

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: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 4:06 pm
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/29/2019 Time: 4:06 pm  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5.  Cost Report Status 6. Date Received:  
 (1) As Submitted 7. Contractor No. 10. NPR Date:  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4  
 (3) Settled with Audit 9.  Final Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**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 DEARBORN COUNTY HOSPITAL ( 15-0086 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	7,739	-1,319	0	-162,574	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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	7,739	-1,319	0	-162,574	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: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:06 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
Street: 600 WILSON CREEK ROAD		PO Box:	Zip Code: 47025-	County: DEARBORN
City: LAWRENCEBURG		State: IN		

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital -Based Component Identification:										
3.00	Hospital	DEARBORN COUNTY HOSPITAL	150086	17140	1	07/01/1966	N	P	O	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	HEALTH SERVICES CORP. OF SE IN	157055	17140		10/01/1978	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice	HOSPICE OF SOUTHEASTERN INDIANA	151531	17140		12/22/1994				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)	9		21.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:06 pm	
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
	1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	176	738	0	153	1,358	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
							Urban/Rural S	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
							V	XVIII	XIX
							1.00	2.00	3.00
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:06 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	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
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00
62.01	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
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N
			Unweighted FTEs Nonprovi der Site		Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00		2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0086

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

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

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						1.00			
<b>Long Term Care Hospital PPS</b>									
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		
<b>TEFRA Providers</b>									
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		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
<b>Rural Providers</b>									
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: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:06 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		
<b>Miscellaneous Cost Reporting Information</b>						
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:	302,653	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
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
<b>All Providers</b>						
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)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:06 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:	Contractor's Name:		Contractor's Number:		141.00			
142.00	Street:	PO Box:				142.00			
143.00	City:	State:		Zip Code:		143.00			
						1.00			
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00	
						1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00	
						1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N			155.00	
156.00	Subprovider - IPF	N	N	N	N			156.00	
157.00	Subprovider - IRF	N	N	N	N			157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N			159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00	
161.00	CMHC		N	N	N			161.00	
						1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
						1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	
		Beginning		Ending					
		1.00		2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						01/01/2017	12/31/2017	170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:06 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/27/2019	Y	03/27/2019		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)	N		N			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: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:06 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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y		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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		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.		N		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		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
<b>Cost Report Preparer Contact Information</b>					
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.	KYLE		SMI TH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMI TH@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:06 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0086

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 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	78	28,470	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)		78	28,470	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		86	31,390	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	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		86				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: 15-0086

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 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)	4,565	174	8,684			1.00
2.00 HMO and other (see instructions)	1,316	2,241				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,565	174	8,684			7.00
8.00 INTENSIVE CARE UNIT	924	0	1,928			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		0	698			13.00
14.00 Total (see instructions)	5,489	174	11,310	0.00	548.01	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	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,100	840	7,448	0.00	14.39	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	3.58	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	565.98	27.00
28.00 Observation Bed Days		0	1,518			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	10	45			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: 15-0086

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 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	1,409	43	3,089	1.00
2.00 HMO and other (see instructions)			314	636		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	1,409	43	3,089	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	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2019 4:06 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	32,495,155	0	32,495,155	1,180,864.00	27.52
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,635,922	52,714	1,688,636	54,509.00	30.98
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		482,998	0	482,998	7,020.00	68.80
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		309,168	0	309,168	1,473.00	209.89
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		8,343,974	0	8,343,974		
18.00	Wage-related costs (other) (see instructions)		68,784	0	68,784		
19.00	Excluded areas		403,801	0	403,801		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	343,072	0	343,072	11,125.00	30.84
27.00	Administrative & General	5.00	5,386,308	0	5,386,308	183,595.00	29.34

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2019 4:06 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.)		496,890	0	496,890	5,305.00	93.66	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,005,648	-52,714	952,934	35,224.00	27.05	30.00
31.00	Laundry & Linen Service	8.00	128,926	0	128,926	8,869.00	14.54	31.00
32.00	Housekeeping	9.00	761,230	0	761,230	63,001.00	12.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	899,499	-631,358	268,141	15,727.00	17.05	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	631,358	631,358	37,030.00	17.05	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	789,660	0	789,660	17,921.00	44.06	38.00
39.00	Central Services and Supply	14.00	257,201	0	257,201	14,508.00	17.73	39.00
40.00	Pharmacy	15.00	1,393,692	0	1,393,692	34,955.00	39.87	40.00
41.00	Medical Records & Medical Records Library	16.00	703,543	0	703,543	33,338.00	21.10	41.00
42.00	Social Service	17.00	190,347	0	190,347	6,479.00	29.38	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2019 4:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	32,992,045	0	32,992,045	1,186,169.00	27.81	1.00
2.00	Excluded area salaries (see instructions)	1,635,922	52,714	1,688,636	54,509.00	30.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,356,123	-52,714	31,303,409	1,131,660.00	27.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	792,166	0	792,166	8,493.00	93.27	4.00
5.00	Subtotal wage-related costs (see inst.)	8,412,758	0	8,412,758	0.00	26.87	5.00
6.00	Total (sum of lines 3 thru 5)	40,561,047	-52,714	40,508,333	1,140,153.00	35.53	6.00
7.00	Total overhead cost (see instructions)	12,356,016	-52,714	12,303,302	467,077.00	26.34	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 4:06 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		443,164	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		5,012,562	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		178,358	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		54,230	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)		102,764	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		238,384	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		1,900,251	17.00
18.00	Medicare Taxes - Employers Portion Only		452,257	18.00
19.00	Unemployment Insurance		44,274	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		309,300	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,735,544	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	EMPLOYEE RECONGNITION		68,784	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 4:06 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0086 Component CCN: 15-7055		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/29/2019 4:06 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	DEARBORN				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	950	195	581	1,726	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	218.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		3.06	0.00	3.06	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			7.57	0.00	7.57	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.19	0.00	2.19	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.56	0.00	0.56	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.09	0.00	0.09	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.04	0.00	0.04	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.83	0.00	0.83	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			17140			20.00
20.01				99915			20.01
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,686	424	67	13	2,190	21.00
22.00	Skilled Nursing Visit Charges	338,380	85,097	13,447	2,609	439,533	22.00
23.00	Physical Therapy Visits	1,197	16	35	4	1,252	23.00
24.00	Physical Therapy Visit Charges	263,639	3,524	7,709	881	275,753	24.00
25.00	Occupational Therapy Visits	306	3	7	4	320	25.00
26.00	Occupational Therapy Visit Charges	67,397	661	1,542	881	70,481	26.00
27.00	Speech Pathology Visits	39	0	0	2	41	27.00
28.00	Speech Pathology Visit Charges	8,590	0	0	441	9,031	28.00
29.00	Medical Social Service Visits	2	0	0	0	2	29.00
30.00	Medical Social Service Visit Charges	600	0	0	0	600	30.00
31.00	Home Health Aide Visits	179	116	0	0	295	31.00
32.00	Home Health Aide Visit Charges	39,595	26,864	0	0	66,459	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,409	559	109	23	4,100	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	718,201	116,146	22,698	4,812	861,857	35.00
36.00	Total Number of Episodes (standard/non outlier)	256		38	3	297	36.00
37.00	Total Number of Outlier Episodes		13		0	13	37.00
38.00	Total Non-Routine Medical Supply Charges	28,967	12,469	1,516	54	43,006	38.00

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 15-0086 Hospice CCN: 15-1531	Period: From 01/01/2018 To 12/31/2018	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/29/2019 4:06 pm
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	3,606	144	285	4,035	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	243	20	24	287	13.00
14.00	Total Hospice Days	3,849	164	309	4,322	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 4:06 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.356509		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		8,971,485		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		35,525,895		6.00	
7.00	Medicaid cost (line 1 times line 6)		12,665,301		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)		3,693,816		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)		3,693,816		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)	216,097	521,690	737,787	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	77,041	521,690	598,731	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)	77,041	521,690	598,731	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)			7,199,012	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			216,608	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			333,244	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			6,865,768	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,564,344	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,163,075	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,856,891	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0086

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

Worksheet A  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		4,032,909	4,032,909	132,943	4,165,852	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		2,103,286	2,103,286	0	2,103,286	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	343,072	8,970,693	9,313,765	0	9,313,765	4.00
5.01 01160 COMMUNICATIONS	113,520	157,666	271,186	0	271,186	5.01
5.02 00550 DATA PROCESSING	1,202,583	1,775,599	2,978,182	0	2,978,182	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	242,593	138,673	381,266	0	381,266	5.03
5.04 00570 ADMITTING	556,391	90,569	646,960	0	646,960	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	719,575	733,072	1,452,647	0	1,452,647	5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL	2,551,646	7,521,083	10,072,729	-144,025	9,928,704	5.06
7.00 00700 OPERATION OF PLANT	1,005,648	1,881,857	2,887,505	-58,770	2,828,735	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	128,926	276,751	405,677	0	405,677	8.00
9.00 00900 HOUSEKEEPING	761,230	369,421	1,130,651	22,851	1,153,502	9.00
10.00 01000 DIETARY	899,499	578,667	1,478,166	-1,037,524	440,642	10.00
11.00 01100 CAFETERIA	0	0	0	1,037,524	1,037,524	11.00
13.00 01300 NURSING ADMINISTRATION	789,660	39,824	829,484	0	829,484	13.00
14.00 01400 CENTRAL SERVICE & SUPPLY	257,201	511,090	768,291	-345,874	422,417	14.00
15.00 01500 PHARMACY	1,393,692	164,613	1,558,305	-15,927	1,542,378	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	703,543	150,180	853,723	-604	853,119	16.00
17.00 01700 SOCIAL SERVICE	190,347	12,505	202,852	0	202,852	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,553,897	1,149,096	6,702,993	-824,421	5,878,572	30.00
31.00 03100 INTENSIVE CARE UNIT	1,314,703	177,590	1,492,293	-14,130	1,478,163	31.00
43.00 04300 NURSERY	0	0	0	517,390	517,390	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,748,250	4,045,783	5,794,033	-860,665	4,933,368	50.00
51.00 05100 RECOVERY ROOM	557,534	173,800	731,334	-13,230	718,104	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	285,380	285,380	52.00
53.00 05300 ANESTHESIOLOGY	0	1,094,425	1,094,425	-59,296	1,035,129	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,369,057	764,448	2,133,505	-5,066	2,128,439	54.00
54.01 05401 ULTRASOUND	231,704	60,293	291,997	-19,886	272,111	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	448,024	268,645	716,669	-90,526	626,143	55.00
57.00 05700 CT SCAN	535,228	343,898	879,126	-65,331	813,795	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	261,331	298,583	559,914	-8,158	551,756	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,196,776	2,983,315	5,180,091	-1,787	5,178,304	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	721,675	146,962	868,637	-100,356	768,281	65.00
65.01 03950 SLEEP CLINIC	0	206,754	206,754	0	206,754	65.01
66.00 06600 PHYSICAL THERAPY	1,366,432	119,627	1,486,059	-4,695	1,481,364	66.00
67.00 06700 OCCUPATIONAL THERAPY	257,255	11,866	269,121	-2,238	266,883	67.00
68.00 06800 SPEECH PATHOLOGY	178,291	3,550	181,841	0	181,841	68.00
69.00 06900 ELECTROCARDIOLOGY	745,358	325,757	1,071,115	-416	1,070,699	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,701,229	1,701,229	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	285,379	285,379	0	285,379	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,238,846	3,238,846	0	3,238,846	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	1,514,592	478,823	1,993,415	-6,004	1,987,411	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	934,795	194,036	1,128,831	-13,166	1,115,665	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE		0	0	0	0	113.00
116.00 11600 HOSPICE	241,182	392,430	633,612	-51,952	581,660	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			-46,730	78,260,844	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,939	92	43,031	0	43,031	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	268	250,172	250,440	46,734	297,174	192.00
192.01 19201 PHYSICIAN CLINIC	31,364	35,510	66,874	-4	66,870	192.01
192.02 19202 LIFELINE	0	2,252	2,252	0	2,252	192.02
192.03 19203 CREDIT UNION	0	0	0	0	0	192.03
192.04 19204 BREAST MRI STUDY	0	0	0	0	0	192.04
192.05 19205 HOSPITALITY	0	1,213,003	1,213,003	0	1,213,003	192.05
194.00 07950 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01 07951 MARKETING	141,157	190,255	331,412	0	331,412	194.01
194.02 07953 OCCUPATIONAL HEALTH	137,707	50,352	188,059	0	188,059	194.02
194.03 07952 PATHS EDUCATION	0	49,604	49,604	0	49,604	194.03
194.04 07954 FOUNDATION	106,510	50,785	157,295	0	157,295	194.04
200.00	TOTAL (SUM OF LINES 118 through 199)			0	80,609,544	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0086

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

Worksheet A  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-202,631	3,963,221	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-3,955	2,099,331	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-14,999	9,298,766	4.00
5.01	01160	COMMUNICATIONS	-6,997	264,189	5.01
5.02	00550	DATA PROCESSING	0	2,978,182	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	381,266	5.03
5.04	00570	ADMINITTING	0	646,960	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-5,318	1,447,329	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-5,781,098	4,147,606	5.06
7.00	00700	OPERATION OF PLANT	-92,346	2,736,389	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	405,677	8.00
9.00	00900	HOUSEKEEPING	0	1,153,502	9.00
10.00	01000	DIETARY	-4,012	436,630	10.00
11.00	01100	CAFETERIA	-376,722	660,802	11.00
13.00	01300	NURSING ADMINISTRATION	0	829,484	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	422,417	14.00
15.00	01500	PHARMACY	0	1,542,378	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,772	826,347	16.00
17.00	01700	SOCIAL SERVICE	0	202,852	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-341,616	5,536,956	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,478,163	31.00
43.00	04300	NURSERY	0	517,390	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-55,500	4,877,868	50.00
51.00	05100	RECOVERY ROOM	0	718,104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	285,380	52.00
53.00	05300	ANESTHESIOLOGY	-1,006,104	29,025	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-58,578	2,069,861	54.00
54.01	05401	ULTRASOUND	0	272,111	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	626,143	55.00
57.00	05700	CT SCAN	-2,850	810,945	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	551,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-99,663	5,078,641	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-16,319	751,962	65.00
65.01	03950	SLEEP CLINIC	0	206,754	65.01
66.00	06600	PHYSICAL THERAPY	0	1,481,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	266,883	67.00
68.00	06800	SPEECH PATHOLOGY	0	181,841	68.00
69.00	06900	ELECTROCARDIOLOGY	-229,855	840,844	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,701,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	285,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-976,233	2,262,613	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-59,212	1,928,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	1,115,665	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-6,109	575,551	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,366,889	68,893,955	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,031	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	297,174	192.00
192.01	19201	PHYSICIAN CLINIC	0	66,870	192.01
192.02	19202	LIFELINE	0	2,252	192.02
192.03	19203	CREDIT UNION	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	192.04
192.05	19205	HOSPITALIST	0	1,213,003	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	194.00
194.01	07951	MARKETING	0	331,412	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	188,059	194.02
194.03	07952	PATHS EDUCATION	0	49,604	194.03
194.04	07954	FOUNDATION	0	157,295	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,366,889	71,242,655	200.00



		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	631,358	406,166	1.00
	O		631,358	406,166	
<b>B - NURSERY</b>					
1.00	NURSERY	43.00	415,936	101,454	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	229,421	55,959	2.00
	O		645,357	157,413	
<b>C - UTILIZATION REVIEW COST</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	604	1.00
	O		0	604	
<b>D - SECURITY GUARD</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	52,714	310	1.00
	O		52,714	310	
<b>E - MED SUPPLY RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,701,229	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
	O		0	1,701,229	
<b>F - POB HOUSEKEEPING</b>					
1.00	HOUSEKEEPING	9.00	0	22,879	1.00
2.00		0.00	0	0	2.00
	O		0	22,879	
<b>G - INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	132,943	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,686	2.00
	O		0	144,629	
500.00	Grand Total: Increases		1,329,429	2,433,230	500.00

RECLASSIFICATIONS

Provider CCN: 15-0086

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

Worksheet A-6

Date/Time Prepared:  
5/29/2019 4:06 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>						
1.00	DIETARY	10.00	631,358	406,166	0	1.00
	O		631,358	406,166		
<b>B - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	645,357	157,413	0	1.00
2.00		0.00	0	0	0	2.00
	O		645,357	157,413		
<b>C - UTILIZATION REVIEW COST</b>						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	604	0	1.00
	O		0	604		
<b>D - SECURITY GUARD</b>						
1.00	OPERATION OF PLANT	7.00	52,714	310	0	1.00
	O		52,714	310		
<b>E - MED SUPPLY RECLASS</b>						
1.00	OPERATION OF PLANT	7.00	0	843	0	1.00
2.00	HOUSEKEEPING	9.00	0	28	0	2.00
3.00	CENTRAL SERVICE & SUPPLY	14.00	0	345,874	0	3.00
4.00	PHARMACY	15.00	0	15,927	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	21,651	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	14,130	0	6.00
7.00	OPERATING ROOM	50.00	0	860,665	0	7.00
8.00	RECOVERY ROOM	51.00	0	13,230	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	59,296	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,066	0	10.00
11.00	ULTRASOUND	54.01	0	19,886	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	90,526	0	12.00
13.00	CT SCAN	57.00	0	65,331	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,158	0	14.00
15.00	LABORATORY	60.00	0	1,787	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	100,356	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	4,695	0	17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	2,238	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	416	0	19.00
20.00	EMERGENCY	91.00	0	6,004	0	20.00
21.00	HOME HEALTH AGENCY	101.00	0	13,166	0	21.00
22.00	HOSPICE	116.00	0	51,952	0	22.00
23.00	PHYSICIAN CLINIC	192.01	0	4	0	23.00
	O		0	1,701,229		
<b>F - POB HOUSEKEEPING</b>						
1.00	OPERATION OF PLANT	7.00	0	4,903	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,976	0	2.00
	O		0	22,879		
<b>G - INSURANCE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	144,629	12	1.00
2.00		0.00	0	0	0	2.00
	O		0	144,629		
500.00	Grand Total: Decreases		1,329,429	2,433,230		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,408,112	0	0	0	7,085,057	1.00
2.00	Land Improvements	2,615,940	0	0	0	1,332,904	2.00
3.00	Buildings and Fixtures	74,376,772	0	0	0	1,066,970	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	58,643,199	2,061,627	0	2,061,627	2,974,068	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	137,044,023	2,061,627	0	2,061,627	12,458,999	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,044,023	2,061,627	0	2,061,627	12,458,999	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	-5,676,945	0				1.00
2.00	Land Improvements	1,283,036	0				2.00
3.00	Buildings and Fixtures	73,309,802	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	57,730,758	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	126,646,651	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	126,646,651	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2019 4:06 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	NEW CAP REL COSTS-BLDG & FIXT	3,145,957	0	886,952	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,783,590	319,696	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,929,547	319,696	886,952	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	NEW CAP REL COSTS-BLDG & FIXT	0	4,032,909				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,103,286				2.00
3.00	Total (sum of lines 1-2)	0	6,136,195				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	72,843,982	0	72,843,982	0.575175	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	53,802,670	0	53,802,670	0.424825	0	2.00
3.00	Total (sum of lines 1-2)	126,646,652	0	126,646,652	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,964,958	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,779,635	319,696	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,744,593	319,696	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	865,320	132,943	0	0	3,963,221	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,099,331	2.00
3.00	Total (sum of lines 1-2)	865,320	132,943	0	0	6,062,552	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0086

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

Worksheet A-8

Date/Time Prepared:  
5/29/2019 4:06 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-8,323	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-6,997	COMMUNICATIONS	5.01		0	7.00
8.00 Television and radio service (chapter 21)	A	-3,955	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,863,103				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	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-376,722	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	B	-976,233	DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-26,772	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		0	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		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00			31.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	REV - FITNESS CENTER	B	-14,999	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
34.00	HEALTH SERV/WIC MANAGMNT FEE	B	-5,104	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.00
35.00	RENT - LUDLOW HILL CLINIC	B	-10,563	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00
36.00	OTHER REVNUUE	B		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00	SISIC BILLING SERVICES	B	-5,318	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 37.00
38.00	REV - COMMUNITY EDUCATION PROGRAM	B	-1,030	ADULTS & PEDIATRICS	30.00	0 38.00
39.00	MISCELLANEOUS INCOME	B	-5,564	RADIOLOGY-DIAGNOSTIC	54.00	0 39.00
40.00	DIET - NUTRITION COUNSELING	B	-4,012	DIETARY	10.00	0 40.00
40.01	ADVERTISING	A	-44,071	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 40.01
41.00	AHA & IHA DUES	A	-7,175	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.00
42.00	MISC. OFFSET	A	-22,503	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 42.00
43.00	MISC. NONALLOWABLE	A	-6,109	HOSPICE	116.00	0 43.00
44.00	ADVERTISING STAFF	A	-11,436	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.00
45.00	NON ALLOWABLE REPAIRS	A	-54,799	OPERATION OF PLANT	7.00	0 45.00
45.01	PHYSICIAN RECRUITMENT & HSC LOSS	A	-172,168	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.01
45.02	MENTAL HEALTH UTILITIES	A	-37,547	OPERATION OF PLANT	7.00	0 45.02
45.03	NON-ALLOWABLE DEPRECIATION	A	-180,999	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.03
45.04	NON ALLOWABLE INTEREST	A	-21,632	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.04
45.05	HAF OFFSET	A	-5,499,755	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.05
45.06	OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 45.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,366,889			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0086

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2019 4:06 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	30.00	ADULTS & PEDIATRICS	340,586	340,586	0	0	0	1.00
2.00	50.00	OPERATING ROOM	55,500	55,500	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,006,104	1,006,104	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	53,014	53,014	0	0	0	4.00
5.00	57.00	CT SCAN	2,850	2,850	0	0	0	5.00
6.00	60.00	LABORATORY	175,000	0	175,000	260,300	602	6.00
7.00	65.00	RESPIRATORY THERAPY	16,319	16,319	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	229,855	229,855	0	0	0	8.00
9.00	91.00	EMERGENCY	134,168	0	134,168	179,000	871	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,013,396	1,704,228	309,168		1,473	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	75,337	3,767	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	74,956	3,748	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			150,293	7,515	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	340,586		1.00
2.00	50.00	OPERATING ROOM	0	0	0	55,500		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,006,104		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	53,014		4.00
5.00	57.00	CT SCAN	0	0	0	2,850		5.00
6.00	60.00	LABORATORY	0	75,337	99,663	99,663		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	16,319		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	229,855		8.00
9.00	91.00	EMERGENCY	0	74,956	59,212	59,212		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	150,293	158,875	1,863,103		200.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,963,221	3,963,221			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,099,331		2,099,331		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,298,766	25,402	13,692	9,337,860	4.00
5.01 01160	COMMUNICATIONS	264,189	4,018	2,166	32,969	303,342 5.01
5.02 00550	DATA PROCESSING	2,978,182	38,499	20,752	349,264	13,314 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	381,266	84,466	45,529	70,456	3,107 5.03
5.04 00570	ADMINISTRATIVE	646,960	45,663	24,613	161,592	4,660 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,447,329	8,961	4,830	208,985	14,202 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	4,147,606	157,870	85,096	741,069	10,651 5.06
7.00 00700	OPERATION OF PLANT	2,736,389	1,289,797	695,235	276,759	14,202 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	405,677	21,040	11,341	37,444	666 8.00
9.00 00900	HOUSEKEEPING	1,153,502	15,569	8,392	221,083	4,438 9.00
10.00 01000	DIETARY	436,630	52,866	28,496	77,876	1,775 10.00
11.00 01100	CAFETERIA	660,802	37,495	20,211	183,364	4,438 11.00
13.00 01300	NURSING ADMINISTRATION	829,484	7,930	4,274	229,339	5,326 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	422,417	93,678	50,495	74,698	4,438 14.00
15.00 01500	PHARMACY	1,542,378	23,472	12,652	404,767	9,098 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	826,347	63,531	34,245	204,329	18,418 16.00
17.00 01700	SOCIAL SERVICE	202,852	7,705	4,153	55,282	3,772 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	5,536,956	809,648	436,421	1,425,572	36,392 30.00
31.00 03100	INTENSIVE CARE UNIT	1,478,163	97,801	52,717	381,827	4,438 31.00
43.00 04300	NURSERY	517,390	5,287	2,850	120,799	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,877,868	340,797	183,698	507,741	15,311 50.00
51.00 05100	RECOVERY ROOM	718,104	15,371	8,285	161,923	4,882 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	285,380	6,661	3,590	66,630	0 52.00
53.00 05300	ANESTHESIOLOGY	29,025	211	114	0	1,553 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,069,861	154,988	83,543	397,612	17,087 54.00
54.01 05401	ULTRASOUND	272,111	8,194	4,417	67,293	444 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	626,143	15,265	8,228	130,119	2,219 55.00
57.00 05700	CT SCAN	810,945	0	0	155,445	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	551,756	10,613	5,721	75,898	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,078,641	88,814	47,873	638,005	9,764 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	751,962	15,384	8,292	209,595	8,876 65.00
65.01 03950	SLEEP CLINIC	206,754	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	1,481,364	99,969	53,886	396,850	4,660 66.00
67.00 06700	OCCUPATIONAL THERAPY	266,883	10,494	5,656	74,714	3,107 67.00
68.00 06800	SPEECH PATHOLOGY	181,841	5,604	3,021	51,781	888 68.00
69.00 06900	ELECTROCARDIOLOGY	840,844	44,196	23,823	216,473	3,107 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,701,229	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	285,379	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,262,613	0	0	0	0 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	1,928,199	127,987	68,988	439,880	8,876 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	1,115,665	40,773	21,977	271,491	1,331 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	575,551	4,163	2,244	70,046	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	68,893,955	3,880,182	2,091,516	9,188,970	235,440 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,031	32,248	0	12,471	666 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	297,174	0	0	15,387	59,247 192.00
192.01 19201	PHYSICIAN CLINIC	66,870	22,468	0	9,109	2,663 192.01
192.02 19202	LIFELINE	2,252	13,824	0	0	0 192.02
192.03 19203	CREDIT UNION	0	0	0	0	3,107 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	1,213,003	4,322	2,330	0	0 192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	331,412	9,516	5,129	40,996	666 194.01
194.02 07953	OCCUPATIONAL HEALTH	188,059	0	0	39,994	1,553 194.02
194.03 07952	PATHS EDUCATION	49,604	0	0	0	0 194.03
194.04 07954	FOUNDATION	157,295	661	356	30,933	0 194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
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)	71,242,655	3,963,221	2,099,331	9,337,860	303,342	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	3,400,011				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	40,678	625,502			5.03
5.04	00570	ADMINING	111,865	2,990	998,343		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	176,272	934	0	1,861,513	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	183,051	13,023	0	0	5,338,366
7.00	00700	OPERATION OF PLANT	47,458	9,918	0	0	5,069,758
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,043	0	0	489,211
9.00	00900	HOUSEKEEPING	16,949	9,488	0	0	1,429,421
10.00	01000	DIETARY	108,475	6,660	0	0	712,778
11.00	01100	CAFETERIA	0	0	0	0	906,310
13.00	01300	NURSING ADMINISTRATION	57,627	1,346	0	0	1,135,326
14.00	01400	CENTRAL SERVICE & SUPPLY	71,187	30,507	0	0	747,420
15.00	01500	PHARMACY	105,085	4,938	0	0	2,102,390
16.00	01600	MEDICAL RECORDS & LIBRARY	183,051	1,416	0	0	1,331,337
17.00	01700	SOCIAL SERVICE	30,509	774	0	0	305,047
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	603,391	23,970	751,775	138,814	9,762,939
31.00	03100	INTENSIVE CARE UNIT	91,526	7,426	136,216	36,844	2,286,958
43.00	04300	NURSERY	0	0	110,352	5,703	762,381
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	213,560	111,315	0	260,952	6,511,242
51.00	05100	RECOVERY ROOM	0	8,141	0	28,569	945,275
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,912	377,173
53.00	05300	ANESTHESIOLOGY	0	6,351	0	32,193	69,447
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,712	17,730	0	157,729	3,061,262
54.01	05401	ULTRASOUND	0	1,956	0	33,946	388,361
55.00	05500	RADIOLOGY-THERAPEUTIC	33,898	10,854	0	48,340	875,066
57.00	05700	CT SCAN	0	9,682	0	199,581	1,175,653
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,369	0	27,855	675,212
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	230,509	121,046	0	328,766	6,543,418
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	122,034	4,785	0	58,226	1,179,154
65.01	03950	SLEEP CLINIC	0	117	0	6,340	213,211
66.00	06600	PHYSICAL THERAPY	74,577	1,749	0	60,441	2,173,496
67.00	06700	OCCUPATIONAL THERAPY	0	453	0	9,445	370,752
68.00	06800	SPEECH PATHOLOGY	0	146	0	5,960	249,241
69.00	06900	ELECTROCARDIOLOGY	0	2,234	0	67,356	1,198,033
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,287	1,717,516
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	175,154	0	11,263	471,796
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	106,503	2,369,116
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	115,255	13,425	0	179,347	2,881,957
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	138,984	2,890	0	11,700	1,604,811
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	5,093	0	13,974	671,071
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,918,653	622,923	998,343	1,861,046	68,101,905
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7	0	0	88,423
192.00	19200	PHYSICIANS' PRIVATE OFFICES	433,900	970	0	0	806,678
192.01	19201	PHYSICIAN CLINIC	30,509	28	0	0	131,647
192.02	19202	LIFELINE	0	0	0	0	16,076
192.03	19203	CREDIT UNION	0	0	0	0	3,107
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
192.05	19205	HOSPITALIST	13,559	39	0	0	1,233,253
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0
194.01	07951	MARKETING	3,390	595	0	0	391,704
194.02	07953	OCCUPATIONAL HEALTH	0	178	0	467	230,251
194.03	07952	PATHS EDUCATION	0	11	0	0	49,615
194.04	07954	FOUNDATION	0	751	0	0	189,996
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,400,011	625,502	998,343	1,861,513	71,242,655

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5,338,366				5.06	
7.00	00700	OPERATION OF PLANT	410,661	5,480,419			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	39,627	49,949	578,787		8.00	
9.00	00900	HOUSEKEEPING	115,786	36,960	21,418	1,603,585	9.00	
10.00	01000	DIETARY	57,736	125,501	3,983	37,314	937,312	10.00
11.00	01100	CAFETERIA	73,413	89,012	9,293	26,465	0	11.00
13.00	01300	NURSING ADMINISTRATION	91,964	18,825	0	5,597	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	60,543	222,388	4,875	66,120	0	14.00
15.00	01500	PHARMACY	170,298	55,723	0	16,567	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	107,841	150,821	0	44,842	0	16.00
17.00	01700	SOCIAL SERVICE	24,709	18,292	0	5,438	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	790,803	1,922,084	222,768	571,472	631,532	30.00
31.00	03100	INTENSIVE CARE UNIT	185,248	232,177	39,003	69,030	64,404	31.00
43.00	04300	NURSERY	61,754	12,550	0	3,731	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	527,424	809,044	55,125	240,543	0	50.00
51.00	05100	RECOVERY ROOM	76,569	36,489	0	10,849	1,348	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,552	15,813	0	4,702	0	52.00
53.00	05300	ANESTHESIOLOGY	5,625	502	0	149	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	247,968	367,938	33,496	109,394	0	54.00
54.01	05401	ULTRASOUND	31,458	19,453	11,038	5,784	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	70,882	36,238	4,929	10,774	0	55.00
57.00	05700	CT SCAN	95,230	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	54,694	25,194	0	7,491	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	530,030	210,842	322	62,687	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	95,514	36,521	10,704	10,858	0	65.00
65.01	03950	SLEEP CLINIC	17,271	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	176,058	237,323	20,232	70,560	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,032	24,912	1,502	7,407	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,189	13,303	0	3,955	0	68.00
69.00	06900	ELECTROCARDIOLOGY	97,043	104,919	2,580	31,194	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	139,122	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,216	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,903	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	233,444	303,838	120,246	90,337	18,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	129,993	96,793	0	28,778	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	54,358	9,883	0	2,938	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,083,958	5,283,287	561,514	1,544,976	716,131	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,162	76,556	0	22,761	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,343	0	549	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	10,664	53,338	0	15,858	0	192.01
192.02	19202	LIFELINE	1,302	32,819	0	9,758	0	192.02
192.03	19203	CREDIT UNION	252	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	99,896	10,260	0	3,050	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	16,724	0	221,181	194.00
194.01	07951	MARKETING	31,729	22,590	0	6,716	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	18,651	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	4,019	0	0	0	0	194.03
194.04	07954	FOUNDATION	15,390	1,569	0	466	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,338,366	5,480,419	578,787	1,603,585	937,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,104,493					11.00
13.00	01300	25,987	1,277,699				13.00
14.00	01400	21,038	48,132	1,170,516			14.00
15.00	01500	50,687	0	0	2,395,665		15.00
16.00	01600	48,342	0	0	0	1,683,183	16.00
17.00	01700	9,395	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	257,380	588,863	0	0	121,361	30.00
31.00	03100	60,369	138,120	0	0	33,599	31.00
43.00	04300	19,226	43,988	0	0	5,201	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	90,223	206,423	0	0	237,964	50.00
51.00	05100	23,704	54,233	0	0	26,052	51.00
52.00	05200	10,604	24,262	0	0	13,238	52.00
53.00	05300	0	0	0	0	29,357	53.00
54.00	05400	71,626	0	0	0	143,835	54.00
54.01	05401	9,450	0	0	0	30,956	54.01
55.00	05500	17,573	0	0	0	44,082	55.00
57.00	05700	0	0	0	0	181,999	57.00
58.00	05800	0	0	0	0	25,083	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	137,137	0	0	0	299,755	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	34,646	0	0	0	52,283	65.00
65.01	03950	0	0	0	0	5,782	65.01
66.00	06600	66,884	0	0	0	55,117	66.00
67.00	06700	8,654	0	0	0	8,613	67.00
68.00	06800	5,796	0	0	0	5,435	68.00
69.00	06900	35,010	0	0	0	54,267	69.00
71.00	07100	0	0	1,170,516	0	14,852	71.00
72.00	07200	0	0	0	0	10,271	72.00
73.00	07300	0	0	0	2,395,665	97,121	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	75,911	173,678	0	0	163,548	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	0	10,669	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	0	0	12,743	116.00
118.00		1,079,642	1,277,699	1,170,516	2,395,665	1,683,183	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	5,960	0	0	0	0	190.00
192.00	19200	2,799	0	0	0	0	192.00
192.01	19201	3,210	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	6,048	0	0	0	0	194.01
194.02	07953	6,834	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,104,493	1,277,699	1,170,516	2,395,665	1,683,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	01160					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00591					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700	362,881				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	344,066	15,213,268	0	15,213,268	30.00
31.00	03100	11,682	3,120,590	0	3,120,590	31.00
43.00	04300	0	908,831	0	908,831	43.00
44.00	04400	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	1,353	8,679,341	0	8,679,341	50.00
51.00	05100	369	1,174,888	0	1,174,888	51.00
52.00	05200	0	476,344	0	476,344	52.00
53.00	05300	0	105,080	0	105,080	53.00
54.00	05400	0	4,035,519	0	4,035,519	54.00
54.01	05401	0	496,500	0	496,500	54.01
55.00	05500	0	1,059,544	0	1,059,544	55.00
57.00	05700	0	1,452,882	0	1,452,882	57.00
58.00	05800	0	787,674	0	787,674	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	7,784,191	0	7,784,191	60.00
60.01	06001	0	0	0	0	60.01
65.00	06500	0	1,419,680	0	1,419,680	65.00
65.01	03950	0	236,264	0	236,264	65.01
66.00	06600	0	2,799,670	0	2,799,670	66.00
67.00	06700	0	451,872	0	451,872	67.00
68.00	06800	0	297,919	0	297,919	68.00
69.00	06900	0	1,523,046	0	1,523,046	69.00
71.00	07100	0	3,042,006	0	3,042,006	71.00
72.00	07200	0	520,283	0	520,283	72.00
73.00	07300	0	5,053,805	0	5,053,805	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	5,411	4,067,217	0	4,067,217	91.00
92.00	09200			0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	0	1,871,044	0	1,871,044	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
116.00	11600	0	750,993	0	750,993	116.00
118.00		362,881	67,328,451	0	67,328,451	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	200,862	0	200,862	190.00
192.00	19200	0	875,369	0	875,369	192.00
192.01	19201	0	214,717	0	214,717	192.01
192.02	19202	0	59,955	0	59,955	192.02
192.03	19203	0	3,359	0	3,359	192.03
192.04	19204	0	0	0	0	192.04
192.05	19205	0	1,346,459	0	1,346,459	192.05
194.00	07950	0	237,905	0	237,905	194.00
194.01	07951	0	458,787	0	458,787	194.01
194.02	07953	0	255,736	0	255,736	194.02
194.03	07952	0	53,634	0	53,634	194.03
194.04	07954	0	207,421	0	207,421	194.04
200.00			0	0	0	200.00
201.00		0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/29/2019 4:06 pm	
Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118 through 201)	17.00 362,881	24.00 71,242,655	25.00 0	26.00 71,242,655		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	25,402	13,692	39,094	4.00
5.01 01160	COMMUNICATIONS	0	4,018	2,166	6,184	5.01
5.02 00550	DATA PROCESSING	0	38,499	20,752	59,251	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	84,466	45,529	129,995	5.03
5.04 00570	ADMITTING	0	45,663	24,613	70,276	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	8,961	4,830	13,791	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	157,870	85,096	242,966	5.06
7.00 00700	OPERATION OF PLANT	0	1,289,797	695,235	1,985,032	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,040	11,341	32,381	8.00
9.00 00900	HOUSEKEEPING	0	15,569	8,392	23,961	9.00
10.00 01000	DIETARY	0	52,866	28,496	81,362	10.00
11.00 01100	CAFETERIA	0	37,495	20,211	57,706	11.00
13.00 01300	NURSING ADMINISTRATION	0	7,930	4,274	12,204	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	93,678	50,495	144,173	14.00
15.00 01500	PHARMACY	0	23,472	12,652	36,124	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	63,531	34,245	97,776	16.00
17.00 01700	SOCIAL SERVICE	0	7,705	4,153	11,858	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	809,648	436,421	1,246,069	30.00
31.00 03100	INTENSIVE CARE UNIT	0	97,801	52,717	150,518	31.00
43.00 04300	NURSERY	0	5,287	2,850	8,137	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	340,797	183,698	524,495	50.00
51.00 05100	RECOVERY ROOM	0	15,371	8,285	23,656	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,661	3,590	10,251	52.00
53.00 05300	ANESTHESIOLOGY	0	211	114	325	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	154,988	83,543	238,531	54.00
54.01 05401	ULTRASOUND	0	8,194	4,417	12,611	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	15,265	8,228	23,493	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,613	5,721	16,334	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	88,814	47,873	136,687	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	15,384	8,292	23,676	65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	99,969	53,886	153,855	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,494	5,656	16,150	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,604	3,021	8,625	68.00
69.00 06900	ELECTROCARDIOLOGY	0	44,196	23,823	68,019	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	127,987	68,988	196,975	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	40,773	21,977	62,750	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	4,163	2,244	6,407	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,880,182	2,091,516	5,971,698	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,248	0	32,248	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	PHYSICIAN CLINIC	0	22,468	0	22,468	192.01
192.02 19202	LIFELINE	0	13,824	0	13,824	192.02
192.03 19203	CREDIT UNION	0	0	0	0	192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05 19205	HOSPITALIST	0	4,322	2,330	6,652	192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01 07951	MARKETING	0	9,516	5,129	14,645	194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	0	0	194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	194.03
194.04 07954	FOUNDATION	0	661	356	1,017	194.04
200.00	Cross Foot Adjustments				0	200.00



Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	3,963,221	2,099,331	6,062,552	39,094	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 4:06 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	6,322					5.01
5.02	00550	DATA PROCESSING	277	60,990				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	65	730	131,085			5.03
5.04	00570	ADMINISTRATIVE	97	2,007	627	73,684		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	296	3,162	196	0	18,320	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	222	3,284	2,729	0	0	5.06
7.00	00700	OPERATION OF PLANT	296	851	2,078	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14	0	2,733	0	0	8.00
9.00	00900	HOUSEKEEPING	92	304	1,988	0	0	9.00
10.00	01000	DIETARY	37	1,946	1,396	0	0	10.00
11.00	01100	CAFETERIA	92	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	111	1,034	282	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	92	1,277	6,393	0	0	14.00
15.00	01500	PHARMACY	190	1,885	1,035	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	384	3,284	297	0	0	16.00
17.00	01700	SOCIAL SERVICE	79	547	162	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	758	10,823	5,023	55,485	1,363	30.00
31.00	03100	INTENSIVE CARE UNIT	92	1,642	1,556	10,054	362	31.00
43.00	04300	NURSERY	0	0	0	8,145	56	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	319	3,831	23,327	0	2,563	50.00
51.00	05100	RECOVERY ROOM	102	0	1,706	0	281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	146	52.00
53.00	05300	ANESTHESIOLOGY	32	0	1,331	0	316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	356	2,919	3,716	0	1,549	54.00
54.01	05401	ULTRASOUND	9	0	410	0	333	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	46	608	2,274	0	475	55.00
57.00	05700	CT SCAN	0	0	2,029	0	1,960	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	706	0	274	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	203	4,135	25,367	0	3,264	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	185	2,189	1,003	0	572	65.00
65.01	03950	SLEEP CLINIC	0	0	24	0	62	65.01
66.00	06600	PHYSICAL THERAPY	97	1,338	367	0	594	66.00
67.00	06700	OCCUPATIONAL THERAPY	65	0	95	0	93	67.00
68.00	06800	SPEECH PATHOLOGY	18	0	31	0	59	68.00
69.00	06900	ELECTROCARDIOLOGY	65	0	468	0	662	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	36,711	0	111	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,046	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	185	2,067	2,813	0	1,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	28	2,493	606	0	115	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,067	0	137	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,904	52,356	130,546	73,684	18,315	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14	0	1	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,238	7,783	203	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	55	547	6	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	0	192.02
192.03	19203	CREDIT UNION	65	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	243	8	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	14	61	125	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	32	0	37	0	5	194.02
194.03	07952	PATHS EDUCATION	0	0	2	0	0	194.03
194.04	07954	FOUNDATION	0	0	157	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,322	60,990	131,085	73,684	18,320	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591	252,304					5.06
7.00	00700	19,407	2,008,823				7.00
8.00	00800	1,873	18,309	55,467			8.00
9.00	00900	5,472	13,548	2,053	48,344		9.00
10.00	01000	2,729	46,002	382	1,125	135,305	10.00
11.00	01100	3,469	32,627	891	798	0	11.00
13.00	01300	4,346	6,900	0	169	0	13.00
14.00	01400	2,861	81,515	467	1,993	0	14.00
15.00	01500	8,048	20,425	0	499	0	15.00
16.00	01600	5,096	55,283	0	1,352	0	16.00
17.00	01700	1,168	6,705	0	164	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	37,395	704,530	21,346	17,231	91,164	30.00
31.00	03100	8,754	85,104	3,738	2,081	9,297	31.00
43.00	04300	2,918	4,600	0	112	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	24,925	296,551	5,283	7,252	0	50.00
51.00	05100	3,619	13,375	0	327	195	51.00
52.00	05200	1,444	5,796	0	142	0	52.00
53.00	05300	266	184	0	4	0	53.00
54.00	05400	11,719	134,866	3,210	3,298	0	54.00
54.01	05401	1,487	7,130	1,058	174	0	54.01
55.00	05500	3,350	13,283	472	325	0	55.00
57.00	05700	4,500	0	0	0	0	57.00
58.00	05800	2,585	9,235	0	226	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	25,048	77,283	31	1,890	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	4,514	13,387	1,026	327	0	65.00
65.01	03950	816	0	0	0	0	65.01
66.00	06600	8,320	86,990	1,939	2,127	0	66.00
67.00	06700	1,419	9,131	144	223	0	67.00
68.00	06800	954	4,876	0	119	0	68.00
69.00	06900	4,586	38,458	247	940	0	69.00
71.00	07100	6,575	0	0	0	0	71.00
72.00	07200	1,806	0	0	0	0	72.00
73.00	07300	9,069	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	11,032	111,371	11,524	2,723	2,721	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	6,143	35,479	0	868	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	2,569	3,623	0	89	0	116.00
118.00		240,282	1,936,566	53,811	46,578	103,377	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	338	28,061	0	686	0	190.00
192.00	19200	3,088	0	53	0	0	192.00
192.01	19201	504	19,551	0	478	0	192.01
192.02	19202	62	12,029	0	294	0	192.02
192.03	19203	12	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	4,721	3,761	0	92	0	192.05
194.00	07950	0	0	1,603	0	31,928	194.00
194.01	07951	1,499	8,280	0	202	0	194.01
194.02	07953	881	0	0	0	0	194.02
194.03	07952	190	0	0	0	0	194.03
194.04	07954	727	575	0	14	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		252,304	2,008,823	55,467	48,344	135,305	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	96,351					11.00
13.00	01300	2,267	28,273				13.00
14.00	01400	1,835	1,065	241,984			14.00
15.00	01500	4,422	0	0	74,323		15.00
16.00	01600	4,217	0	0	0	168,545	16.00
17.00	01700	820	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	22,453	13,031	0	0	12,146	30.00
31.00	03100	5,266	3,056	0	0	3,363	31.00
43.00	04300	1,677	973	0	0	520	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,871	4,568	0	0	23,815	50.00
51.00	05100	2,068	1,200	0	0	2,607	51.00
52.00	05200	925	537	0	0	1,325	52.00
53.00	05300	0	0	0	0	2,938	53.00
54.00	05400	6,248	0	0	0	14,395	54.00
54.01	05401	824	0	0	0	3,098	54.01
55.00	05500	1,533	0	0	0	4,412	55.00
57.00	05700	0	0	0	0	18,214	57.00
58.00	05800	0	0	0	0	2,510	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	11,963	0	0	0	30,093	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	3,022	0	0	0	5,232	65.00
65.01	03950	0	0	0	0	579	65.01
66.00	06600	5,835	0	0	0	5,516	66.00
67.00	06700	755	0	0	0	862	67.00
68.00	06800	506	0	0	0	544	68.00
69.00	06900	3,054	0	0	0	5,431	69.00
71.00	07100	0	0	241,984	0	1,486	71.00
72.00	07200	0	0	0	0	1,028	72.00
73.00	07300	0	0	0	74,323	9,720	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	6,622	3,843	0	0	16,368	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	0	1,068	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	0	0	1,275	116.00
118.00		94,183	28,273	241,984	74,323	168,545	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	520	0	0	0	0	190.00
192.00	19200	244	0	0	0	0	192.00
192.01	19201	280	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	528	0	0	0	0	194.01
194.02	07953	596	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		96,351	28,273	241,984	74,323	168,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 4:06 pm		
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
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 SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	21,734			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	20,607	2,265,386	0	2,265,386
31.00	03100	INTENSIVE CARE UNIT	700	287,182	0	287,182
43.00	04300	NURSERY	0	27,644	0	27,644
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	81	927,007	0	927,007
51.00	05100	RECOVERY ROOM	22	49,836	0	49,836
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,845	0	20,845
53.00	05300	ANESTHESIOLOGY	0	5,396	0	5,396
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	422,472	0	422,472
54.01	05401	ULTRASOUND	0	27,416	0	27,416
55.00	05500	RADIOLOGY-THERAPEUTIC	0	50,816	0	50,816
57.00	05700	CT SCAN	0	27,354	0	27,354
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	32,188	0	32,188
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	318,635	0	318,635
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	56,011	0	56,011
65.01	03950	SLEEP CLINIC	0	1,481	0	1,481
66.00	06600	PHYSICAL THERAPY	0	268,640	0	268,640
67.00	06700	OCCUPATIONAL THERAPY	0	29,250	0	29,250
68.00	06800	SPEECH PATHOLOGY	0	15,949	0	15,949
69.00	06900	ELECTROCARDIOLOGY	0	122,836	0	122,836
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	250,205	0	250,205
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	39,656	0	39,656
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,158	0	94,158
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	324	372,172	0	372,172
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	0	110,687	0	110,687
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	15,460	0	15,460
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,734	5,838,682	0	5,838,682
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	61,920	0	61,920
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,673	0	12,673
192.01	19201	PHYSICIAN CLINIC	0	43,927	0	43,927
192.02	19202	LIFELINE	0	26,209	0	26,209
192.03	19203	CREDIT UNION	0	77	0	77
192.04	19204	BREAST MRI STUDY	0	0	0	0
192.05	19205	HOSPITALIST	0	15,477	0	15,477
194.00	07950	COMMUNITY MENTAL HEALTH	0	33,531	0	33,531
194.01	07951	MARKETING	0	25,526	0	25,526
194.02	07953	OCCUPATIONAL HEALTH	0	1,718	0	1,718
194.03	07952	PATHS EDUCATION	0	192	0	192
194.04	07954	FOUNDATION	0	2,620	0	2,620
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 4:06 pm	
Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118 through 201)	21,734	6,062,552	25.00	6,062,552		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	299,872				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		294,686			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,922	1,922	32,152,083		4.00
5.01 01160	COMMUNICATIONS	304	304	113,520	1,367	5.01
5.02 00550	DATA PROCESSING	2,913	2,913	1,202,583	60	1,003 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,391	6,391	242,593	14	12 5.03
5.04 00570	ADMINISTRATIVE	3,455	3,455	556,391	21	33 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	678	678	719,575	64	52 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	11,945	11,945	2,551,646	48	54 5.06
7.00 00700	OPERATION OF PLANT	97,591	97,591	952,934	64	14 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,592	1,592	128,926	3	0 8.00
9.00 00900	HOUSEKEEPING	1,178	1,178	761,230	20	5 9.00
10.00 01000	DIETARY	4,000	4,000	268,141	8	32 10.00
11.00 01100	CAFETERIA	2,837	2,837	631,358	20	0 11.00
13.00 01300	NURSING ADMINISTRATION	600	600	789,660	24	17 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	7,088	7,088	257,201	20	21 14.00
15.00 01500	PHARMACY	1,776	1,776	1,393,692	41	31 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	703,543	83	54 16.00
17.00 01700	SOCIAL SERVICE	583	583	190,347	17	9 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	61,261	61,261	4,908,540	164	178 30.00
31.00 03100	INTENSIVE CARE UNIT	7,400	7,400	1,314,703	20	27 31.00
43.00 04300	NURSERY	400	400	415,936	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	25,786	25,786	1,748,250	69	63 50.00
51.00 05100	RECOVERY ROOM	1,163	1,163	557,534	22	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	504	504	229,421	0	0 52.00
53.00 05300	ANESTHESIOLOGY	16	16	0	7	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,727	11,727	1,369,057	77	48 54.00
54.01 05401	ULTRASOUND	620	620	231,704	2	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,155	1,155	448,024	10	10 55.00
57.00 05700	CT SCAN	0	0	535,228	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	803	803	261,331	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	6,720	6,720	2,196,776	44	68 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	1,164	1,164	721,675	40	36 65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	7,564	7,564	1,366,432	21	22 66.00
67.00 06700	OCCUPATIONAL THERAPY	794	794	257,255	14	0 67.00
68.00 06800	SPEECH PATHOLOGY	424	424	178,291	4	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,344	3,344	745,358	14	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	9,684	9,684	1,514,592	40	34 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	3,085	3,085	934,795	6	41 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	315	315	241,182	0	0 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	293,589	293,589	31,639,424	1,061	861 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	42,939	3	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	52,982	267	128 192.00
192.01 19201	PHYSICIAN CLINIC	1,700	0	31,364	12	9 192.01
192.02 19202	LIFELINE	1,046	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	0	0	14	0 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	327	327	0	0	4 192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	720	720	141,157	3	1 194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	137,707	7	0 194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	0 194.03
194.04 07954	FOUNDATION	50	50	106,510	0	0 194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,963,221	2,099,331	9,337,860	303,342	3,400,011	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.216376	7.123959	0.290428	221.903438	3,389.841476	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			39,094	6,322	60,990	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001216	4.624726	60.807577	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: 15-0086

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (ADMINISTRATIVE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,529,461					5.03
5.04	00570	ADMINITTING	40,778	3,474				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	12,736	0	190,459,104			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	177,590	0	0	-5,338,366	65,904,289	5.06
7.00	00700	OPERATION OF PLANT	135,240	0	0	0	5,069,758	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177,859	0	0	0	489,211	8.00
9.00	00900	HOUSEKEEPING	129,383	0	0	0	1,429,421	9.00
10.00	01000	DIETARY	90,813	0	0	0	712,778	10.00
11.00	01100	CAFETERIA	0	0	0	0	906,310	11.00
13.00	01300	NURSING ADMINISTRATION	18,358	0	0	0	1,135,326	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	415,995	0	0	0	747,420	14.00
15.00	01500	PHARMACY	67,332	0	0	0	2,102,390	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,310	0	0	0	1,331,337	16.00
17.00	01700	SOCIAL SERVICE	10,548	0	0	0	305,047	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	326,854	2,616	14,202,357	0	9,762,939	30.00
31.00	03100	INTENSIVE CARE UNIT	101,260	474	3,769,628	0	2,286,958	31.00
43.00	04300	NURSERY	0	384	583,483	0	762,381	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,517,923	0	26,698,568	0	6,511,242	50.00
51.00	05100	RECOVERY ROOM	111,014	0	2,922,954	0	945,275	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,525,717	0	377,173	52.00
53.00	05300	ANESTHESIOLOGY	86,604	0	3,293,716	0	69,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	241,771	0	16,137,612	0	3,061,262	54.00
54.01	05401	ULTRASOUND	26,672	0	3,473,103	0	388,361	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	148,001	0	4,945,818	0	875,066	55.00
57.00	05700	CT SCAN	132,032	0	20,419,541	0	1,175,653	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	45,943	0	2,849,917	0	675,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,650,608	0	33,640,368	0	6,543,418	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	65,250	0	5,957,209	0	1,179,154	65.00
65.01	03950	SLEEP CLINIC	1,589	0	648,694	0	213,211	65.01
66.00	06600	PHYSICAL THERAPY	23,851	0	6,183,844	0	2,173,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,182	0	966,346	0	370,752	67.00
68.00	06800	SPEECH PATHOLOGY	1,997	0	609,786	0	249,241	68.00
69.00	06900	ELECTROCARDIOLOGY	30,462	0	6,891,322	0	1,198,033	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,666,366	0	1,717,516	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,388,424	0	1,152,316	0	471,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,896,567	0	2,369,116	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	183,061	0	18,349,356	0	2,881,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	39,412	0	1,197,022	0	1,604,811	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	69,451	0	1,429,734	0	671,071	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,494,303	3,474	190,411,344	-5,338,366	62,763,539	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	92	0	0	0	88,423	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,224	0	0	0	806,678	192.00
192.01	19201	PHYSICIAN CLINIC	377	0	0	0	131,647	192.01
192.02	19202	LIFELINE	0	0	0	0	16,076	192.02
192.03	19203	CREDIT UNION	0	0	0	0	3,107	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	532	0	0	0	1,233,253	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	8,115	0	0	0	391,704	194.01
194.02	07953	OCCUPATIONAL HEALTH	2,424	0	47,760	0	230,251	194.02
194.03	07952	PATHS EDUCATION	152	0	0	0	49,615	194.03
194.04	07954	FOUNDATION	10,242	0	0	0	189,996	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	625,502	998,343	1,861,513		5,338,366	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.073334	287.375648	0.009774		0.081002	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	131,085	73,684	18,320		252,304	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.015368	21.210132	0.000096		0.003828	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: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	174,673				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	514,152			8.00
9.00	00900	HOUSEKEEPING	1,178	19,026	171,903		9.00
10.00	01000	DIETARY	4,000	3,538	4,000	41,725	10.00
11.00	01100	CAFETERIA	2,837	8,255	2,837	0	761,686
13.00	01300	NURSING ADMINISTRATION	600	0	600	0	17,921
14.00	01400	CENTRAL SERVICE & SUPPLY	7,088	4,331	7,088	0	14,508
15.00	01500	PHARMACY	1,776	0	1,776	0	34,955
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	33,338
17.00	01700	SOCIAL SERVICE	583	0	583	0	6,479
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	61,261	197,891	61,261	28,113	177,495
31.00	03100	INTENSIVE CARE UNIT	7,400	34,647	7,400	2,867	41,632
43.00	04300	NURSERY	400	0	400	0	13,259
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,786	48,969	25,786	0	62,220
51.00	05100	RECOVERY ROOM	1,163	0	1,163	60	16,347
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	0	504	0	7,313
53.00	05300	ANESTHESIOLOGY	16	0	16	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,727	29,755	11,727	0	49,395
54.01	05401	ULTRASOUND	620	9,805	620	0	6,517
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	4,379	1,155	0	12,119
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,720	286	6,720	0	94,573
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,164	9,509	1,164	0	23,893
65.01	03950	SLEEP CLINIC	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	7,564	17,973	7,564	0	46,125
67.00	06700	OCCUPATIONAL THERAPY	794	1,334	794	0	5,968
68.00	06800	SPEECH PATHOLOGY	424	0	424	0	3,997
69.00	06900	ELECTROCARDIOLOGY	3,344	2,292	3,344	0	24,144
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	9,684	106,818	9,684	839	52,350
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	3,085	0	3,085	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	315	0	315	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	168,390	498,808	165,620	31,879	744,548
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	4,110
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	488	0	0	1,930
192.01	19201	PHYSICIAN CLINIC	1,700	0	1,700	0	2,214
192.02	19202	LIFELINE	1,046	0	1,046	0	0
192.03	19203	CREDIT UNION	0	0	0	0	0
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
192.05	19205	HOSPITALIST	327	0	327	0	0
194.00	07950	COMMUNITY MENTAL HEALTH	0	14,856	0	9,846	0
194.01	07951	MARKETING	720	0	720	0	4,171
194.02	07953	OCCUPATIONAL HEALTH	0	0	0	0	4,713
194.03	07952	PATHS EDUCATION	0	0	0	0	0
194.04	07954	FOUNDATION	50	0	50	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	5,480,419	578,787	1,603,585	937,312	1,104,493	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.375307	1.125712	9.328429	22.464038	1.450063	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,008,823	55,467	48,344	135,305	96,351	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.500478	0.107881	0.281228	3.242780	0.126497	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: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	385,124					13.00
14.00	01400	14,508	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	188,854,787		16.00
17.00	01700	0	0	0	0	2,951	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	177,495	0	0	13,616,139	2,798	30.00
31.00	03100	41,632	0	0	3,769,628	95	31.00
43.00	04300	13,259	0	0	583,483	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	62,220	0	0	26,698,568	11	50.00
51.00	05100	16,347	0	0	2,922,954	3	51.00
52.00	05200	7,313	0	0	1,485,223	0	52.00
53.00	05300	0	0	0	3,293,716	0	53.00
54.00	05400	0	0	0	16,137,612	0	54.00
54.01	05401	0	0	0	3,473,104	0	54.01
55.00	05500	0	0	0	4,945,818	0	55.00
57.00	05700	0	0	0	20,419,540	0	57.00
58.00	05800	0	0	0	2,814,165	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	33,640,368	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	5,865,948	0	65.00
65.01	03950	0	0	0	648,694	0	65.01
66.00	06600	0	0	0	6,183,844	0	66.00
67.00	06700	0	0	0	966,346	0	67.00
68.00	06800	0	0	0	609,786	0	68.00
69.00	06900	0	0	0	6,088,488	0	69.00
71.00	07100	0	100	0	1,666,366	0	71.00
72.00	07200	0	0	0	1,152,317	0	72.00
73.00	07300	0	0	100	10,896,568	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	52,350	0	0	18,349,356	44	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	1,197,022	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	0	1,429,734	0	116.00
118.00		385,124	100	100	188,854,787	2,951	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,277,699	1,170,516	2,395,665	1,683,183	362,881	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.317630	11,705.160000	23,956.650000	0.008913	122.968824	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,273	241,984	74,323	168,545	21,734	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.073413	2,419.840000	743.230000	0.000892	7.364961	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0086

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	15,213,268		15,213,268	0	15,213,268	30.00
31.00	03100 INTENSIVE CARE UNIT	3,120,590		3,120,590	0	3,120,590	31.00
43.00	04300 NURSERY	908,831		908,831	0	908,831	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	8,679,341		8,679,341	0	8,679,341	50.00
51.00	05100 RECOVERY ROOM	1,174,888		1,174,888	0	1,174,888	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	476,344		476,344	0	476,344	52.00
53.00	05300 ANESTHESIOLOGY	105,080		105,080	0	105,080	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,035,519		4,035,519	0	4,035,519	54.00
54.01	05401 ULTRASOUND	496,500		496,500	0	496,500	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,059,544		1,059,544	0	1,059,544	55.00
57.00	05700 CT SCAN	1,452,882		1,452,882	0	1,452,882	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	787,674		787,674	0	787,674	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	7,784,191		7,784,191	99,663	7,883,854	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,419,680	0	1,419,680	0	1,419,680	65.00
65.01	03950 SLEEP CLINIC	236,264	0	236,264	0	236,264	65.01
66.00	06600 PHYSICAL THERAPY	2,799,670	0	2,799,670	0	2,799,670	66.00
67.00	06700 OCCUPATIONAL THERAPY	451,872	0	451,872	0	451,872	67.00
68.00	06800 SPEECH PATHOLOGY	297,919	0	297,919	0	297,919	68.00
69.00	06900 ELECTROCARDIOLOGY	1,523,046		1,523,046	0	1,523,046	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,042,006		3,042,006	0	3,042,006	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	520,283		520,283	0	520,283	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,053,805		5,053,805	0	5,053,805	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	4,067,217		4,067,217	59,212	4,126,429	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,263,642		2,263,642		2,263,642	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY	1,871,044		1,871,044		1,871,044	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	750,993		750,993		750,993	116.00
200.00	Subtotal (see instructions)	69,592,093	0	69,592,093	158,875	69,750,968	200.00
201.00	Less Observation Beds	2,263,642		2,263,642		2,263,642	201.00
202.00	Total (see instructions)	67,328,451	0	67,328,451	158,875	67,487,326	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/29/2019 4:06 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	11,790,591		11,790,591				30.00
31.00	03100	INTENSIVE CARE UNIT	3,769,628		3,769,628				31.00
43.00	04300	NURSERY	583,483		583,483				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	9,133,108	17,565,460	26,698,568	0.325086	0.000000		50.00
51.00	05100	RECOVERY ROOM	555,625	2,367,329	2,922,954	0.401952	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,384,948	100,275	1,485,223	0.320722	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,148,714	2,145,002	3,293,716	0.031903	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,181,856	13,955,756	16,137,612	0.250069	0.000000		54.00
54.01	05401	ULTRASOUND	291,436	3,181,668	3,473,104	0.142956	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,087,288	2,858,530	4,945,818	0.214230	0.000000		55.00
57.00	05700	CT SCAN	4,102,738	16,316,802	20,419,540	0.071152	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	272,476	2,541,689	2,814,165	0.279896	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	7,463,254	26,177,114	33,640,368	0.231394	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	4,875,507	990,441	5,865,948	0.242021	0.000000		65.00
65.01	03950	SLEEP CLINIC	0	648,694	648,694	0.364215	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	1,025,665	5,158,179	6,183,844	0.452739	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	451,167	515,179	966,346	0.467609	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	183,978	425,808	609,786	0.488563	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,710,285	4,378,203	6,088,488	0.250152	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,126,144	540,222	1,666,366	1.825533	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	761,607	390,710	1,152,317	0.451510	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,972,792	3,923,776	10,896,568	0.463798	0.000000		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	3,322,804	15,026,552	18,349,356	0.221654	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	200,000	1,625,548	1,825,548	1.239979	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
101.00	10100	HOME HEALTH AGENCY	0	1,197,022	1,197,022				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	1,429,734	1,429,734				116.00
200.00		Subtotal (see instructions)	65,395,094	123,459,693	188,854,787				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	65,395,094	123,459,693	188,854,787				202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.325086	50.00
51.00	05100	RECOVERY ROOM	0.401952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320722	52.00
53.00	05300	ANESTHESIOLOGY	0.031903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250069	54.00
54.01	05401	ULTRASOUND	0.142956	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.214230	55.00
57.00	05700	CT SCAN	0.071152	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.279896	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.234357	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.242021	65.00
65.01	03950	SLEEP CLINIC	0.364215	65.01
66.00	06600	PHYSICAL THERAPY	0.452739	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.467609	67.00
68.00	06800	SPEECH PATHOLOGY	0.488563	68.00
69.00	06900	ELECTROCARDIOLOGY	0.250152	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.825533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.451510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.463798	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	0.224881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239979	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
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: 15-0086

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		15,213,268	0	15,213,268	30.00	
31.00	03100 INTENSIVE CARE UNIT		3,120,590	0	3,120,590	31.00	
43.00	04300 NURSERY		908,831	0	908,831	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		8,679,341	0	8,679,341	50.00	
51.00	05100 RECOVERY ROOM		1,174,888	0	1,174,888	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		476,344	0	476,344	52.00	
53.00	05300 ANESTHESIOLOGY		105,080	0	105,080	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,035,519	0	4,035,519	54.00	
54.01	05401 ULTRASOUND		496,500	0	496,500	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC		1,059,544	0	1,059,544	55.00	
57.00	05700 CT SCAN		1,452,882	0	1,452,882	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		787,674	0	787,674	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		7,784,191	99,663	7,883,854	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	1,419,680	0	1,419,680	65.00	
65.01	03950 SLEEP CLINIC	0	236,264	0	236,264	65.01	
66.00	06600 PHYSICAL THERAPY	0	2,799,670	0	2,799,670	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	451,872	0	451,872	67.00	
68.00	06800 SPEECH PATHOLOGY	0	297,919	0	297,919	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,523,046	0	1,523,046	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,042,006	0	3,042,006	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		520,283	0	520,283	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		5,053,805	0	5,053,805	73.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY		4,067,217	59,212	4,126,429	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,263,642	0	2,263,642	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY		1,871,044	0	1,871,044	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		750,993		750,993	116.00	
200.00	Subtotal (see instructions)		69,592,093	158,875	69,750,968	200.00	
201.00	Less Observation Beds		2,263,642		2,263,642	201.00	
202.00	Total (see instructions)		67,328,451	158,875	67,487,326	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0086

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,790,591		11,790,591		30.00
31.00	03100	INTENSIVE CARE UNIT	3,769,628		3,769,628		31.00
43.00	04300	NURSERY	583,483		583,483		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,133,108	17,565,460	26,698,568	0.325086	50.00
51.00	05100	RECOVERY ROOM	555,625	2,367,329	2,922,954	0.401952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,384,948	100,275	1,485,223	0.320722	52.00
53.00	05300	ANESTHESIOLOGY	1,148,714	2,145,002	3,293,716	0.031903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,181,856	13,955,756	16,137,612	0.250069	54.00
54.01	05401	ULTRASOUND	291,436	3,181,668	3,473,104	0.142956	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,087,288	2,858,530	4,945,818	0.214230	55.00
57.00	05700	CT SCAN	4,102,738	16,316,802	20,419,540	0.071152	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	272,476	2,541,689	2,814,165	0.279896	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	7,463,254	26,177,114	33,640,368	0.231394	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,875,507	990,441	5,865,948	0.242021	65.00
65.01	03950	SLEEP CLINIC	0	648,694	648,694	0.364215	65.01
66.00	06600	PHYSICAL THERAPY	1,025,665	5,158,179	6,183,844	0.452739	66.00
67.00	06700	OCCUPATIONAL THERAPY	451,167	515,179	966,346	0.467609	67.00
68.00	06800	SPEECH PATHOLOGY	183,978	425,808	609,786	0.488563	68.00
69.00	06900	ELECTROCARDIOLOGY	1,710,285	4,378,203	6,088,488	0.250152	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,126,144	540,222	1,666,366	1.825533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	761,607	390,710	1,152,317	0.451510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,972,792	3,923,776	10,896,568	0.463798	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	3,322,804	15,026,552	18,349,356	0.221654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	200,000	1,625,548	1,825,548	1.239979	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	1,197,022	1,197,022		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,429,734	1,429,734		116.00
200.00		Subtotal (see instructions)	65,395,094	123,459,693	188,854,787		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	65,395,094	123,459,693	188,854,787		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 4:06 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	05401	ULTRASOUND	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	03950	SLEEP CLINIC	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 4:06 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	2,265,386	0	2,265,386	10,202	222.05	30.00
31.00	INTENSIVE CARE UNIT	287,182		287,182	1,928	148.95	31.00
43.00	NURSERY	27,644		27,644	698	39.60	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	2,580,212		2,580,212	12,828		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	4,565	1,013,658				
31.00	INTENSIVE CARE UNIT	924	137,630				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	5,489	1,151,288				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 4:06 pm
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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	927,007	26,698,568	0.034721	3,786,594	131,474	50.00
51.00	05100 RECOVERY ROOM	49,836	2,922,954	0.017050	228,669	3,899	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	20,845	1,485,223	0.014035	0	0	52.00
53.00	05300 ANESTHESIOLOGY	5,396	3,293,716	0.001638	462,695	758	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	422,472	16,137,612	0.026179	1,388,961	36,362	54.00
54.01	05401 ULTRASOUND	27,416	3,473,104	0.007894	118,080	932	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	50,816	4,945,818	0.010275	822,015	8,446	55.00
57.00	05700 CT SCAN	27,354	20,419,540	0.001340	2,565,064	3,437	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	32,188	2,814,165	0.011438	140,778	1,610	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	318,635	33,640,368	0.009472	4,135,281	39,169	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	56,011	5,865,948	0.009548	3,311,624	31,619	65.00
65.01	03950 SLEEP CLINIC	1,481	648,694	0.002283	0	0	65.01
66.00	06600 PHYSICAL THERAPY	268,640	6,183,844	0.043442	637,053	27,675	66.00
67.00	06700 OCCUPATIONAL THERAPY	29,250	966,346	0.030269	291,922	8,836	67.00
68.00	06800 SPEECH PATHOLOGY	15,949	609,786	0.026155	138,326	3,618	68.00
69.00	06900 ELECTROCARDIOLOGY	122,836	6,088,488	0.020175	1,590,429	32,087	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	250,205	1,666,366	0.150150	260,929	39,178	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	39,656	1,152,317	0.034414	41,562	1,430	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	94,158	10,896,568	0.008641	3,975,567	34,353	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	372,172	18,349,356	0.020283	1,887,785	38,290	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	337,077	1,825,548	0.184644	177,472	32,769	92.00
200.00	Total (lines 50 through 199)	3,469,400	170,084,329		25,960,806	475,942	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 4:06 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	10,202	0.00	4,565	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,928	0.00	924	31.00
43.00	04300	NURSERY		0	698	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)		0	12,828		5,489	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:06 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03950	SLEEP CLINIC	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:06 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
		4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	26,698,568	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	2,922,954	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,485,223	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	3,293,716	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,137,612	0.000000	54.00	
54.01	05401	ULTRASOUND	0	0	0	3,473,104	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,945,818	0.000000	55.00	
57.00	05700	CT SCAN	0	0	0	20,419,540	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,814,165	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	33,640,368	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,865,948	0.000000	65.00	
65.01	03950	SLEEP CLINIC	0	0	0	648,694	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	6,183,844	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	966,346	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	609,786	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,088,488	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,666,366	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,152,317	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,896,568	0.000000	73.00	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	18,349,356	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,825,548	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	0	0	170,084,329		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:06 pm
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Cost Center Description		Title XVIII					Hospital	
		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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	3,786,594	0	4,510,003	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	228,669	0	793,144	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	462,695	0	556,613	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,388,961	0	4,350,227	0	54.00
54.01	05401	ULTRASOUND	0.000000	118,080	0	571,658	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	822,015	0	1,692,304	0	55.00
57.00	05700	CT SCAN	0.000000	2,565,064	0	5,278,361	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	140,778	0	753,641	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	4,135,281	0	2,423,270	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	3,311,624	0	492,362	0	65.00
65.01	03950	SLEEP CLINIC	0.000000	0	0	192,657	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	637,053	0	302,341	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	291,922	0	22,211	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	138,326	0	2,047	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,590,429	0	1,627,999	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	260,929	0	40,035	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	41,562	0	147,350	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,975,567	0	1,446,639	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	1,887,785	0	3,219,614	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	177,472	0	1,181,157	0	92.00
200.00		Total (lines 50 through 199)		25,960,806	0	29,603,633	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:06 pm
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		Title XVIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.325086	4,510,003	0	0	1,466,139	50.00
51.00	05100	RECOVERY ROOM	0.401952	793,144	0	0	318,806	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320722	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.031903	556,613	0	0	17,758	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250069	4,350,227	0	0	1,087,857	54.00
54.01	05401	ULTRASOUND	0.142956	571,658	0	0	81,722	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.214230	1,692,304	0	0	362,542	55.00
57.00	05700	CT SCAN	0.071152	5,278,361	0	0	375,566	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.279896	753,641	0	0	210,941	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.231394	2,423,270	0	0	560,730	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.242021	492,362	0	0	119,162	65.00
65.01	03950	SLEEP CLINIC	0.364215	192,657	0	0	70,169	65.01
66.00	06600	PHYSICAL THERAPY	0.452739	302,341	0	0	136,882	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.467609	22,211	0	0	10,386	67.00
68.00	06800	SPEECH PATHOLOGY	0.488563	2,047	0	0	1,000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.250152	1,627,999	0	0	407,247	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.825533	40,035	0	0	73,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.451510	147,350	0	0	66,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.463798	1,446,639	0	1,870	670,948	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.221654	3,219,614	0	0	713,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239979	1,181,157	0	0	1,464,610	92.00
200.00		Subtotal (see instructions)		29,603,633	0	1,870	8,215,720	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		29,603,633	0	1,870	8,215,720	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:06 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
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
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03950	SLEEP CLINIC	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	867	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	867	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	867	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:06 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,202	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,202	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)		8,684	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)		4,565	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
<b>SWING BED ADJUSTMENT</b>				
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)		15,213,268	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)		15,213,268	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		15,213,268	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,491.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,807,328	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)		6,807,328	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:06 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)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units		0	0	0.00	0	0	
43.00	INTENSIVE CARE UNIT	3,120,590	1,928	1,618.56	924	1,495,549	43.00
44.00	CORONARY CARE UNIT						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)					7,744,391	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,047,268	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,151,288	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					475,942	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,627,230	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,420,038	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,518	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,491.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,263,642	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:06 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	2,265,386	15,213,268	0.148909	2,263,642	337,077	90.00
91.00	Nursing School cost	0	15,213,268	0.000000	2,263,642	0	91.00
92.00	Allied health cost	0	15,213,268	0.000000	2,263,642	0	92.00
93.00	All other Medical Education	0	15,213,268	0.000000	2,263,642	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:06 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,202	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,202	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)		8,684	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)		174	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)		698	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		15,213,268	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)		15,213,268	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		15,213,268	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,491.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		259,469	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)		259,469	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:06 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)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
Hospital		908,831	698	1,302.05	0	0	
Cost							
42.00	NURSERY (title V & XIX only)	908,831	698	1,302.05	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,120,590	1,928	1,618.56	0	0	
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					409,482	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					668,951	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
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	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
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	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
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	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
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	
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	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,518	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,491.20	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,263,642	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:06 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	2,265,386	15,213,268	0.148909	2,263,642	337,077	90.00
91.00	Nursing School cost	0	15,213,268	0.000000	2,263,642	0	91.00
92.00	Allied health cost	0	15,213,268	0.000000	2,263,642	0	92.00
93.00	All other Medical Education	0	15,213,268	0.000000	2,263,642	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:06 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		4,156,221		30.00
31.00	03100 INTENSIVE CARE UNIT		1,775,075		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.325086	3,786,594	1,230,969	50.00
51.00	05100 RECOVERY ROOM	0.401952	228,669	91,914	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.320722	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031903	462,695	14,761	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250069	1,388,961	347,336	54.00
54.01	05401 ULTRASOUND	0.142956	118,080	16,880	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.214230	822,015	176,100	55.00
57.00	05700 CT SCAN	0.071152	2,565,064	182,509	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.279896	140,778	39,403	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.234357	4,135,281	969,132	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.242021	3,311,624	801,483	65.00
65.01	03950 SLEEP CLINIC	0.364215	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.452739	637,053	288,419	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.467609	291,922	136,505	67.00
68.00	06800 SPEECH PATHOLOGY	0.488563	138,326	67,581	68.00
69.00	06900 ELECTROCARDIOLOGY	0.250152	1,590,429	397,849	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.825533	260,929	476,335	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.451510	41,562	18,766	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.463798	3,975,567	1,843,860	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.224881	1,887,785	424,527	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.239979	177,472	220,062	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		25,960,806	7,744,391	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)		25,960,806		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:06 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		95,277		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY		41,238		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.325086	9,347	3,039	50.00
51.00	05100 RECOVERY ROOM	0.401952	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.320722	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031903	26,797	855	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250069	6,132	1,533	54.00
54.01	05401 ULTRASOUND	0.142956	12,732	1,820	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.214230	293,356	62,846	55.00
57.00	05700 CT SCAN	0.071152	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.279896	9,522	2,665	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.231394	128,345	29,698	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.242021	5,593	1,354	65.00
65.01	03950 SLEEP CLINIC	0.364215	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.452739	102,655	46,476	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.467609	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.488563	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.250152	99,264	24,831	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.825533	65,674	119,890	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.451510	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.463798	216,694	100,502	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.221654	63,039	13,973	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.239979	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,039,150	409,482	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)		1,039,150		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		8,065,390	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,688,463	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)		117,064	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		81.84	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.36	31.00
32.00	Sum of lines 30 and 31		24.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.29	33.00
34.00	Disproportionate share adjustment (see instructions)		249,759	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000109418	0.000104040	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	740,400	860,711	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	553,778	216,947	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	770,725		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	11,891,401		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		11,891,401	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		889,529	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		12,780,930	59.00
60.00	Primary payer payments		7,522	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		12,773,408	61.00
62.00	Deductibles billed to program beneficiaries		1,302,144	62.00
63.00	Coinurance billed to program beneficiaries		22,780	63.00
64.00	Allowable bad debts (see instructions)		101,842	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		66,197	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		30,277	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,514,681	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)		-56,335	70.93
70.94	HRR adjustment amount (see instructions)		-153,049	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		40,431	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,264,866	71.00
71.01	Sequestration adjustment (see instructions)		225,297	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		11,031,830	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)		7,739	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0086

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2019 4:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,065,390	0	8,065,390		8,065,390	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,688,463	0		2,688,463	2,688,463	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	117,064	0	0	117,064	117,064	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0929	0.0929	0.0929	0.0929		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	249,759	0	187,319	62,440	249,759	11.00
11.01	Uncompensated care payments	36.00	770,725	0	553,778	216,947	770,725	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	11,891,401	0	8,806,487	3,084,914	11,891,401	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,891,401	0	8,806,487	3,084,914	11,891,401	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	889,529	0	-210,628	1,100,157	889,529	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0086

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2019 4:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	8,595,859	4,185,071	12,780,930	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	871,368	0	-219,633	1,091,001	871,368	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	18,161	0	13,583	4,578	18,161	20.01
21.00	Capital DRG outlier payments	2.00	0	0	-4,578	4,578	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	889,529	0	-210,628	1,100,157	889,529	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0086

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2019 4:06 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,065,390	8,065,390		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,688,463		2,688,463	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	117,064	87,798	29,266	117,064	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	0	0	0	0	
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01	
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0929	0.0929	0.0929	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	249,759	187,319	62,440	249,759	
11.01	Uncompensated care payments	36.00	770,725	553,778	216,947	770,725	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	11,891,401	8,894,285	2,997,116	11,891,401	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,891,401	8,894,285	2,997,116	11,891,401	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	889,529	-208,837	1,098,366	889,529	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	
17.01	Net organ acquisition cost					17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			8,685,448	4,095,482	12,780,930	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0086

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2019 4:06 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	871,368	-217,842	1,089,210	871,368	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	18,161	13,583	4,578	18,161	20.01	
21.00	Capital DRG outlier payments	2.00	0	-4,578	4,578	0	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	889,529	-208,837	1,098,366	889,529	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-56,335	-42,251	-14,084	-56,335	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-153,049	-114,787	-38,262	-153,049	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	40,431	40,431	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		867	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,215,720	2.00
3.00	OPPS payments		6,162,999	3.00
4.00	Outlier payment (see instructions)		16,565	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)		867	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,870	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,870	14.00
<b>Customary charges</b>				
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)		1,870	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,003	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)		867	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)		6,179,564	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,267,158	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		4,913,273	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,913,273	30.00
31.00	Primary payer payments		6,168	31.00
32.00	Subtotal (line 30 minus line 31)		4,907,105	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		231,402	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		150,411	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		179,509	36.00
37.00	Subtotal (see instructions)		5,057,516	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-431	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,057,947	40.00
40.01	Sequestration adjustment (see instructions)		101,159	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,958,107	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1,319	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0086

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2019 4:06 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		10,867,726		4,808,946	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/25/2018	44,700	04/25/2018	38,700	3.01	
3.02		12/31/2018	119,404	12/30/2018	110,461	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)		164,104		149,161	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)		11,031,830		4,958,107	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		7,739		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		1,319	6.02	
7.00	Total Medicare program liability (see instructions)		11,039,569		4,956,788	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: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2019 4:06 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		668,951		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		668,951	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		668,951	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		136,515		8.00
9.00	Ancillary service charges		1,039,150	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,175,665	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,175,665	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		506,714	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		668,951	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		668,951	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		668,951	0	31.00
32.00	Deductibles		100	0	32.00
33.00	Coinurance		2,398	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		666,453	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		666,453	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		666,453	0	40.00
41.00	Interim payments		829,027	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-162,574	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0086

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

Worksheet G

Date/Time Prepared:  
5/29/2019 4:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	1,517,763	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	28,053,087	0	0	0	4.00
5.00	Other receivable	416	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,521,988	0	0	0	6.00
7.00	Inventory	1,510,491	0	0	0	7.00
8.00	Prepaid expenses	1,308,461	0	0	0	8.00
9.00	Other current assets	6,033,280	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)	24,901,510	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	75,208	0	0	0	12.00
13.00	Land improvements	1,548,970	0	0	0	13.00
14.00	Accumulated depreciation	-1,316,024	0	0	0	14.00
15.00	Buildings	55,853,483	0	0	0	15.00
16.00	Accumulated depreciation	-36,649,147	0	0	0	16.00
17.00	Leasehold improvements	11,459,167	0	0	0	17.00
18.00	Accumulated depreciation	-8,965,038	0	0	0	18.00
19.00	Fixed equipment	18,391,642	0	0	0	19.00
20.00	Accumulated depreciation	-13,852,835	0	0	0	20.00
21.00	Automobiles and trucks	252,980	0	0	0	21.00
22.00	Accumulated depreciation	-230,007	0	0	0	22.00
23.00	Major movable equipment	39,060,427	0	0	0	23.00
24.00	Accumulated depreciation	-30,502,213	0	0	0	24.00
25.00	Minor equipment depreciable	4,775	0	0	0	25.00
26.00	Accumulated depreciation	-4,775	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	35,126,613	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	83,411,395	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	83,411,395	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	143,439,518	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	43,537,173	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,956,568	0	0	0	38.00
39.00	Payroll taxes payable	381,843	0	0	0	39.00
40.00	Notes and loans payable (short term)	700,000	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	1,720,829	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,296,413	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,204,425	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,802,699	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	32,007,124	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	82,303,537	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	61,135,981	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	61,135,981	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	143,439,518	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0086

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

Worksheet G-1

Date/Time Prepared:  
5/29/2019 4:06 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		72,210,158		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-11,074,177			2.00
3.00	Total (sum of line 1 and line 2)		61,135,981		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)		61,135,981		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)		61,135,981		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: 15-0086

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	12,374,074		12,374,074	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	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,374,074		12,374,074	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,769,628		3,769,628	11.00
12.00	CORONARY CARE UNIT				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)	3,769,628		3,769,628	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,143,702		16,143,702	17.00
18.00	Ancillary services	45,428,587	104,480,837	149,909,424	18.00
19.00	Outpatient services	3,322,804	16,852,100	20,174,904	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		1,197,022	1,197,022	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	0	1,429,734	1,429,734	26.00
27.00	OCCUPATIONAL HEALTH	0	47,760	47,760	27.00
27.01	PROFESSIONAL FEES	0	1,556,559	1,556,559	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	64,895,093	125,564,012	190,459,105	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		80,609,544		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		80,609,544		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0086

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

Worksheet G-3

Date/Time Prepared:  
5/29/2019 4:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	190,459,105	1.00
2.00	Less contractual allowances and discounts on patients' accounts	120,832,638	2.00
3.00	Net patient revenues (line 1 minus line 2)	69,626,467	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	80,609,544	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,983,077	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-2,597,722	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,326,932	24.00
24.01	OTHER NONOPERATING REVENUE	179,690	24.01
25.00	Total other income (sum of lines 6-24)	-91,100	25.00
26.00	Total (line 5 plus line 25)	-11,074,177	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,074,177	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet H

HHA CCN: 15-7055

To 12/31/2018

Date/Time Prepared: 5/29/2019 4:06 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	193,633	0	0	0	194,036	387,669	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	513,901	0	0	0	0	513,901	6.00
7.00	153,100	0	0	0	0	153,100	7.00
8.00	40,316	0	0	0	0	40,316	8.00
9.00	8,007	0	0	0	0	8,007	9.00
10.00	2,158	0	0	0	0	2,158	10.00
11.00	23,680	0	0	0	0	23,680	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	934,795	0	0	0	194,036	1,128,831	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-13,166	374,503	0	374,503			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	513,901	0	513,901			6.00
7.00	0	153,100	0	153,100			7.00
8.00	0	40,316	0	40,316			8.00
9.00	0	8,007	0	8,007			9.00
10.00	0	2,158	0	2,158			10.00
11.00	0	23,680	0	23,680			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-13,166	1,115,665	0	1,115,665			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet H-1 Part I Date/Time Prepared: 5/29/2019 4:06 pm
		HHA CCN: 15-7055	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	374,503	0	0	0	374,503	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	513,901	0	0	0	513,901	6.00	
7.00	Physical Therapy	153,100	0	0	0	153,100	7.00	
8.00	Occupational Therapy	40,316	0	0	0	40,316	8.00	
9.00	Speech Pathology	8,007	0	0	0	8,007	9.00	
10.00	Medical Social Services	2,158	0	0	0	2,158	10.00	
11.00	Home Health Aide	23,680	0	0	0	23,680	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Tel emedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,115,665	0	0	0	1,115,665	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					

<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	374,503					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	259,671	773,572				6.00
7.00	Physical Therapy	77,360	230,460				7.00
8.00	Occupational Therapy	20,371	60,687				8.00
9.00	Speech Pathology	4,046	12,053				9.00
10.00	Medical Social Services	1,090	3,248				10.00
11.00	Home Health Aide	11,965	35,645				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,115,665				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0086	Period: From 01/01/2018	Worksheet H-1
		HHA CCN: 15-7055	To 12/31/2018	Part II
				Date/Time Prepared: 5/29/2019 4:06 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-374,503	741,162
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	513,901
7.00	Physical Therapy	0	0	0	0	0	153,100
8.00	Occupational Therapy	0	0	0	0	0	40,316
9.00	Speech Pathology	0	0	0	0	0	8,007
10.00	Medical Social Services	0	0	0	0	0	2,158
11.00	Home Health Aide	0	0	0	0	0	23,680
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-374,503	741,162
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		374,503
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.505292

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet H-2 Part I

HHA CCN: 15-7055

To 12/31/2018

Date/Time Prepared: 5/29/2019 4:06 pm

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	40,773	21,977	271,491	1,331	138,984	1.00
2.00 Skilled Nursing Care	773,572	0	0	0	0	0	2.00
3.00 Physical Therapy	230,460	0	0	0	0	0	3.00
4.00 Occupational Therapy	60,687	0	0	0	0	0	4.00
5.00 Speech Pathology	12,053	0	0	0	0	0	5.00
6.00 Medical Social Services	3,248	0	0	0	0	0	6.00
7.00 Home Health Aide	35,645	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,115,665	40,773	21,977	271,491	1,331	138,984	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	2,890	0	11,700	489,146	39,622	96,793	1.00
2.00 Skilled Nursing Care	0	0	0	773,572	62,661	0	2.00
3.00 Physical Therapy	0	0	0	230,460	18,668	0	3.00
4.00 Occupational Therapy	0	0	0	60,687	4,916	0	4.00
5.00 Speech Pathology	0	0	0	12,053	976	0	5.00
6.00 Medical Social Services	0	0	0	3,248	263	0	6.00
7.00 Home Health Aide	0	0	0	35,645	2,887	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	2,890	0	11,700	1,604,811	129,993	96,793	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7055

To 12/31/2018

Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	28,778	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	28,778	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	10,669	0	665,008	0	665,008	1.00
2.00	Skilled Nursing Care	0	0	0	836,233	0	836,233	2.00
3.00	Physical Therapy	0	0	0	249,128	0	249,128	3.00
4.00	Occupational Therapy	0	0	0	65,603	0	65,603	4.00
5.00	Speech Pathology	0	0	0	13,029	0	13,029	5.00
6.00	Medical Social Services	0	0	0	3,511	0	3,511	6.00
7.00	Home Health Aide	0	0	0	38,532	0	38,532	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	10,669	0	1,871,044	0	1,871,044	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0086

Period:

Worksheet H-2

HHA CCN: 15-7055

From 01/01/2018  
To 12/31/2018

Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Home Health  
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Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	461,099	1,297,332		2.00
3.00	Physical Therapy	137,369	386,497		3.00
4.00	Occupational Therapy	36,173	101,776		4.00
5.00	Speech Pathology	7,184	20,213		5.00
6.00	Medical Social Services	1,936	5,447		6.00
7.00	Home Health Aide	21,247	59,779		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	665,008	1,871,044		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.551400			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0086  
HHA CCN: 15-7055

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/29/2019 4:06 pm

Home Health Agency I

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	3,085	3,085	934,795	6	41	39,412	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	3,085	3,085	934,795	6	41	39,412	20.00
21.00 Total cost to be allocated	40,773	21,977	271,491	1,331	138,984	2,890	21.00
22.00 Unit cost multiplier	13.216532	7.123825	0.290428	221.833333	3,389.853659	0.073328	22.00
Cost Center Description	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	0	1,197,022	0	489,146	3,085	0	1.00
2.00 Skilled Nursing Care	0	0	0	773,572	0	0	2.00
3.00 Physical Therapy	0	0	0	230,460	0	0	3.00
4.00 Occupational Therapy	0	0	0	60,687	0	0	4.00
5.00 Speech Pathology	0	0	0	12,053	0	0	5.00
6.00 Medical Social Services	0	0	0	3,248	0	0	6.00
7.00 Home Health Aide	0	0	0	35,645	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	1,197,022	0	1,604,811	3,085	0	20.00
21.00 Total cost to be allocated	0	11,700	0	129,993	96,793	0	21.00
22.00 Unit cost multiplier	0.000000	0.009774	0	0.081002	31.375365	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/29/2019 4:06 pm
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,085	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,085	0	0	0	0	0	20.00
21.00	Total cost to be allocated	28,778	0	0	0	0	0	21.00
22.00	Unit cost multiplier	9.328363	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE  (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	1,197,022	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19)	1,197,022	0					20.00
21.00	Total cost to be allocated	10,669	0					21.00
22.00	Unit cost multiplier	0.008913	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/29/2019 4:06 pm
		HHA CCN: 15-7055	Title XVIII Home Health Agency I PPS	

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,297,332		1,297,332	3,946	328.77	1.00
2.00	Physical Therapy	3.00	386,497	0	386,497	2,195	176.08	2.00
3.00	Occupational Therapy	4.00	101,776	0	101,776	519	196.10	3.00
4.00	Speech Pathology	5.00	20,213	0	20,213	122	165.68	4.00
5.00	Medical Social Services	6.00	5,447		5,447	0	0.00	5.00
6.00	Home Health Aide	7.00	59,779		59,779	666	89.76	6.00
7.00	Total (sum of lines 1-6)		1,871,044	0	1,871,044	7,448		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		17140	0	1,504		8.00
8.01	Skilled Nursing Care		99915	0	686		8.01
9.00	Physical Therapy		17140	0	984		9.00
9.01	Physical Therapy		99915	0	268		9.01
10.00	Occupational Therapy		17140	0	270		10.00
10.01	Occupational Therapy		99915	0	50		10.01
11.00	Speech Pathology		17140	0	20		11.00
11.01	Speech Pathology		99915	0	21		11.01
12.00	Medical Social Services		17140	0	2		12.00
12.01	Medical Social Services		99915	0	0		12.01
13.00	Home Health Aide		17140	0	213		13.00
13.01	Home Health Aide		99915	0	82		13.01
14.00	Total (sum of lines 8-13)			0	4,100		14.00

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

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,190		0	720,006	1.00
2.00	Physical Therapy	0	1,252		0	220,452	2.00
3.00	Occupational Therapy	0	320		0	62,752	3.00
4.00	Speech Pathology	0	41		0	6,793	4.00
5.00	Medical Social Services	0	2		0	0	5.00
6.00	Home Health Aide	0	295		0	26,479	6.00
7.00	Total (sum of lines 1-6)	0	4,100		0	1,036,482	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet H-3

HHA CCN: 15-7055

To 12/31/2018

Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	43,007	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	720,006						1.00
2.00	Physical Therapy	220,452						2.00
3.00	Occupational Therapy	62,752						3.00
4.00	Speech Pathology	6,793						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	26,479						6.00
7.00	Total (sum of lines 1-6)	1,036,482						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part II Date/Time Prepared: 5/29/2019 4:06 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00 Physical Therapy	66.00	0.452739	0	0	col. 2, line 2.00	1.00
2.00 Occupational Therapy	67.00	0.467609	0	0	col. 2, line 3.00	2.00
3.00 Speech Pathology	68.00	0.488563	0	0	col. 2, line 4.00	3.00
4.00 Cost of Medical Supplies	71.00	1.825533	0	0	col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.463798	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	-99	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	99
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	635,301
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	26,152
13.00	Total PPS Reimbursement - LUPA Episodes		0	17,649
14.00	Total PPS Reimbursement - PEP Episodes		0	1,958
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	26,966
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	708,125
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	708,125
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	708,125
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	708,125
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	708,125
31.01	Sequestration adjustment (see instructions)		0	14,163
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	693,962
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0086  
HHA CCN: 15-7055

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

Worksheet H-5  
Date/Time Prepared: 5/29/2019 4:06 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		693,962	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		693,962	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		693,962	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 15-1531

To 12/31/2018

Date/Time Prepared: 5/29/2019 4:06 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0 3.00
4.00	ADMINISTRATIVE & GENERAL*	107,033	38,269	145,302	0	145,302 4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0 5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0 6.00
7.00	HOUSEKEEPING*	0	0	0	0	0 7.00
8.00	DIETARY*	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0 10.00
11.00	MEDICAL RECORDS*	20,506	0	20,506	0	20,506 11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0 12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0 13.00
14.00	PHARMACY*	0	0	0	0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	12,040	12,040	0	12,040 15.00
16.00	OTHER GENERAL SERVICE*	0	281,119	281,119	0	281,119 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0 25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0 26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0 27.00
28.00	REGISTERED NURSE**	98,417	0	98,417	0	98,417 28.00
29.00	LPN/LVN**	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES**	1,480	0	1,480	0	1,480 33.00
34.00	SPIRITUAL COUNSELING**	8,441	0	8,441	0	8,441 34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	5,305	0	5,305	0	5,305 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0 38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0 39.00
40.00	IMAGING SERVICES**	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	54,893	54,893	-51,952	2,941 42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0 42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0 46.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0 60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0 61.00
62.00	FUNDRAISING*	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0 66.00
67.00	ADVERTISING*	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0 68.00
69.00	THRIFT STORE*	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	6,109	6,109	0	6,109 71.00
100.00	TOTAL	241,182	392,430	633,612	-51,952	581,660 100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 15-1531

To 12/31/2018

Date/Time Prepared: 5/29/2019 4:06 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	145,302	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	20,506	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	12,040	15.00
16.00	OTHER GENERAL SERVICE*	0	281,119	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	98,417	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	1,480	33.00
34.00	SPIRITUAL COUNSELING**	0	8,441	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	5,305	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	2,941	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	-6,109	0	71.00
100.00	TOTAL	-6,109	575,551	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0086 Hospice CCN: 15-1531	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/29/2019 4:06 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	76,003	0	76,003	0	76,003	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,143	0	1,143	0	1,143	33.00
34.00	SPIRITUAL COUNSELING	6,519	0	6,519	0	6,519	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	4,097	0	4,097	0	4,097	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	54,893	54,893	-51,952	2,941	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	87,762	54,893	142,655	-51,952	90,703	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	76,003	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,143	33.00
34.00	SPIRITUAL COUNSELING	0	6,519	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	4,097	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,941	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	90,703	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0086 Hospice CCN: 15-1531	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/29/2019 4:06 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	22,414	0	22,414	0	22,414	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	337	0	337	0	337	33.00
34.00	SPIRITUAL COUNSELING	1,922	0	1,922	0	1,922	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,208	0	1,208	0	1,208	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	25,881	0	25,881	0	25,881	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	22,414	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	337	33.00
34.00	SPIRITUAL COUNSELING	0	1,922	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,208	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	25,881	100.00

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

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

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 15-1531

To 12/31/2018

Date/Time Prepared: 5/29/2019 4:06 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	4,163	4,163	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,244	2,244	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	70,046	70,046	3.00
4.00	ADMINISTRATIVE & GENERAL	145,302	73,425	218,727	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	9,883	9,883	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	2,938	2,938	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	20,506	12,743	33,249	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	12,040		12,040	15.00
16.00	OTHER GENERAL SERVICE	281,119	0	281,119	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	90,703		90,703	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	25,881		25,881	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	575,551	175,442	750,993	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2018

Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIX	4,163	4,163			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,244		2,244		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	70,046	0	0	70,046	3.00
4.00	ADMINISTRATIVE & GENERAL	218,727	0	0	0	218,727
5.00	PLANT OPERATION & MAINTENANCE	9,883	0	0	0	9,883
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	2,938	0	0	0	2,938
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0
11.00	MEDICAL RECORDS	33,249	0	0	0	33,249
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	12,040	0	0	0	12,040
16.00	OTHER GENERAL SERVICE	281,119	0	0	0	281,119
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	90,703			54,093	144,796
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0
53.00	HOSPICE GENERAL INPATIENT CARE	25,881	4,163	2,244	15,953	48,241
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	750,993	4,163	2,244	70,046	750,993

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2018

Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	218,727					4.00
5.00 PLANT OPERATION & MAINTENANCE	4,061	13,944				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	1,207	0		4,145		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00 MEDICAL RECORDS	13,663	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	0	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	4,948	0		0		15.00
16.00 OTHER GENERAL SERVICE	115,522	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	59,502					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	19,824	13,944	0	4,145	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	218,727	13,944	0	4,145	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:

Worksheet 0-6

Hospice CCN: 15-1531

From 01/01/2018  
To 12/31/2018

Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			10.00
11.00	MEDICAL RECORDS	0		46,912		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	43,797	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	3,115	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	0	46,912	0	100.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2018

Part I  
Date/Time Prepared:  
5/29/2019 4:06 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	16,988				15.00
16.00	0		396,641			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	0	15,860	306,307		570,262	51.00
52.00	0	0	0	0	0	52.00
53.00	0	1,128	90,334	0	180,731	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	16,988	396,641	0	750,993	100.00

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

Provider CCN: 15-0086

Period:

Worksheet 0-6

Hospice CCN: 15-1531

From 01/01/2018  
To 12/31/2018

Part II  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	315					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		315				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	241,182			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-218,727	532,266	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	9,883	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	2,938	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	33,249	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	12,040	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	281,119	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			186,254	0	144,796	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	315	315	54,928	0	48,241	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	4,163	2,244	70,046		218,727	100.00
101.00	UNIT COST MULTIPLIER	13.215873	7.123810	0.290428		0.410936	101.00

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

Provider CCN: 15-0086

Period:  
From 01/01/2018

Worksheet 0-6  
Part II

Hospice CCN: 15-1531

To 12/31/2018

Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	315					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		315			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	315	0	315	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	13,944	0	4,145	0	0	100.00
101.00	UNIT COST MULTIPLIER	44.266667	0.000000	13.158730	0.000000	0.000000	101.00

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

Provider CCN: 15-0086

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2018

Part II  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		4,322				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	4,035	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	287	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	46,912	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	10.854234	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0086

Period:

Worksheet 0-6

Hospice CCN: 15-1531

From 01/01/2018  
To 12/31/2018

Part II  
Date/Time Prepared:  
5/29/2019 4:06 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	4,322				15.00
16.00	OTHER GENERAL SERVICE		396,619			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	4,035	306,290			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	287	90,329	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	16,988	396,641	0		100.00
101.00	UNIT COST MULTIPLIER	3.930588	1.000055	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPI CE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0086

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

Worksheet 0-7

Hospice CCN: 15-1531

Date/Time Prepared: 5/29/2019 4:06 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.452739	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.467609	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.488563	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.463798	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.231394	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.825533	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.214230	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0086

Period:

Worksheet 0-8

Hospice CCN: 15-1531

From 01/01/2018  
To 12/31/2018

Date/Time Prepared:  
5/29/2019 4:06 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
<b>HOSPICE CONTINUOUS HOME CARE</b>				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
<b>HOSPICE ROUTINE HOME CARE</b>				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			570,262
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			4,035
8.00	Total average cost per diem (line 6 divided by line 7)			141.33
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	3,606	144	3,750
10.00	Program cost (line 8 times line 9)	509,636	20,352	530,000
<b>HOSPICE INPATIENT RESPITE CARE</b>				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0
13.00	Total average cost per diem (line 11 divided by line 12)			0.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	0
15.00	Program cost (line 13 times line 14)	0	0	0
<b>HOSPICE GENERAL INPATIENT CARE</b>				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			180,731
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			287
18.00	Total average cost per diem (line 16 divided by line 17)			629.72
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	243	20	263
20.00	Program cost (line 18 times line 19)	153,022	12,594	165,616
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			750,993
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			4,322
23.00	Average cost per diem (line 21 divided by line 22)			173.76

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0086	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 4:06 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		871,368	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		18,161	1.01
2.00	Capital DRG outlier payments		0	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)		29.20	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		889,529	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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