386	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	97,118	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,351,473	12,609,191	19,609,625	17,592,839	4,228,184	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8,289.579195	0.037515	98,048.125000	0.007256	53.808751	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	701,830	1,503,691	1,911,011	1,182,649	345,708	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	471.026846	0.004474	9,555.055000	0.000488	4.399552	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	411,771				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		411,771			22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH			0		23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH				0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH					0
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH					0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	211,033	211,033	0	0	0
31.00 03100	INTENSIVE CARE UNIT	33,205	33,205	0	0	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,726	7,726	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	849	849	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	3,342	3,342	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	2,904	2,904	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
76.00 03330	ENDOSCOPY	0	0	0	0	0
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,082	10,082	0	0	0
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0
76.04 03952	WOUND CARE CENTER	2,466	2,466	0	0	0
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0
76.06 03953	IMAGING CENTERS	0	0	0	0	0
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0
90.03 09001	CLINIC	0	0	0	0	0
90.04 04953	SPINE CENTER	0	0	0	0	0
90.05 04954	INFUSION CENTERS	0	0	0	0	0
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0
90.07 09003	KNEE CENTER	3,397	3,397	0	0	0
90.08 09004	PALLIATIVE CARE	0	0	0	0	0
90.10 09006	WORK SITE CLINICS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	8,877	8,877	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	283,881	283,881	0	0	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
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,959	4,959	0	0	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	121,260	121,260	0	0	0	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,671	1,671	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,028,669	7,621,930	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.212295	18.510118	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	422,709	608,597	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.026563	1.477999	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.03	
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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03
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
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
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 PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	76.03
76.04	03952	WOUND CARE CENTER	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	76.05
76.06	03953	IMAGING CENTERS	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	76.07
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	04950	DIABETIC CARE CENTER	90.01
90.02	04951	HEALTHY HEARTS CENTER	90.02
90.03	09001	CLINIC	90.03
90.04	04953	SPINE CENTER	90.04
90.05	04954	INFUSION CENTERS	90.05
90.06	09002	MEDCHECK CLINICS	90.06
90.07	09003	KNEE CENTER	90.07
90.08	09004	PALLIATIVE CARE	90.08
90.10	09006	WORK SITE CLINICS	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	90.12
91.00	09100	EMERGENCY	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.03	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	194.05
194.07	07957 LIFE CHECK	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	194.08
194.09	07959 SURGERY CENTER EAST	0	194.09
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:09 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	94,671,603	94,671,603	0	94,671,603	30.00
31.00	03100 INTENSIVE CARE UNIT	13,860,744	13,860,744	0	13,860,744	31.00
32.00	03200 CORONARY CARE UNIT	8,531,282	8,531,282	0	8,531,282	32.00
43.00	04300 NURSERY	1,200,690	1,200,690	0	1,200,690	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,228,706	17,228,706	0	17,228,706	50.00
51.00	05100 RECOVERY ROOM	2,825,595	2,825,595	0	2,825,595	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,435,308	3,435,308	0	3,435,308	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,382,527	8,382,527	0	8,382,527	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,482,510	2,482,510	0	2,482,510	55.00
57.00	05700 CT SCAN	4,703,013	4,703,013	0	4,703,013	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,739,548	1,739,548	0	1,739,548	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,748,445	9,748,445	0	9,748,445	59.00
60.00	06000 LABORATORY	17,114,130	17,114,130	0	17,114,130	60.00
64.00	06400 INTRAVENOUS THERAPY	614,778	614,778	0	614,778	64.00
65.00	06500 RESPIRATORY THERAPY	6,732,314	6,732,314	0	6,732,314	65.00
66.00	06600 PHYSICAL THERAPY	9,681,892	9,681,892	0	9,681,892	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,333,703	2,333,703	0	2,333,703	67.00
68.00	06800 SPEECH PATHOLOGY	853,150	853,150	0	853,150	68.00
69.00	06900 ELECTROCARDIOLOGY	5,123,876	5,123,876	0	5,123,876	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,463,517	1,463,517	0	1,463,517	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,874,559	33,874,559	0	33,874,559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,191,042	33,191,042	0	33,191,042	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	158,848,648	158,848,648	0	158,848,648	73.00
74.00	07400 RENAL DIALYSIS	1,869,313	1,869,313	0	1,869,313	74.00
76.00	03330 ENDOSCOPY	880,954	880,954	0	880,954	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,099,097	24,099,097	0	24,099,097	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5,617,736	5,617,736	0	5,617,736	76.03
76.04	03952 WOUND CARE CENTER	4,125,606	4,125,606	0	4,125,606	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	35,497,204	35,497,204	0	35,497,204	76.05
76.06	03953 IMAGING CENTERS	7,715,585	7,715,585	0	7,715,585	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,992,144	2,992,144	0	2,992,144	76.07
76.97	07697 CARDIAC REHABILITATION	2,012,114	2,012,114	0	2,012,114	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	716,019	716,019	0	716,019	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	3,147,239	3,147,239	0	3,147,239	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	65	65	0	65	90.04
90.05	04954 INFUSION CENTERS	1,163,030	1,163,030	0	1,163,030	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	5,831,144	5,831,144	0	5,831,144	90.07
90.08	09004 PALLIATIVE CARE	611	611	0	611	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	27,404,252	27,404,252	0	27,404,252	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,862,267	7,862,267	0	7,862,267	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	569,575,960	569,575,960	0	569,575,960	200.00
201.00	Less Observation Beds	7,862,267	7,862,267	0	7,862,267	201.00
202.00	Total (see instructions)	561,713,693	561,713,693	0	561,713,693	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:09 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	176,452,043		176,452,043	30.00
31.00	03100	INTENSIVE CARE UNIT	29,011,855		29,011,855	31.00
32.00	03200	CORONARY CARE UNIT	17,865,916		17,865,916	32.00
43.00	04300	NURSERY	2,485,560		2,485,560	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	97,277,956	20,174,699	117,452,655	50.00
51.00	05100	RECOVERY ROOM	7,678,782	6,015,884	13,694,666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,143,307	0	6,143,307	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,222,965	42,884,674	53,107,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,764,380	12,469,053	19,233,433	55.00
57.00	05700	CT SCAN	19,559,243	60,111,565	79,670,808	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,628,704	10,106,220	13,734,924	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,737,969	118,401,545	194,139,514	59.00
60.00	06000	LABORATORY	73,902,316	85,859,494	159,761,810	60.00
64.00	06400	INTRAVENOUS THERAPY	624,722	25,406	650,128	64.00
65.00	06500	RESPIRATORY THERAPY	24,091,692	2,662,942	26,754,634	65.00
66.00	06600	PHYSICAL THERAPY	3,365,847	21,926,720	25,292,567	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,697,624	3,846,922	6,544,546	67.00
68.00	06800	SPEECH PATHOLOGY	930,194	1,468,049	2,398,243	68.00
69.00	06900	ELECTROCARDIOLOGY	13,369,308	40,430,214	53,799,522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,011,108	6,881,530	7,892,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,068,058	41,643,972	89,712,030	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,464,259	29,532,152	77,996,411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,783,149	624,087,890	691,871,039	73.00
74.00	07400	RENAL DIALYSIS	4,468,277	0	4,468,277	74.00
76.00	03330	ENDOSCOPY	1,938,025	3,240,848	5,178,873	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	22,856,664	22,856,664	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	788,292	788,292	76.03
76.04	03952	WOUND CARE CENTER	98,280	13,104,542	13,202,822	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	2,053,860	218,503,385	220,557,245	76.05
76.06	03953	IMAGING CENTERS	137,523	54,086,293	54,223,816	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	13,637	5,368,698	5,382,335	76.07
76.97	07697	CARDIAC REHABILITATION	77,512	3,837,420	3,914,932	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,517,150	2,517,150	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	31,340	4,650,498	4,681,838	90.02
90.03	09001	CLINIC	0	0	0	90.03
90.04	04953	SPINE CENTER	0	820	820	90.04
90.05	04954	INFUSION CENTERS	16,816	2,817,196	2,834,012	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	90.06
90.07	09003	KNEE CENTER	974	4,975,537	4,976,511	90.07
90.08	09004	PALLIATIVE CARE	186	84,029	84,215	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	90.12
91.00	09100	EMERGENCY	38,999,394	165,477,029	204,476,423	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,269,551	7,589,295	8,858,846	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00		Subtotal (see instructions)	786,242,332	1,638,426,627	2,424,668,959	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	786,242,332	1,638,426,627	2,424,668,959	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:09 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146686		50.00
51.00	05100	RECOVERY ROOM	0.206328		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.559195		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157840		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129073		55.00
57.00	05700	CT SCAN	0.059031		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126651		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050214		59.00
60.00	06000	LABORATORY	0.107123		60.00
64.00	06400	INTRAVENOUS THERAPY	0.945626		64.00
65.00	06500	RESPIRATORY THERAPY	0.251632		65.00
66.00	06600	PHYSICAL THERAPY	0.382796		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356587		67.00
68.00	06800	SPEECH PATHOLOGY	0.355740		68.00
69.00	06900	ELECTROCARDIOLOGY	0.095240		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185428		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.377592		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425546		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229593		73.00
74.00	07400	RENAL DIALYSIS	0.418352		74.00
76.00	03330	ENDOSCOPY	0.170105		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.054358		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.126466		76.03
76.04	03952	WOUND CARE CENTER	0.312479		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.160943		76.05
76.06	03953	IMAGING CENTERS	0.142291		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555919		76.07
76.97	07697	CARDIAC REHABILITATION	0.513959		76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.284456		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.672223		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPINE CENTER	0.079268		90.04
90.05	04954	INFUSION CENTERS	0.410383		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.171733		90.07
90.08	09004	PALLIATIVE CARE	0.007255		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.134022		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.887505		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0074

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

Worksheet C Part I Date/Time Prepared: 5/29/2019 3:09 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		101,155,047		0	101,155,047	30.00
31.00	03100 INTENSIVE CARE UNIT		14,880,881		0	14,880,881	31.00
32.00	03200 CORONARY CARE UNIT		8,531,282		0	8,531,282	32.00
43.00	04300 NURSERY		1,200,690		0	1,200,690	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		17,466,067		0	17,466,067	50.00
51.00	05100 RECOVERY ROOM		2,825,595		0	2,825,595	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,435,308		0	3,435,308	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,382,527		0	8,382,527	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		2,482,510		0	2,482,510	55.00
57.00	05700 CT SCAN		4,703,013		0	4,703,013	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,739,548		0	1,739,548	58.00
59.00	05900 CARDIAC CATHETERIZATION		9,748,445		0	9,748,445	59.00
60.00	06000 LABORATORY		17,140,213		0	17,140,213	60.00
64.00	06400 INTRAVENOUS THERAPY		614,778		0	614,778	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,732,314		0	6,732,314	65.00
66.00	06600 PHYSICAL THERAPY	0	9,784,566		0	9,784,566	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,333,703		0	2,333,703	67.00
68.00	06800 SPEECH PATHOLOGY	0	853,150		0	853,150	68.00
69.00	06900 ELECTROCARDIOLOGY		5,123,876		0	5,123,876	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,463,517		0	1,463,517	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		33,874,559		0	33,874,559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		33,191,042		0	33,191,042	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		158,937,866		0	158,937,866	73.00
74.00	07400 RENAL DIALYSIS		1,869,313		0	1,869,313	74.00
76.00	03330 ENDOSCOPY		880,954		0	880,954	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		24,408,840		0	24,408,840	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP		5,617,736		0	5,617,736	76.03
76.04	03952 WOUND CARE CENTER		4,201,368		0	4,201,368	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER		35,497,204		0	35,497,204	76.05
76.06	03953 IMAGING CENTERS		7,715,585		0	7,715,585	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER		2,992,144		0	2,992,144	76.07
76.97	07697 CARDIAC REHABILITATION		2,012,114		0	2,012,114	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		716,019		0	716,019	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		0		0	0	90.00
90.01	04950 DIABETIC CARE CENTER		0		0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER		3,147,239		0	3,147,239	90.02
90.03	09001 CLINIC		0		0	0	90.03
90.04	04953 SPINE CENTER		65		0	65	90.04
90.05	04954 INFUSION CENTERS		1,163,030		0	1,163,030	90.05
90.06	09002 MEDCHECK CLINICS		0		0	0	90.06
90.07	09003 KNEE CENTER		5,935,508		0	5,935,508	90.07
90.08	09004 PALLIATIVE CARE		611		0	611	90.08
90.10	09006 WORK SITE CLINICS		0		0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE		0		0	0	90.12
91.00	09100 EMERGENCY		27,676,975		0	27,676,975	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,862,267		0	7,862,267	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0		0	0	98.00
200.00	Subtotal (see instructions)		578,297,469	0	0	578,297,469	200.00
201.00	Less Observation Beds		7,862,267		0	7,862,267	201.00
202.00	Total (see instructions)		570,435,202	0	0	570,435,202	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0074

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 3:09 pm

			Title XIX			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	176,452,043		176,452,043				30.00
31.00	03100	INTENSIVE CARE UNIT	29,011,855		29,011,855				31.00
32.00	03200	CORONARY CARE UNIT	17,865,916		17,865,916				32.00
43.00	04300	NURSERY	2,485,560		2,485,560				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	97,277,956	20,174,699	117,452,655	0.148707	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,678,782	6,015,884	13,694,666	0.206328	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,143,307	0	6,143,307	0.559195	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,222,965	42,884,674	53,107,639	0.157840	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,764,380	12,469,053	19,233,433	0.129073	0.000000		55.00
57.00	05700	CT SCAN	19,559,243	60,111,565	79,670,808	0.059031	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,628,704	10,106,220	13,734,924	0.126651	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	75,737,969	118,401,545	194,139,514	0.050214	0.000000		59.00
60.00	06000	LABORATORY	73,902,316	85,859,494	159,761,810	0.107286	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	624,722	25,406	650,128	0.945626	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	24,091,692	2,662,942	26,754,634	0.251632	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,365,847	21,926,720	25,292,567	0.386855	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,697,624	3,846,922	6,544,546	0.356587	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	930,194	1,468,049	2,398,243	0.355740	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,369,308	40,430,214	53,799,522	0.095240	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,011,108	6,881,530	7,892,638	0.185428	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,068,058	41,643,972	89,712,030	0.377592	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,464,259	29,532,152	77,996,411	0.425546	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,783,149	624,087,890	691,871,039	0.229722	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,468,277	0	4,468,277	0.418352	0.000000		74.00
76.00	03330	ENDOSCOPY	1,938,025	3,240,848	5,178,873	0.170105	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	22,856,664	22,856,664	1.067909	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	788,292	788,292	7.126466	0.000000		76.03
76.04	03952	WOUND CARE CENTER	98,280	13,104,542	13,202,822	0.318217	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	2,053,860	218,503,385	220,557,245	0.160943	0.000000		76.05
76.06	03953	IMAGING CENTERS	137,523	54,086,293	54,223,816	0.142291	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	13,637	5,368,698	5,382,335	0.555919	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	77,512	3,837,420	3,914,932	0.513959	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,517,150	2,517,150	0.284456	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	31,340	4,650,498	4,681,838	0.672223	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	0	820	820	0.079268	0.000000		90.04
90.05	04954	INFUSION CENTERS	16,816	2,817,196	2,834,012	0.410383	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	974	4,975,537	4,976,511	1.192705	0.000000		90.07
90.08	09004	PALLIATIVE CARE	186	84,029	84,215	0.007255	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	38,999,394	165,477,029	204,476,423	0.135355	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,269,551	7,589,295	8,858,846	0.887505	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	786,242,332	1,638,426,627	2,424,668,959				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	786,242,332	1,638,426,627	2,424,668,959				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:09 pm
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.148707		50.00
51.00	05100	RECOVERY ROOM	0.206328		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.559195		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157840		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129073		55.00
57.00	05700	CT SCAN	0.059031		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126651		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050214		59.00
60.00	06000	LABORATORY	0.107286		60.00
64.00	06400	INTRAVENOUS THERAPY	0.945626		64.00
65.00	06500	RESPIRATORY THERAPY	0.251632		65.00
66.00	06600	PHYSICAL THERAPY	0.386855		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356587		67.00
68.00	06800	SPEECH PATHOLOGY	0.355740		68.00
69.00	06900	ELECTROCARDIOLOGY	0.095240		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185428		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.377592		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425546		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229722		73.00
74.00	07400	RENAL DIALYSIS	0.418352		74.00
76.00	03330	ENDOSCOPY	0.170105		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.067909		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.126466		76.03
76.04	03952	WOUND CARE CENTER	0.318217		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.160943		76.05
76.06	03953	IMAGING CENTERS	0.142291		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555919		76.07
76.97	07697	CARDIAC REHABILITATION	0.513959		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.284456		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.672223		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPI NE CENTER	0.079268		90.04
90.05	04954	INFUSION CENTERS	0.410383		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.192705		90.07
90.08	09004	PALLIATIVE CARE	0.007255		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.135355		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.887505		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part II Date/Time Prepared: 5/29/2019 3:09 pm	
Cost Center Description		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)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,466,067	2,417,434	15,048,633	0	0	50.00
51.00	05100 RECOVERY ROOM	2,825,595	396,556	2,429,039	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,435,308	391,080	3,044,228	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,382,527	1,384,853	6,997,674	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,482,510	446,197	2,036,313	0	0	55.00
57.00	05700 CT SCAN	4,703,013	474,946	4,228,067	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,739,548	330,123	1,409,425	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,748,445	1,491,433	8,257,012	0	0	59.00
60.00	06000 LABORATORY	17,140,213	482,508	16,657,705	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	614,778	51,454	563,324	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,732,314	553,167	6,179,147	0	0	65.00
66.00	06600 PHYSICAL THERAPY	9,784,566	1,077,364	8,707,202	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,333,703	172,175	2,161,528	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	853,150	62,879	790,271	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,123,876	553,951	4,569,925	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,463,517	153,656	1,309,861	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,874,559	603,270	33,271,289	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,191,042	488,960	32,702,082	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	158,937,866	3,709,909	155,227,957	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,869,313	36,408	1,832,905	0	0	74.00
76.00	03330 ENDOSCOPY	880,954	89,593	791,361	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,408,840	3,896,202	20,512,638	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5,617,736	1,408,246	4,209,490	0	0	76.03
76.04	03952 WOUND CARE CENTER	4,201,368	281,976	3,919,392	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	35,497,204	3,734,588	31,762,616	0	0	76.05
76.06	03953 IMAGING CENTERS	7,715,585	1,065,606	6,649,979	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,992,144	134,881	2,857,263	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	2,012,114	354,286	1,657,828	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	716,019	47,245	668,774	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	3,147,239	397,239	2,750,000	0	0	90.02
90.03	09001 CLINIC	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	65	1	64	0	0	90.04
90.05	04954 INFUSION CENTERS	1,163,030	212,142	950,888	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003 KNEE CENTER	5,935,508	591,044	5,344,464	0	0	90.07
90.08	09004 PALLIATIVE CARE	611	41	570	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	27,676,975	2,599,690	25,077,285	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,862,267	883,231	6,979,036	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Subtotal (sum of lines 50 thru 199)	452,529,569	30,974,334	421,555,235	0	0	200.00
201.00	Less Observation Beds	7,862,267	883,231	6,979,036	0	0	201.00
202.00	Total (line 200 minus line 201)	444,667,302	30,091,103	414,576,199	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part II Date/Time Prepared: 5/29/2019 3:09 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	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,466,067	117,452,655	0.148707		50.00
51.00	05100 RECOVERY ROOM	2,825,595	13,694,666	0.206328		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,435,308	6,143,307	0.559195		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,382,527	53,107,639	0.157840		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,482,510	19,233,433	0.129073		55.00
57.00	05700 CT SCAN	4,703,013	79,670,808	0.059031		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,739,548	13,734,924	0.126651		58.00
59.00	05900 CARDIAC CATHETERIZATION	9,748,445	194,139,514	0.050214		59.00
60.00	06000 LABORATORY	17,140,213	159,761,810	0.107286		60.00
64.00	06400 INTRAVENOUS THERAPY	614,778	650,128	0.945626		64.00
65.00	06500 RESPIRATORY THERAPY	6,732,314	26,754,634	0.251632		65.00
66.00	06600 PHYSICAL THERAPY	9,784,566	25,292,567	0.386855		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,333,703	6,544,546	0.356587		67.00
68.00	06800 SPEECH PATHOLOGY	853,150	2,398,243	0.355740		68.00
69.00	06900 ELECTROCARDIOLOGY	5,123,876	53,799,522	0.095240		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,463,517	7,892,638	0.185428		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,874,559	89,712,030	0.377592		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,191,042	77,996,411	0.425546		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	158,937,866	691,871,039	0.229722		73.00
74.00	07400 RENAL DIALYSIS	1,869,313	4,468,277	0.418352		74.00
76.00	03330 ENDOSCOPY	880,954	5,178,873	0.170105		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,408,840	22,856,664	1.067909		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5,617,736	788,292	7.126466		76.03
76.04	03952 WOUND CARE CENTER	4,201,368	13,202,822	0.318217		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	35,497,204	220,557,245	0.160943		76.05
76.06	03953 IMAGING CENTERS	7,715,585	54,223,816	0.142291		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,992,144	5,382,335	0.555919		76.07
76.97	07697 CARDIAC REHABILITATION	2,012,114	3,914,932	0.513959		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	716,019	2,517,150	0.284456		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	3,147,239	4,681,838	0.672223		90.02
90.03	09001 CLINIC	0	0	0.000000		90.03
90.04	04953 SPINE CENTER	65	820	0.079268		90.04
90.05	04954 INFUSION CENTERS	1,163,030	2,834,012	0.410383		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000		90.06
90.07	09003 KNEE CENTER	5,935,508	4,976,511	1.192705		90.07
90.08	09004 PALLIATIVE CARE	611	84,215	0.007255		90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000		90.12
91.00	09100 EMERGENCY	27,676,975	204,476,423	0.135355		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,862,267	8,858,846	0.887505		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
200.00	Subtotal (sum of lines 50 thru 199)	452,529,569	2,198,853,585			200.00
201.00	Less Observation Beds	7,862,267	0			201.00
202.00	Total (line 200 minus line 201)	444,667,302	2,198,853,585			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 3:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,635,221	0	10,635,221	70,923	149.95	30.00	
31.00	INTENSIVE CARE UNIT	1,677,561		1,677,561	6,047	277.42	31.00	
32.00	CORONARY CARE UNIT	933,456		933,456	5,645	165.36	32.00	
43.00	NURSERY	145,151		145,151	1,853	78.33	43.00	
200.00	Total (lines 30 through 199)	13,391,389		13,391,389	84,468		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	15,743	2,360,663					30.00
31.00	INTENSIVE CARE UNIT	2,276	631,408					31.00
32.00	CORONARY CARE UNIT	2,260	373,714					32.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	20,279	3,365,785					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 3:09 pm		
Title XVIII				Hospital	PPS			
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,417,434	117,452,655	0.020582	36,509,151	751,431	50.00
51.00	05100	RECOVERY ROOM	396,556	13,694,666	0.028957	2,154,944	62,401	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	391,080	6,143,307	0.063660	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,384,853	53,107,639	0.026076	3,980,263	103,789	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	446,197	19,233,433	0.023199	3,299,895	76,554	55.00
57.00	05700	CT SCAN	474,946	79,670,808	0.005961	7,475,408	44,561	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	330,123	13,734,924	0.024035	1,309,539	31,475	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,491,433	194,139,514	0.007682	30,037,814	230,750	59.00
60.00	06000	LABORATORY	482,508	159,761,810	0.003020	26,247,584	79,268	60.00
64.00	06400	INTRAVENOUS THERAPY	51,454	650,128	0.079144	159,859	12,652	64.00
65.00	06500	RESPIRATORY THERAPY	553,167	26,754,634	0.020676	8,266,434	170,917	65.00
66.00	06600	PHYSICAL THERAPY	1,077,364	25,292,567	0.042596	1,394,109	59,383	66.00
67.00	06700	OCCUPATIONAL THERAPY	172,175	6,544,546	0.026308	1,161,659	30,561	67.00
68.00	06800	SPEECH PATHOLOGY	62,879	2,398,243	0.026219	365,070	9,572	68.00
69.00	06900	ELECTROCARDIOLOGY	553,951	53,799,522	0.010297	5,826,534	59,996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	153,656	7,892,638	0.019468	376,781	7,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	603,270	89,712,030	0.006725	17,803,385	119,728	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	488,960	77,996,411	0.006269	21,408,004	134,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,709,909	691,871,039	0.005362	22,205,190	119,064	73.00
74.00	07400	RENAL DIALYSIS	36,408	4,468,277	0.008148	2,405,904	19,603	74.00
76.00	03330	ENDOSCOPY	89,593	5,178,873	0.017300	153,717	2,659	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,896,202	22,856,664	0.170462	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	1,408,246	788,292	1.786452	0	0	76.03
76.04	03952	WOUND CARE CENTER	281,976	13,202,822	0.021357	40,937	874	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	3,734,588	220,557,245	0.016933	399,970	6,773	76.05
76.06	03953	IMAGING CENTERS	1,065,606	54,223,816	0.019652	5,709	112	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	134,881	5,382,335	0.025060	1,842	46	76.07
76.97	07697	CARDIAC REHABILITATION	354,286	3,914,932	0.090496	578	52	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	47,245	2,517,150	0.018769	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	397,239	4,681,838	0.084847	11,206	951	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPI NE CENTER	1	820	0.001220	0	0	90.04
90.05	04954	INFUSION CENTERS	212,142	2,834,012	0.074856	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	591,044	4,976,511	0.118767	0	0	90.07
90.08	09004	PALLIATIVE CARE	41	84,215	0.000487	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	2,599,690	204,476,423	0.012714	15,656,428	199,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	883,231	8,858,846	0.099700	486,093	48,463	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	30,974,334	2,198,853,585		209,144,007	2,382,233	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 3:09 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	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	70,923	0.00	15,743	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	6,047	0.00	2,276	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	5,645	0.00	2,260	32.00	
43.00	04300	NURSERY	0	0	1,853	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	84,468		20,279	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
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
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:09 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	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:09 pm		
Cost Center Description		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		
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	117,452,655	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,694,666	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,143,307	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,107,639	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,233,433	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	79,670,808	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,734,924	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	194,139,514	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	159,761,810	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	650,128	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	26,754,634	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,292,567	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,544,546	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,398,243	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	53,799,522	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,892,638	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	89,712,030	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	77,996,411	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	691,871,039	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,468,277	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	5,178,873	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	22,856,664	0.000000	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	788,292	0.000000	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	13,202,822	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	220,557,245	0.000000	76.05
76.06	03953	IMAGING CENTERS	0	0	0	54,223,816	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	5,382,335	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,914,932	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,517,150	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	4,681,838	0.000000	90.02
90.03	09001	CLINIC	0	0	0	0	0.000000	90.03
90.04	04953	SPINE CENTER	0	0	0	820	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	0	0	2,834,012	0.000000	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07	09003	KNEE CENTER	0	0	0	4,976,511	0.000000	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	84,215	0.000000	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00	09100	EMERGENCY	0	0	0	204,476,423	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,858,846	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	2,198,853,585		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:09 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	36,509,151	0	5,399,294	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,154,944	0	5,773,208	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,980,263	0	11,087,901	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	3,299,895	0	8,143,059	0	55.00
57.00	05700	CT SCAN	0.000000	7,475,408	0	13,031,635	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,309,539	0	2,544,049	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	30,037,814	0	41,024,323	0	59.00
60.00	06000	LABORATORY	0.000000	26,247,584	0	20,620,589	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	159,859	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,266,434	0	403,976	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,394,109	0	49,401	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,161,659	0	29,338	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	365,070	0	2,822	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,826,534	0	11,731,099	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	376,781	0	1,380,112	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	17,803,385	0	11,133,006	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,408,004	0	11,643,622	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	22,205,190	0	218,397,705	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,405,904	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	153,717	0	757,054	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	803,336	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0.000000	40,937	0	5,182,884	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.000000	399,970	0	68,722,735	0	76.05
76.06	03953	IMAGING CENTERS	0.000000	5,709	0	14,451,721	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.000000	1,842	0	174,014	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.000000	578	0	1,649,324	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.000000	11,206	0	2,153,294	0	90.02
90.03	09001	CLINIC	0.000000	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	0.000000	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0.000000	0	0	964,999	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0.000000	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0.000000	0	0	939	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100	EMERGENCY	0.000000	15,656,428	0	22,916,482	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	486,093	0	3,366,587	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		209,144,007	0	483,538,508	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:09 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.146686	5,399,294	0	0	792,001	50.00
51.00	05100	RECOVERY ROOM	0.206328	5,773,208	0	0	1,191,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.559195	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157840	11,087,901	0	0	1,750,114	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129073	8,143,059	0	0	1,051,049	55.00
57.00	05700	CT SCAN	0.059031	13,031,635	0	0	769,270	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126651	2,544,049	0	0	322,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050214	41,024,323	0	0	2,059,995	59.00
60.00	06000	LABORATORY	0.107123	20,620,589	0	0	2,208,939	60.00
64.00	06400	INTRAVENOUS THERAPY	0.945626	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.251632	403,976	0	0	101,653	65.00
66.00	06600	PHYSICAL THERAPY	0.382796	49,401	0	0	18,911	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356587	29,338	0	0	10,462	67.00
68.00	06800	SPEECH PATHOLOGY	0.355740	2,822	0	0	1,004	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095240	11,731,099	0	0	1,117,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185428	1,380,112	0	0	255,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.377592	11,133,006	0	0	4,203,734	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425546	11,643,622	0	0	4,954,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229593	218,397,705	1,881	341,968	50,142,584	73.00
74.00	07400	RENAL DIALYSIS	0.418352	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.170105	757,054	0	0	128,779	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.054358	803,336	0	0	847,004	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.126466	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0.312479	5,182,884	0	0	1,619,542	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.160943	68,722,735	0	1,381	11,060,443	76.05
76.06	03953	IMAGING CENTERS	0.142291	14,451,721	0	0	2,056,350	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555919	174,014	0	0	96,738	76.07
76.97	07697	CARDIAC REHABILITATION	0.513959	1,649,324	0	0	847,685	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.284456	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.672223	2,153,294	0	0	1,447,494	90.02
90.03	09001	CLINIC	0.000000	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0.079268	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0.410383	964,999	0	0	396,019	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1.171733	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0.007255	939	0	0	7	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100	EMERGENCY	0.134022	22,916,482	0	929	3,071,313	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.887505	3,366,587	0	345	2,987,863	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		483,538,508	1,881	344,623	95,510,411	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		483,538,508	1,881	344,623	95,510,411	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/29/2019 3:09 pm	
				Title XVIII		Hospital	PPS
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	6.00				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	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 PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	432	78,513			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03330	ENDOSCOPY	0	0			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0			76.03
76.04	03952	WOUND CARE CENTER	0	0			76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	222			76.05
76.06	03953	IMAGING CENTERS	0	0			76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0			76.07
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
90.01	04950	DIABETIC CARE CENTER	0	0			90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0			90.02
90.03	09001	CLINIC	0	0			90.03
90.04	04953	SPINE CENTER	0	0			90.04
90.05	04954	INFUSION CENTERS	0	0			90.05
90.06	09002	MEDCHECK CLINICS	0	0			90.06
90.07	09003	KNEE CENTER	0	0			90.07
90.08	09004	PALLIATIVE CARE	0	0			90.08
90.10	09006	WORK SITE CLINICS	0	0			90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0			90.12
91.00	09100	EMERGENCY	0	125			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	306			92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	432	79,166			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	432	79,166			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 3:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XIX Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,635,221	0	10,635,221	70,923	149.95	30.00	
31.00	INTENSIVE CARE UNIT	1,677,561		1,677,561	6,047	277.42	31.00	
32.00	CORONARY CARE UNIT	933,456		933,456	5,645	165.36	32.00	
43.00	NURSERY	145,151		145,151	1,853	78.33	43.00	
200.00	Total (lines 30 through 199)	13,391,389		13,391,389	84,468		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,070	460,347					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
43.00	NURSERY	1,533	120,080					43.00
200.00	Total (lines 30 through 199)	4,603	580,427					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 3:09 pm		
				Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,417,434	117,452,655	0.020582	411,882	8,477	50.00
51.00	05100	RECOVERY ROOM	396,556	13,694,666	0.028957	111,423	3,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	391,080	6,143,307	0.063660	404,282	25,737	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,384,853	53,107,639	0.026076	221,544	5,777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	446,197	19,233,433	0.023199	172,840	4,010	55.00
57.00	05700	CT SCAN	474,946	79,670,808	0.005961	535,298	3,191	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	330,123	13,734,924	0.024035	85,265	2,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,491,433	194,139,514	0.007682	415,278	3,190	59.00
60.00	06000	LABORATORY	482,508	159,761,810	0.003020	2,121,848	6,408	60.00
64.00	06400	INTRAVENOUS THERAPY	51,454	650,128	0.079144	16,812	1,331	64.00
65.00	06500	RESPIRATORY THERAPY	553,167	26,754,634	0.020676	505,778	10,457	65.00
66.00	06600	PHYSICAL THERAPY	1,077,364	25,292,567	0.042596	80,191	3,416	66.00
67.00	06700	OCCUPATIONAL THERAPY	172,175	6,544,546	0.026308	68,068	1,791	67.00
68.00	06800	SPEECH PATHOLOGY	62,879	2,398,243	0.026219	24,605	645	68.00
69.00	06900	ELECTROCARDIOLOGY	553,951	53,799,522	0.010297	262,116	2,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	153,656	7,892,638	0.019468	42,808	833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	603,270	89,712,030	0.006725	1,053,317	7,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	488,960	77,996,411	0.006269	544,419	3,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,709,909	691,871,039	0.005362	2,124,462	11,391	73.00
74.00	07400	RENAL DIALYSIS	36,408	4,468,277	0.008148	135,750	1,106	74.00
76.00	03330	ENDOSCOPY	89,593	5,178,873	0.017300	27,520	476	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,896,202	22,856,664	0.170462	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	1,408,246	788,292	1.786452	0	0	76.03
76.04	03952	WOUND CARE CENTER	281,976	13,202,822	0.021357	9,920	212	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	3,734,588	220,557,245	0.016933	192,268	3,256	76.05
76.06	03953	IMAGING CENTERS	1,065,606	54,223,816	0.019652	5,617	110	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	134,881	5,382,335	0.025060	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	354,286	3,914,932	0.090496	139	13	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	47,245	2,517,150	0.018769	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	397,239	4,681,838	0.084847	860	73	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPI NE CENTER	1	820	0.001220	0	0	90.04
90.05	04954	INFUSION CENTERS	212,142	2,834,012	0.074856	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	591,044	4,976,511	0.118767	0	0	90.07
90.08	09004	PALLIATIVE CARE	41	84,215	0.000487	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	2,599,690	204,476,423	0.012714	1,109,558	14,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	883,236	8,858,846	0.099701	34,615	3,451	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	30,974,339	2,198,853,585		10,718,483	127,929	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 3:09 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	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	70,923	0.00	3,070	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	6,047	0.00	0	31.00	
32.00	03200	CORONARY CARE UNIT		0	5,645	0.00	0	32.00	
43.00	04300	NURSERY		0	1,853	0.00	1,533	43.00	
200.00		Total (lines 30 through 199)		0	84,468		4,603	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
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
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:09 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	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 PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
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						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:09 pm		
Cost Center Description		Title XIX		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	117,452,655	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,694,666	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,143,307	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,107,639	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,233,433	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	79,670,808	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,734,924	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	194,139,514	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	159,761,810	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	650,128	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	26,754,634	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,292,567	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,544,546	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,398,243	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	53,799,522	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,892,638	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	89,712,030	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	77,996,411	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	691,871,039	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,468,277	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	5,178,873	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	22,856,664	0.000000	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	788,292	0.000000	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	13,202,822	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	220,557,245	0.000000	76.05
76.06	03953	IMAGING CENTERS	0	0	0	54,223,816	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	5,382,335	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,914,932	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	2,517,150	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	4,681,838	0.000000	90.02
90.03	09001	CLINIC	0	0	0	0	0.000000	90.03
90.04	04953	SPI NE CENTER	0	0	0	820	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	0	0	2,834,012	0.000000	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07	09003	KNEE CENTER	0	0	0	4,976,511	0.000000	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	84,215	0.000000	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00	09100	EMERGENCY	0	0	0	204,476,423	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,858,846	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	2,198,853,585		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:09 pm
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Cost Center Description	Title XIX				Hospital	PPS	
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.000000	411,882	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	111,423	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	404,282	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	221,544	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	172,840	0	0	0	0	55.00
57.00 05700 CT SCAN	0.000000	535,298	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	85,265	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	415,278	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	2,121,848	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	16,812	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	505,778	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	80,191	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	68,068	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	24,605	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	262,116	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	42,808	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,053,317	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	544,419	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	2,124,462	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	135,750	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.000000	27,520	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0.000000	9,920	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.000000	192,268	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0.000000	5,617	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0.000000	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0.000000	139	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0.000000	860	0	0	0	0	90.02
90.03 09001 CLINIC	0.000000	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0.000000	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0.000000	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0.000000	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0.000000	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0.000000	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0.000000	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0.000000	1,109,558	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	34,615	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)		10,718,483	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:09 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.148707	0	0	371,938	0
51.00	05100 RECOVERY ROOM	0.206328	0	0	151,315	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.559195	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157840	0	0	706,010	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129073	0	0	521,719	0
57.00	05700 CT SCAN	0.059031	0	0	1,402,368	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.126651	0	0	208,644	0
59.00	05900 CARDIAC CATHETERIZATION	0.050214	0	0	478,891	0
60.00	06000 LABORATORY	0.107286	0	0	1,787,494	0
64.00	06400 INTRAVENOUS THERAPY	0.945626	0	0	118	0
65.00	06500 RESPIRATORY THERAPY	0.251632	0	0	60,630	0
66.00	06600 PHYSICAL THERAPY	0.386855	0	0	244,367	0
67.00	06700 OCCUPATIONAL THERAPY	0.356587	0	0	78,890	0
68.00	06800 SPEECH PATHOLOGY	0.355740	0	0	41,835	0
69.00	06900 ELECTROCARDIOLOGY	0.095240	0	0	266,801	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185428	0	0	43,729	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.377592	0	0	301,031	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.425546	0	0	537,204	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.229722	0	0	12,832,156	0
74.00	07400 RENAL DIALYSIS	0.418352	0	0	0	0
76.00	03330 ENDOSCOPY	0.170105	0	0	32,872	0
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.067909	0	0	5,717,411	0
76.03	03951 LUTHERWOOD PARTNERSHIP	7.126466	0	0	488,323	0
76.04	03952 WOUND CARE CENTER	0.318217	0	0	1,464,665	0
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.160943	0	0	3,331,455	0
76.06	03953 IMAGING CENTERS	0.142291	0	0	372,708	0
76.07	03954 BREAST DIAGNOSTIC CENTER	0.555919	0	0	32,963	0
76.97	07697 CARDIAC REHABILITATION	0.513959	0	0	0	0
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.284456	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00	09000 CLINIC	0.000000	0	0	0	0
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02	04951 HEALTHY HEARTS CENTER	0.672223	0	0	30,829	0
90.03	09001 CLINIC	0.000000	0	0	0	0
90.04	04953 SPINE CENTER	0.079268	0	0	0	0
90.05	04954 INFUSION CENTERS	0.410383	0	0	19,246	0
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0
90.07	09003 KNEE CENTER	1.192705	0	0	336	0
90.08	09004 PALLIATIVE CARE	0.007255	0	0	5,114	0
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0
91.00	09100 EMERGENCY	0.135355	0	0	4,852,158	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.887505	0	0	259,954	0
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)		0	0	36,643,174	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0
202.00	Net Charges (line 200 - line 201)		0	0	36,643,174	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:09 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	55,310		50.00
51.00 05100 RECOVERY ROOM	0	31,221		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	111,437		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	67,340		55.00
57.00 05700 CT SCAN	0	82,783		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	26,425		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	24,047		59.00
60.00 06000 LABORATORY	0	191,773		60.00
64.00 06400 INTRAVENOUS THERAPY	0	112		64.00
65.00 06500 RESPIRATORY THERAPY	0	15,256		65.00
66.00 06600 PHYSICAL THERAPY	0	94,535		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	28,131		67.00
68.00 06800 SPEECH PATHOLOGY	0	14,882		68.00
69.00 06900 ELECTROCARDIOLOGY	0	25,410		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,109		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	113,667		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	228,605		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,947,829		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	5,592		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,105,675		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	3,480,017		76.03
76.04 03952 WOUND CARE CENTER	0	466,081		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	536,174		76.05
76.06 03953 IMAGING CENTERS	0	53,033		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	18,325		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	20,724		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	7,898		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	401		90.07
90.08 09004 PALLIATIVE CARE	0	37		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	656,764		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	230,710		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	15,648,303		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	15,648,303		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 3:09 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)		70,923	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,923	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)		65,033	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,743	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		94,671,603	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		94,671,603	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		94,671,603	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,334.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,014,544	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)		21,014,544	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 3:09 pm	
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)	PPS
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	13,860,744	6,047	2,292.17	2,276	5,216,979	43.00	
44.00	CORONARY CARE UNIT	8,531,282	5,645	1,511.30	2,260	3,415,538	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)						40,295,035	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						69,942,096	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)						3,365,785	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,382,233	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						5,748,018	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						64,194,078	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)						5,890	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,334.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						7,862,267	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 3:09 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	10,635,221	94,671,603	0.112338	7,862,267	883,231	90.00
91.00	Nursing School cost	0	94,671,603	0.000000	7,862,267	0	91.00
92.00	Allied health cost	0	94,671,603	0.000000	7,862,267	0	92.00
93.00	All other Medical Education	0	94,671,603	0.000000	7,862,267	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2019 3:09 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		70,923	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,923	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)		65,033	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)		3,070	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)		1,853	15.00
16.00	Nursery days (title V or XIX only)		1,533	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)		101,155,047	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)		101,155,047	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)		101,155,047	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,426.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,378,649	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,378,649	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 3:09 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,200,690	1,853	647.97	1,533	993,338	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,880,881	6,047	2,460.87	0	0	43.00
44.00	CORONARY CARE UNIT	8,531,282	5,645	1,511.30	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)					2,293,964	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,665,951	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)					580,427	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					127,929	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					708,356	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,957,595	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)					5,890	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,426.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,400,730	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 3:09 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	10,635,221	101,155,047	0.105138	8,400,730	883,236	90.00
91.00	Nursing School cost	0	101,155,047	0.000000	8,400,730	0	91.00
92.00	Allied health cost	0	101,155,047	0.000000	8,400,730	0	92.00
93.00	All other Medical Education	0	101,155,047	0.000000	8,400,730	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 3:09 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		32,526,407	30.00
31.00	03100	INTENSIVE CARE UNIT		10,485,700	31.00
32.00	03200	CORONARY CARE UNIT		6,353,888	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146686	36,509,151	5,355,381 50.00
51.00	05100	RECOVERY ROOM	0.206328	2,154,944	444,625 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.559195	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157840	3,980,263	628,245 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129073	3,299,895	425,927 55.00
57.00	05700	CT SCAN	0.059031	7,475,408	441,281 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126651	1,309,539	165,854 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050214	30,037,814	1,508,319 59.00
60.00	06000	LABORATORY	0.107123	26,247,584	2,811,720 60.00
64.00	06400	INTRAVENOUS THERAPY	0.945626	159,859	151,167 64.00
65.00	06500	RESPIRATORY THERAPY	0.251632	8,266,434	2,080,099 65.00
66.00	06600	PHYSICAL THERAPY	0.382796	1,394,109	533,659 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356587	1,161,659	414,232 67.00
68.00	06800	SPEECH PATHOLOGY	0.355740	365,070	129,870 68.00
69.00	06900	ELECTROCARDIOLOGY	0.095240	5,826,534	554,919 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185428	376,781	69,866 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.377592	17,803,385	6,722,416 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425546	21,408,004	9,110,090 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229593	22,205,190	5,098,156 73.00
74.00	07400	RENAL DIALYSIS	0.418352	2,405,904	1,006,515 74.00
76.00	03330	ENDOSCOPY	0.170105	153,717	26,148 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.054358	0	0 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.126466	0	0 76.03
76.04	03952	WOUND CARE CENTER	0.312479	40,937	12,792 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.160943	399,970	64,372 76.05
76.06	03953	IMAGING CENTERS	0.142291	5,709	812 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555919	1,842	1,024 76.07
76.97	07697	CARDIAC REHABILITATION	0.513959	578	297 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.284456	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	0.672223	11,206	7,533 90.02
90.03	09001	CLINIC	0.000000	0	0 90.03
90.04	04953	SPINE CENTER	0.079268	0	0 90.04
90.05	04954	INFUSION CENTERS	0.410383	0	0 90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0 90.06
90.07	09003	KNEE CENTER	1.171733	0	0 90.07
90.08	09004	PALLIATIVE CARE	0.007255	0	0 90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.134022	15,656,428	2,098,306 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.887505	486,093	431,410 92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		209,144,007	40,295,035 200.00
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)		209,144,007	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 3:09 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		7,051,621	30.00
31.00	03100	INTENSIVE CARE UNIT		460,910	31.00
32.00	03200	CORONARY CARE UNIT		582,551	32.00
43.00	04300	NURSERY		181,721	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.148707	411,882	50.00
51.00	05100	RECOVERY ROOM	0.206328	111,423	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.559195	404,282	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157840	221,544	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129073	172,840	55.00
57.00	05700	CT SCAN	0.059031	535,298	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126651	85,265	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050214	415,278	59.00
60.00	06000	LABORATORY	0.107286	2,121,848	60.00
64.00	06400	INTRAVENOUS THERAPY	0.945626	16,812	64.00
65.00	06500	RESPIRATORY THERAPY	0.251632	505,778	65.00
66.00	06600	PHYSICAL THERAPY	0.386855	80,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356587	68,068	67.00
68.00	06800	SPEECH PATHOLOGY	0.355740	24,605	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095240	262,116	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185428	42,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.377592	1,053,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425546	544,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229722	2,124,462	73.00
74.00	07400	RENAL DIALYSIS	0.418352	135,750	74.00
76.00	03330	ENDOSCOPY	0.170105	27,520	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.067909	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.126466	0	76.03
76.04	03952	WOUND CARE CENTER	0.318217	9,920	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.160943	192,268	76.05
76.06	03953	IMAGING CENTERS	0.142291	5,617	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555919	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.513959	139	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.284456	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.672223	860	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.079268	0	90.04
90.05	04954	INFUSION CENTERS	0.410383	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.192705	0	90.07
90.08	09004	PALLIATIVE CARE	0.007255	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.135355	1,109,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.887505	34,615	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,718,483	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)		10,718,483	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:09 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)		37,518,321	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,594,329	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)		4,373,506	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		21,218,289	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		287.43	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)		25.01	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)		2.69	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).		-9.34	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.		10.40	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)		23.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		40.39	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.77	11.00
12.00	Current year allowable FTE (see instructions)		26.15	12.00
13.00	Total allowable FTE count for the prior year.		26.77	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.		31.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		27.97	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		27.97	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.097311	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.092697	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.092697	21.00
22.00	IME payment adjustment (see instructions)		2,473,009	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,047,101	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)		17.01	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)		2,473,009	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,047,101	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.87	30.00
31.00	Percentage of Medicaid patient days (see instructions)		38.53	31.00
32.00	Sum of lines 30 and 31		49.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		29.97	33.00
34.00	Disproportionate share adjustment (see instructions)		3,754,690	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:09 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)	0.000641030	0.000683862	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,337,653	5,657,507	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,244,326	1,426,003	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,670,329		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)	65,384,184		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)		66,431,285	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,757,576	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).		383,257	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)		71,572,118	59.00
60.00	Primary payer payments		24,906	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		71,547,212	61.00
62.00	Deductibles billed to program beneficiaries		4,253,636	62.00
63.00	Coinurance billed to program beneficiaries		155,775	63.00
64.00	Allowable bad debts (see instructions)		478,751	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		311,188	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		367,688	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		67,448,989	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-111,954	70.93
70.94	HRR adjustment amount (see instructions)		-86,425	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:09 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	1.00	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)		169,221	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		67,081,389	71.00
71.01	Sequestration adjustment (see instructions)		1,341,628	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		66,266,225	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)		-526,464	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,964,419	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0 104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 3:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		79,598	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		95,510,411	2.00
3.00	OPPS payments		80,196,132	3.00
4.00	Outlier payment (see instructions)		1,322,033	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)		79,598	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		346,504	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)		346,504	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)		346,504	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		266,906	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)		79,598	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)		81,518,165	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)		13,919,074	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)		67,678,689	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		523,869	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)		68,202,558	30.00
31.00	Primary payer payments		21,130	31.00
32.00	Subtotal (line 30 minus line 31)		68,181,428	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)		887,844	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		577,099	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		825,806	36.00
37.00	Subtotal (see instructions)		68,758,527	37.00
38.00	MSP-LCC reconciliation amount from PS&R		177	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)		27,846	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		68,758,350	40.00
40.01	Sequestration adjustment (see instructions)		1,375,167	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		67,830,366	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-447,183	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		333,258	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0074		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/29/2019 3:09 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		66,266,225		67,830,366	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		66,266,225		67,830,366	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		526,464		447,183	6.02	
7.00	Total Medicare program liability (see instructions)		65,739,761		67,383,183	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 3:09 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 IPSS & 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 3:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			26.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.82	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-9.34	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			9.32	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			24.08	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			40.39	6.00
7.00	Enter the lesser of line 5 or line 6			24.08	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	33.13	7.26	40.39	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	19.75	4.33	24.08	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.77		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.77		10.01
11.00	Total weighted FTE count	19.75	7.10		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.43	5.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	28.60	4.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	23.26	5.85		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	23.26	5.85		17.00
18.00	Per resident amount	85,659.78	86,468.92		18.00
19.00	Approved amount for resident costs	1,992,446	505,843	2,498,289	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			16.31	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,498,289	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	20,279	8,964		26.00
27.00	Total Inpatient Days (see instructions)	77,049	77,049		27.00
28.00	Ratio of inpatient days to total inpatient days	0.263196	0.116342		28.00
29.00	Program direct GME amount	657,540	290,656		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		41,070		30.00
31.00	Net Program direct GME amount			907,126	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 3:09 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,468,277	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		69,942,096	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		24,906	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		69,917,190	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		95,590,009	42.00
43.00	Primary payer payments (see instructions)		21,130	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		95,568,879	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		165,486,069	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.422496	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.577504	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		907,126	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		383,257	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		523,869	50.00

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

Provider CCN: 15-0074

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

Worksheet G

Date/Time Prepared: 5/29/2019 3:09 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	13,801	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	57,500	0	0	0	3.00
4.00	Accounts receivable	2,111,404,205	0	0	0	4.00
5.00	Other receivable	44,844,811	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	55,749,691	0	0	0	6.00
7.00	Inventory	8,918,713	0	0	0	7.00
8.00	Prepaid expenses	6,469,519	0	0	0	8.00
9.00	Other current assets	60,942	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)	2,227,519,182	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,743,049	0	0	0	12.00
13.00	Land improvements	4,209,543	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	462,208,704	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	11,702,937	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	187,960,216	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	215,381	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-330,975,365	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	58,900	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	338,123,365	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-1,850,592,079	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-1,850,592,079	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	715,050,468	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,889,997	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-141,105	0	0	0	38.00
39.00	Payroll taxes payable	-211	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,083,210	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,831,891	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	898,263	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	898,263	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,730,154	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	702,320,314				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)	702,320,314	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	715,050,468	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 3:09 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		493,332,692		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		208,987,622			2.00
3.00	Total (sum of line 1 and line 2)		702,320,314		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)		702,320,314		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		702,320,314		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	Deductions (debit adjustments) (specify)		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: 15-0074

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 3:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,246,185		54,246,185	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF		0	0	5.00
6.00	Swing bed - NF		0	0	6.00
7.00	SKILLED NURSING FACILITY				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)	54,246,185		54,246,185	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,283,879		11,283,879	11.00
12.00	CORONARY CARE UNIT	16,753,776		16,753,776	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)	28,037,655		28,037,655	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,283,840		82,283,840	17.00
18.00	Ancillary services	677,937,375	1,774,613,584	2,452,550,959	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL BILLING	0	19,847,156	19,847,156	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	760,221,215	1,794,460,740	2,554,681,955	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		647,814,072		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	ADD (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)		647,814,072		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0074

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 3:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,554,681,955	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,721,019,465	2.00
3.00	Net patient revenues (line 1 minus line 2)	833,662,490	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	647,814,072	4.00
5.00	Net income from service to patients (line 3 minus line 4)	185,848,418	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,379,957	6.00
7.00	Income from investments	205,970	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	19,685	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,980,373	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	MISC INCOME	18,553,219	24.00
25.00	Total other income (sum of lines 6-24)	23,139,204	25.00
26.00	Total (line 5 plus line 25)	208,987,622	26.00
27.00	OTHER	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)	208,987,622	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,080,955	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		93,045	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)		212.85	3.00
4.00	Number of interns & residents (see instructions)		27.97	4.00
5.00	Indirect medical education percentage (see instructions)		3.78	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)		154,260	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.87	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		38.53	8.00
9.00	Sum of lines 7 and 8		49.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.52	10.00
11.00	Disproportionate share adjustment (see instructions)		429,316	11.00
12.00	Total prospective capital payments (see instructions)		4,757,576	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