

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 12:09 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 601 WEST SECOND STREET			PO Box: 1149						1.00	
2.00	City: BLOOMINGTON			State: IN		Zip Code: 47402		County: MONROE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)						2		21.00		
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	589	196	15	37	14,777	26		24.00		

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	13	0	0	0	251		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					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.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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)			Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

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

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

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

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		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	436,198	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 12:09 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 340 W. 10TH STREET	PO Box:					
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202-3082				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y		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.			Y	11/15/2018	146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				Y	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			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	
		0	1.00	2.00	3.00	4.00	
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)			01/01/2018	03/31/2018	170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			Y	1,228	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 12:09 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2019	Y	04/03/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 12:09 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N		20.00
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N		21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER			41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 12:09 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	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	206	75,190	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)		206	75,190	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	14	5,110	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	18	6,570	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		254	92,710	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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)		270				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)		12	4,380			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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,260	375	43,909			1.00
2.00 HMO and other (see instructions)	6,171	13,398				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	239	251				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	18,260	375	43,909			7.00
8.00 INTENSIVE CARE UNIT	2,121	190	4,035			8.00
9.00 CORONARY CARE UNIT	1,686	0	3,424			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	10	3,748			12.00
13.00 NURSERY		1,641	3,495			13.00
14.00 Total (see instructions)	22,067	2,216	58,611	0.00	1,696.47	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,850	13	2,834	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			20			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	1,696.47	27.00
28.00 Observation Bed Days		98	4,514			28.00
29.00 Ambulance Trips	8,081					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	26	852			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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,643	113	14,198	1.00
2.00 HMO and other (see instructions)			1,265	2,672		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				22		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,643	113	14,198	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	165	1	250	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 12:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	106,504,817	-632,849	105,871,968	3,528,666.00	30.00
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		367,307	0	367,307	6,604.00	55.62
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,493,635	0	1,493,635	14,927.00	100.06
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)		11,356,506	1,782,135	13,138,641	496,983.00	26.44
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,531,755	0	5,531,755	80,093.00	69.07
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		1,417,155	0	1,417,155	9,150.00	154.88
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		27,667,457	0	27,667,457	799,857.00	34.59
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,115,265	0	30,115,265		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,640,576	0	4,640,576		
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		95,930	0	95,930		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		301,254	0	301,254		
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)		7,997,684	0	7,997,684		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,234,139	-59,114	1,175,025	8,712.00	134.87
27.00	Administrative & General	5.00	6,769,590	-467,154	6,302,436	129,893.00	48.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 12:09 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,982,744	0	2,982,744	19,115.00	156.04	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,125,486	-6,550	2,118,936	80,705.00	26.26	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,808,827	-11,747	1,797,080	130,597.00	13.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,141,686	-1,063,487	1,078,199	60,461.00	17.83	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,053,647	1,053,647	69,610.00	15.14	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,877,080	-762,887	6,114,193	172,180.00	35.51	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	5,127,001	-558,064	4,568,937	117,097.00	39.02	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	505,952	-4,941	501,011	27,005.00	18.55	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 12:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	107,993,926	-632,849	107,361,077	3,532,854.00	30.39	1.00
2.00	Excluded area salaries (see instructions)	11,356,506	1,782,135	13,138,641	496,983.00	26.44	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,637,420	-2,414,984	94,222,436	3,035,871.00	31.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	34,616,367	0	34,616,367	889,100.00	38.93	4.00
5.00	Subtotal wage-related costs (see inst.)	38,208,879	0	38,208,879	0.00	40.55	5.00
6.00	Total (sum of lines 3 thru 5)	169,462,666	-2,414,984	167,047,682	3,924,971.00	42.56	6.00
7.00	Total overhead cost (see instructions)	29,572,505	-1,880,297	27,692,208	815,375.00	33.96	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2019 12:09 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,865,650	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)	7,416,689	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	14,401,099	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	482,941	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	53,185	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)	814,650	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	574,925	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,508,038	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	17,188	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	18,659	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	35,153,024	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet S-3 Part V Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description				Contract Labor	Benefit Cost		
				1.00	2.00		
PART V - Contract Labor and Benefit Cost							
Hospital and Hospital-Based Component Identification:							
1.00	Total facility's contract labor and benefit cost			0	0	1.00	
2.00	Hospital			0	0	2.00	
3.00	Subprovider - IPF					3.00	
4.00	Subprovider - IRF			0	0	4.00	
5.00	Subprovider - (Other)			0	0	5.00	
6.00	Swing Beds - SNF			0	0	6.00	
7.00	Swing Beds - NF			0	0	7.00	
8.00	Hospital-Based SNF					8.00	
9.00	Hospital-Based NF					9.00	
10.00	Hospital-Based OLTC					10.00	
11.00	Hospital-Based HHA			0	0	11.00	
12.00	Separately Certified ASC			0	0	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			0	0	17.00	
18.00	Other			0	0	18.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 12:09 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.179478	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			34,952,504	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			268,516,222	6.00
7.00	Medicaid cost (line 1 times line 6)			48,192,754	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			13,240,250	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)			13,240,250	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)	26,283,995	511,406	26,795,401	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,717,399	511,406	5,228,805	21.00
22.00	Payments received from patients for amounts previously written off as charity care	96,921	16,444	113,365	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,620,478	494,962	5,115,440	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)			20,863,509	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			961,814	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,479,713	27.01
28.00	Non-Medicare bad debt expense (see instructions)			19,383,796	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,996,864	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,112,304	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,352,554	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/28/2019 12:09 pm
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	10,455,269	10,455,269
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	6,311,665	6,311,665
3.00	00300	OTHER CAP REL COSTS	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,234,139	954,346	2,188,485	18,559,927
5.00	00500	ADMINISTRATIVE & GENERAL	6,769,590	79,176,296	85,945,886	-3,068,482
7.00	00700	OPERATION OF PLANT	2,125,486	17,189,118	19,314,604	-6,961,394
8.00	00800	LAUNDRY & LINEN SERVICE	0	191,482	191,482	-10,465
9.00	00900	HOUSEKEEPING	1,808,827	1,772,467	3,581,294	-610,095
10.00	01000	DIETARY	2,141,686	2,089,332	4,231,018	-2,500,132
11.00	01100	CAFETERIA	0	0	1,930,163	1,930,163
13.00	01300	NURSING ADMINISTRATION	6,877,080	2,835,767	9,712,847	-2,380,982
14.00	01400	CENTRAL SERVICES & SUPPLY	0	282,521	282,521	10,955,610
15.00	01500	PHARMACY	5,127,001	21,241,511	26,368,512	-20,774,611
16.00	01600	MEDICAL RECORDS & LIBRARY	0	181,459	181,459	-1,819
18.00	01850	SOCIAL SERVICES	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	505,952	587,887	1,093,839	-508,901
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	119,241	41,901	161,142	165,767
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,698,349	16,566,104	38,264,453	-7,078,544
31.00	03100	INTENSIVE CARE UNIT	2,851,251	1,797,479	4,648,730	-1,117,143
32.00	03200	CORONARY CARE UNIT	2,326,537	912,748	3,239,285	-673,704
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,887,395	1,525,843	3,413,238	-614,443
41.00	04100	SUBPROVIDER - I RF	939,625	395,295	1,334,920	-251,286
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	728,762
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,319,869	26,772,594	32,092,463	-23,298,657
50.01	05001	CV SURGERY	0	0	0	0
51.00	05100	RECOVERY ROOM	2,994,711	957,461	3,952,172	-711,313
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,851,340	1,744,851	4,596,191	-1,155,892
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,172,842	2,895,707	6,068,549	-2,530,776
55.00	05500	RADIOLOGY-THERAPEUTIC	2,429,072	2,934,913	5,363,985	-1,618,762
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	681,234	861,090	1,542,324	-744,935
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	390,474	775,965	1,166,439	-740,377
59.00	05900	CARDIAC CATHETERIZATION	1,268,311	9,021,480	10,289,791	-8,891,382
60.00	06000	LABORATORY	0	11,709,116	11,709,116	-94,859
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,259,504	1,222,302	3,481,806	-1,033,477
66.00	06600	PHYSICAL THERAPY	6,642,393	2,474,955	9,117,348	-1,526,244
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	863,386	785,284	1,648,670	-689,375
70.00	07000	ELECTROENCEPHALOGRAPHY	180,696	1,253,267	1,433,963	-139,307
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,499,925
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,920,065
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,763,918
73.01	07302	OP PHARMACY	0	7,781	7,781	-7,781
74.00	07400	RENAL DIALYSIS	40	1,290,239	1,290,279	-36,214
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	616,596	202,374	818,970	-138,393
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,283,815	382,908	1,666,723	-382,303
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,522,491	2,294,504	3,816,995	-908,768
90.02	09002	WOUND CARE CENTER	590,101	624,103	1,214,204	-325,061
90.03	09003	PAIN CLINIC	203,854	179,730	383,584	-124,397
90.05	09005	OP PSYCH CLINIC	1,772,696	615,162	2,387,858	-154,108
91.00	09100	EMERGENCY	4,751,593	5,411,088	10,162,681	-2,227,958
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	7,934,723
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00	09500	AMBULANCE SERVICES	5,084,961	3,250,004	8,334,965	-2,127,790
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	1,159,385	1,159,385	-1,159,385
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	101,292,138	226,567,819	327,859,957	-1,028,444	326,831,513	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,442	88,460	145,902	-28,561	117,341	190.00
190.01	19001 PROMPTCARE	1,532,403	1,208,659	2,741,062	-656,560	2,084,502	190.01
190.02	19002 RENTAL PROPERTIES	0	28,996	28,996	-12,978	16,018	190.02
190.03	19003 OLCOTT	381,204	144,663	525,867	-89,233	436,634	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	0	78,437	78,437	-77,734	703	190.05
190.06	19006 MARKETING	0	0	0	0	0	190.06
190.07	19007 HME STORE	0	-1,531	-1,531	2,411	880	190.07
190.08	19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	142,245	50,960	193,205	-29,360	163,845	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	3,099,385	2,433,264	5,532,649	-800,488	4,732,161	190.11
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	0	825,687	825,687	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	1,895,260	1,895,260	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	0	0	0	194.03
194.04	07954 HOME CARE	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	106,504,817	230,599,727	337,104,544	0	337,104,544	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,649,697	5,805,572	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,438,811	11,750,476	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,922,209	31,670,621	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-34,894,441	47,982,963	5.00
7.00	00700	OPERATION OF PLANT	-602,148	11,751,062	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-53,915	127,102	8.00
9.00	00900	HOUSEKEEPING	-38,000	2,933,199	9.00
10.00	01000	DIETARY	-232,518	1,498,368	10.00
11.00	01100	CAFETERIA	-1,132,008	798,155	11.00
13.00	01300	NURSING ADMINISTRATION	-1,059,430	6,272,435	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,238,131	14.00
15.00	01500	PHARMACY	-77,654	5,516,247	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	179,640	16.00
18.00	01850	SOCIAL SERVICES	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	584,938	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	-66,570	260,339	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,217,712	29,968,197	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,531,587	31.00
32.00	03200	CORONARY CARE UNIT	-24,000	2,541,581	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-478,653	2,320,142	35.00
41.00	04100	SUBPROVIDER - I RF	-209,663	873,971	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	728,762	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-22,370	8,771,436	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3,240,859	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,440,299	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,504	3,535,269	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-318,184	3,427,039	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	797,389	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	426,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,398,409	59.00
60.00	06000	LABORATORY	0	11,614,257	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,229	2,449,558	65.00
66.00	06600	PHYSICAL THERAPY	-217,050	7,374,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-90,520	868,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-26,267	1,268,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,499,925	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,920,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,763,918	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,254,065	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	-204	680,373	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-37,007	1,247,413	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	2,908,227	90.01
90.02	09002	WOUND CARE CENTER	-374,663	514,480	90.02
90.03	09003	PAIN CLINIC	0	259,187	90.03
90.05	09005	OP PSYCH CLINIC	-675,344	1,558,406	90.05
91.00	09100	EMERGENCY	-1,624,685	6,310,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-259,077	5,948,098	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-32,022,035	294,809,478	118.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,752,207	1.00
2.00	FOUNDATION	190.05	0	152	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	18,752,359	
B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,159,871	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,909,700	2.00
3.00	RENTAL PROPERTIES	190.02	0	20,682	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
0			0	14,090,253	
C - BILLABLE MEDICAL SUPPLIES					
1.00	ADMINISTRATIVE & GENERAL	5.00		1,218	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		9,499,925	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
0			0	9,501,143	
D - BILLABLE DRUGS					
1.00	ADMINISTRATIVE & GENERAL	5.00		861	1.00
2.00	HME STORE	190.07		4,608	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00		20,763,918	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
0			0	20,769,387	
E - IMPLANTS SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		16,920,065	1.00
2.00		0.00	0	0	2.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	16,920,065	
F - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,136,013	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	363,919	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
0			0	1,499,932	
G - NON-BILLABLE DRUGS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,191	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,714	2.00
3.00	PHARMACY	15.00	0	723,084	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
0			0	738,989	
H - NON-BILLABLE MEDICAL SUPPLIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,698	1.00
2.00	OPERATION OF PLANT	7.00	0	3,529	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	4	3.00
4.00	OLCOTT	190.03	0	37	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,253,542	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
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						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
						11,271,810			
J - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,159,385				1.00	
						1,159,385			
K - PHARMACY RESIDENCY									
1.00	PARAMED ED PRGM-PHARMACY	23.00	170,049	13,009				1.00	
	RESIDENCY								
2.00		0.00	0	0				2.00	
			170,049	13,009					
L - PSYCH ADMIN									
1.00	OP PSYCH CLINIC	90.05	147,474	13,281				1.00	
			147,474	13,281					
M - SOFTWARE LICENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	47,421				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	
						47,421			
N - CAFETERIA									
1.00	CAFETERIA	11.00	1,053,647	876,516				1.00	
			1,053,647	876,516					
O - SHORT TERM DISABILITY/FLMA									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,807				1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,689				2.00	
3.00	OPERATION OF PLANT	7.00	0	6,550				3.00	
4.00	HOUSEKEEPING	9.00	0	11,747				4.00	
5.00	DIETARY	10.00	0	9,840				5.00	
6.00	NURSING ADMINISTRATION	13.00	0	28,620				6.00	
7.00	PHARMACY	15.00	0	10,021				7.00	
8.00	CENTRAL STERILIZATION	18.01	0	4,941				8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	160,935				9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	20,704				10.00	
11.00	CORONARY CARE UNIT	32.00	0	9,721				11.00	
12.00	SUBPROVIDER - IRF	41.00	0	6,554				12.00	
13.00	OPERATING ROOM	50.00	0	34,361				13.00	
14.00	RECOVERY ROOM	51.00	0	16,002				14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,983				15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,837				16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,544				17.00	
18.00	CT SCAN	57.00	0	8,198				18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	965				19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	9,197				20.00	
21.00	RESPIRATORY THERAPY	65.00	0	12,053				21.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	PHYSICAL THERAPY	66.00	0	75,970	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	837	23.00
24.00	CARDIAC REHABILITATION	76.97	0	2,750	24.00
25.00	CLINIC	90.00	0	1,267	25.00
26.00	OP ONCOLOGY INFUSION CENTER	90.01	0	10,424	26.00
27.00	WOUND CARE CENTER	90.02	0	9,322	27.00
28.00	OP PSYCH CLINIC	90.05	0	3,284	28.00
29.00	EMERGENCY	91.00	0	30,966	29.00
30.00	AMBULANCE SERVICES	95.00	0	54,841	30.00
31.00	PROMPTCARE	190.01	0	11,227	31.00
32.00	OLCOTT	190.03	0	2,930	32.00
33.00	COMMUNITY HEALTH SERVICES	190.11	0	4,762	33.00
			0	632,849	
P - UTILITIES EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	307,030	1.00
2.00	PROMPTCARE	190.01	0	93	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
			0	307,123	
R - OCCUPATIONAL HEALTH ADMIN					
1.00	ADMINISTRATIVE & GENERAL	5.00	217,293	0	1.00
			217,293	0	
S - NURSERY					
1.00	NURSERY	43.00	663,448	65,314	1.00
2.00		0.00	0	0	2.00
			663,448	65,314	
T - BEDFORD ALLOCATION					
1.00	IU HEALTH BEDFORD HOSPITAL	194.01	1,339,253	556,007	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
	TOTALS		1,339,253	556,007	
U - PAOLI ALLOCATION					
1.00	IU HEALTH PAOLI HOSPITAL	194.00	570,440	255,247	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
	TOTALS		570,440	255,247	
500.00	Grand Total: Increases		4,161,604	97,470,090	500.00

RECLASSIFICATIONS

Provider CCN: 15-0051

Period:
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To 12/31/2018

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	683,473	0		1.00
2.00	OPERATION OF PLANT	7.00	0	457,604	0		2.00
3.00	HOUSEKEEPING	9.00	0	545,701	0		3.00
4.00	DIETARY	10.00	0	517,438	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,105,672	0		5.00
6.00	PHARMACY	15.00	0	774,163	0		6.00
7.00	CENTRAL STERILIZATION	18.01	0	146,377	0		7.00
8.00	PARAMEDICAL PRGM-PHARMACY RESIDENCY	23.00	0	16,634	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,930,133	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	518,954	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	373,496	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	352,245	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	193,079	0		13.00
14.00	OPERATING ROOM	50.00	0	938,072	0		14.00
15.00	RECOVERY ROOM	51.00	0	502,777	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	453,333	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	686,378	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	405,459	0		18.00
19.00	CT SCAN	57.00	0	106,554	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	70,217	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	218,673	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	367,984	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	998,246	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	138,247	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,650	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	125,431	0		26.00
27.00	CLINIC	90.00	0	235,206	0		27.00
28.00	OPONCOLOGY INFUSION CENTER	90.01	0	293,740	0		28.00
29.00	WOUND CARE CENTER	90.02	0	108,940	0		29.00
30.00	PAIN CLINIC	90.03	0	42,575	0		30.00
31.00	OP PSYCH CLINIC	90.05	0	312,987	0		31.00
32.00	EMERGENCY	91.00	0	805,426	0		32.00
33.00	AMBULANCE SERVICES	95.00	0	1,234,536	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	25,780	0		34.00
35.00	PROMPTCARE	190.01	0	237,656	0		35.00
36.00	OLCOTT	190.03	0	74,156	0		36.00
37.00	HME STORE	190.07	0	143	0		37.00
38.00	CLINICAL TRIALS	190.09	0	29,292	0		38.00
39.00	COMMUNITY HEALTH SERVICES	190.11	0	694,932	0		39.00
	TOTAL		0	18,752,359			
B - CAPITAL RELATED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,193	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,566,974	9		2.00
3.00	OPERATION OF PLANT	7.00	0	6,586,187	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	10,469	0		4.00
5.00	HOUSEKEEPING	9.00	0	8,124	0		5.00
6.00	DIETARY	10.00	0	35,164	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	208,975	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	559	0		8.00
9.00	PHARMACY	15.00	0	135,529	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,774	0		10.00
11.00	CENTRAL STERILIZATION	18.01	0	59,822	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	190,549	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	57,102	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	42,548	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	59,974	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	479	0		16.00
17.00	OPERATING ROOM	50.00	0	1,007,614	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	82,146	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	720,634	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	526,733	0		20.00
21.00	CT SCAN	57.00	0	352,949	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	593,697	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	381,895	0		23.00
24.00	LABORATORY	60.00	0	70,772	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	141,839	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	29,814	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	158,900	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	42,388	0		28.00

RECLASSIFICATIONS

Provider CCN: 15-0051

Period:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
29.00	OP PHARMACY	73.01	0	7,781	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	33	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	5,151	0	31.00	
32.00	CLINIC	90.00	0	10,363	0	32.00	
33.00	OP ONCOLOGY INFUSION CENTER	90.01	0	191,747	0	33.00	
34.00	WOUND CARE CENTER	90.02	0	29,751	0	34.00	
35.00	PAIN CLINIC	90.03	0	4,272	0	35.00	
36.00	OP PSYCH CLINIC	90.05	0	766	0	36.00	
37.00	EMERGENCY	91.00	0	350,749	0	37.00	
38.00	AMBULANCE SERVICES	95.00	0	395,389	0	38.00	
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,674	0	39.00	
40.00	PROMPTCARE	190.01	0	12,963	0	40.00	
41.00	OLCOTT	190.03	0	114	0	41.00	
42.00	HME STORE	190.07	0	2,054	0	42.00	
43.00	COMMUNITY HEALTH SERVICES	190.11	0	643	0	43.00	
0			0	14,090,253			
C - BILLABLE MEDICAL SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00		17,263	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00		2,719	0	2.00	
3.00	PHARMACY	15.00		5,083	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00		110,555	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00		32,942	0	5.00	
6.00	CORONARY CARE UNIT	32.00		4,866	0	6.00	
7.00	NEONATAL INTENSIVE CARE UNIT	35.00		13,456	0	7.00	
8.00	SUBPROVIDER - IRF	41.00		28	0	8.00	
9.00	OPERATING ROOM	50.00		4,743,709	0	9.00	
10.00	RECOVERY ROOM	51.00		10,183	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00		208,833	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00		661,095	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00		3,941	0	13.00	
14.00	CT SCAN	57.00		20,417	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		2,413	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00		3,310,140	0	16.00	
17.00	RESPIRATORY THERAPY	65.00		14,723	0	17.00	
18.00	PHYSICAL THERAPY	66.00		23,414	0	18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00		7,869	0	19.00	
20.00	RENAL DIALYSIS	74.00		9,176	0	20.00	
21.00	CARDIAC REHABILITATION	76.97		150	0	21.00	
22.00	CLINIC	90.00		701	0	22.00	
23.00	OP ONCOLOGY INFUSION CENTER	90.01		188,954	0	23.00	
24.00	WOUND CARE CENTER	90.02		14,691	0	24.00	
25.00	PAIN CLINIC	90.03		3,005	0	25.00	
26.00	OP PSYCH CLINIC	90.05		192	0	26.00	
27.00	EMERGENCY	91.00		51,079	0	27.00	
28.00	AMBULANCE SERVICES	95.00		28,557	0	28.00	
29.00	PROMPTCARE	190.01		10,989	0	29.00	
0			0	9,501,143			
D - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		87,083	0	1.00	
2.00	NURSING ADMINISTRATION	13.00		1	0	2.00	
3.00	PHARMACY	15.00		19,778,385	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00		196	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00		85	0	5.00	
6.00	OPERATING ROOM	50.00		67,017	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00		8,972	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00		21,683	0	8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00		16,858	0	9.00	
10.00	CT SCAN	57.00		121,709	0	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		62,087	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00		55,083	0	12.00	
13.00	PHYSICAL THERAPY	66.00		96	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00		353,087	0	14.00	
15.00	RENAL DIALYSIS	74.00		222	0	15.00	
16.00	CARDIAC REHABILITATION	76.97		48	0	16.00	
17.00	CLINIC	90.00		13,315	0	17.00	
18.00	OP ONCOLOGY INFUSION CENTER	90.01		8,816	0	18.00	
19.00	WOUND CARE CENTER	90.02		16,566	0	19.00	
20.00	PAIN CLINIC	90.03		30,283	0	20.00	
21.00	EMERGENCY	91.00		1,718	0	21.00	
22.00	AMBULANCE SERVICES	95.00		46,166	0	22.00	
23.00	PROMPTCARE	190.01		72,375	0	23.00	

RECLASSIFICATIONS

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
24.00	COMMUNITY HEALTH SERVICES	190.11		7,536	0	24.00
	0		0	20,769,387		
E - IMPLANTS SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00		3,505	0	1.00
2.00	CENTRAL STERILIZATION	18.01		211	0	2.00
3.00	ADULTS & PEDIATRICS	30.00		4,004	0	3.00
4.00	INTENSIVE CARE UNIT	31.00		1,221	0	4.00
5.00	CORONARY CARE UNIT	32.00		394	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00		1,766	0	6.00
7.00	SUBPROVIDER - IRF	41.00		43	0	7.00
8.00	OPERATING ROOM	50.00		12,023,358	0	8.00
9.00	RECOVERY ROOM	51.00		194	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		280,172	0	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00		3	0	11.00
12.00	CT SCAN	57.00		1,781	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00		4,596,607	0	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00		375	0	14.00
15.00	OP ONCOLOGY INFUSION CENTER	90.01		4,725	0	15.00
16.00	EMERGENCY	91.00		1,706	0	16.00
	0		0	16,920,065		
F - LEASE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	20,160	10	1.00
2.00	OPERATION OF PLANT	7.00	0	228,162	10	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	308,368	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,596	0	4.00
5.00	LABORATORY	60.00	0	21,824	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	22,213	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	424,592	0	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,372	0	8.00
9.00	OP ONCOLOGY INFUSION CENTER	90.01	0	55,800	0	9.00
10.00	WOUND CARE CENTER	90.02	0	71,012	0	10.00
11.00	PAIN CLINIC	90.03	0	20,290	0	11.00
12.00	AMBULANCE SERVICES	95.00	0	158,722	0	12.00
13.00	PROMPTCARE	190.01	0	32,621	0	13.00
14.00	FOUNDATION	190.05	0	68,767	0	14.00
15.00	COMMUNITY HEALTH SERVICES	190.11	0	58,433	0	15.00
	0		0	1,499,932		
G - NON-BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	230	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	1,361	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	199,952	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	87,855	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	33,416	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	11,107	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	1,174	0	7.00
8.00	OPERATING ROOM	50.00	0	170,837	0	8.00
9.00	RECOVERY ROOM	51.00	0	85,770	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,011	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,807	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	24,132	0	12.00
13.00	CT SCAN	57.00	0	220	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	241	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	20,628	0	15.00
16.00	LABORATORY	60.00	0	2,263	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	6,830	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,712	0	18.00
19.00	RENAL DIALYSIS	74.00	0	13,089	0	19.00
20.00	CARDIAC REHABILITATION	76.97	0	2	0	20.00
21.00	CLINIC	90.00	0	11,872	0	21.00
22.00	OP ONCOLOGY INFUSION CENTER	90.01	0	3,788	0	22.00
23.00	WOUND CARE CENTER	90.02	0	6,491	0	23.00
24.00	PAIN CLINIC	90.03	0	202	0	24.00
25.00	EMERGENCY	91.00	0	1,987	0	25.00
26.00	AMBULANCE SERVICES	95.00	0	24,425	0	26.00
27.00	PROMPTCARE	190.01	0	42	0	27.00
28.00	COMMUNITY HEALTH SERVICES	190.11	0	545	0	28.00
	0		0	738,989		
H - NON-BILLABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,017	0	1.00
2.00	HOUSEKEEPING	9.00	0	56,270	0	2.00
3.00	DIETARY	10.00	0	17,367	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	32,312	0	4.00
5.00	PHARMACY	15.00	0	143,907	0	5.00

RECLASSIFICATIONS

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

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	45	0	6.00
7.00	CENTRAL STERILIZATION	18.01	0	302,491	0	7.00
8.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0	657	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,776,043	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	418,984	0	10.00
11.00	CORONARY CARE UNIT	32.00	0	218,984	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	175,895	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	56,483	0	13.00
14.00	OPERATING ROOM	50.00	0	4,333,499	0	14.00
15.00	RECOVERY ROOM	51.00	0	112,389	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	365,982	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	122,315	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	492,156	0	18.00
19.00	CT SCAN	57.00	0	141,305	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,722	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	308,356	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	479,888	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	21,257	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	37,429	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	56,653	0	25.00
26.00	RENAL DIALYSIS	74.00	0	13,694	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	7,611	0	27.00
28.00	CLINIC	90.00	0	15,034	0	28.00
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	157,136	0	29.00
30.00	WOUND CARE CENTER	90.02	0	77,610	0	30.00
31.00	PAIN CLINIC	90.03	0	17,411	0	31.00
32.00	OP PSYCH CLINIC	90.05	0	918	0	32.00
33.00	EMERGENCY	91.00	0	1,015,293	0	33.00
34.00	AMBULANCE SERVICES	95.00	0	203,368	0	34.00
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	107	0	35.00
36.00	PROMPTCARE	190.01	0	67,071	0	36.00
37.00	CLINICAL TRIALS	190.09	0	68	0	37.00
38.00	COMMUNITY HEALTH SERVICES	190.11	0	10,083	0	38.00
			0	11,271,810		
J - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,159,385	11	1.00
			0	1,159,385		
K - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	155,121	11,867	0	1.00
2.00	CLINIC	90.00	14,928	1,142	0	2.00
			170,049	13,009		
L - PSYCH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	147,474	13,281	0	1.00
			147,474	13,281		
M - SOFTWARE LICENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	484	14	1.00
2.00	NURSING ADMINISTRATIVE	13.00	0	4,059	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,193	0	3.00
4.00	OPERATING ROOM	50.00	0	14,551	0	4.00
5.00	AMBULANCE SERVICES	95.00	0	5,491	0	5.00
6.00	PROMPTCARE	190.01	0	5,643	0	6.00
7.00	OLCOTT	190.03	0	15,000	0	7.00
			0	47,421		
N - CAFETERIA						
1.00	DIETARY	10.00	1,053,647	876,516	0	1.00
			1,053,647	876,516		
O - SHORT TERM DISABILITY/FLMA						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,807	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	13,689	0	0	2.00
3.00	OPERATION OF PLANT	7.00	6,550	0	0	3.00
4.00	HOUSEKEEPING	9.00	11,747	0	0	4.00
5.00	DIETARY	10.00	9,840	0	0	5.00
6.00	NURSING ADMINISTRATION	13.00	28,620	0	0	6.00
7.00	PHARMACY	15.00	10,021	0	0	7.00
8.00	CENTRAL STERILIZATION	18.01	4,941	0	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	160,935	0	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	20,704	0	0	10.00
11.00	CORONARY CARE UNIT	32.00	9,721	0	0	11.00
12.00	SUBPROVIDER - IRF	41.00	6,554	0	0	12.00
13.00	OPERATING ROOM	50.00	34,361	0	0	13.00
14.00	RECOVERY ROOM	51.00	16,002	0	0	14.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 12:09 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
15.00	DELIVERY ROOM & LABOR ROOM	52.00	25,983	0	0		15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	28,837	0	0		16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	2,544	0	0		17.00	
18.00	CT SCAN	57.00	8,198	0	0		18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	965	0	0		19.00	
20.00	CARDIAC CATHETERIZATION	59.00	9,197	0	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	12,053	0	0		21.00	
22.00	PHYSICAL THERAPY	66.00	75,970	0	0		22.00	
23.00	ELECTROCARDIOLOGY	69.00	837	0	0		23.00	
24.00	CARDIAC REHABILITATION	76.97	2,750	0	0		24.00	
25.00	CLINIC	90.00	1,267	0	0		25.00	
26.00	OP ONCOLOGY INFUSION CENTER	90.01	10,424	0	0		26.00	
27.00	WOUND CARE CENTER	90.02	9,322	0	0		27.00	
28.00	OP PSYCH CLINIC	90.05	3,284	0	0		28.00	
29.00	EMERGENCY	91.00	30,966	0	0		29.00	
30.00	AMBULANCE SERVICES	95.00	54,841	0	0		30.00	
31.00	PROMPTCARE	190.01	11,227	0	0		31.00	
32.00	OLCOTT	190.03	2,930	0	0		32.00	
33.00	COMMUNITY HEALTH SERVICES	190.11	4,762	0	0		33.00	
0			632,849	0				
P - UTILITIES EXPENSE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,053	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	17	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,096	0		3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	149,480	0		4.00	
5.00	PHYSICAL THERAPY	66.00	0	28,825	0		5.00	
6.00	OP ONCOLOGY INFUSION CENTER	90.01	0	4,062	0		6.00	
7.00	PAIN CLINIC	90.03	0	6,359	0		7.00	
8.00	AMBULANCE SERVICES	95.00	0	31,136	0		8.00	
9.00	RENTAL PROPERTIES	190.02	0	33,660	0		9.00	
10.00	FOUNDATION	190.05	0	9,119	0		10.00	
11.00	COMMUNITY HEALTH SERVICES	190.11	0	28,316	0		11.00	
0			0	307,123				
R - OCCUPATIONAL HEALTH ADMIN								
1.00	PROMPTCARE	190.01	217,293	0	0		1.00	
0			217,293	0				
S - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	643,121	61,026	0		1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	20,327	4,288	0		2.00	
0			663,448	65,314				
T - BEDFORD ALLOCATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	36,988	26,537	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	455,490	245,175	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	512,730	192,128	0		3.00	
4.00	PHARMACY	15.00	294,017	74,620	0		4.00	
5.00	CLINIC	90.00	40,028	17,547	0		5.00	
	TOTALS		1,339,253	556,007				
U - PAOLI ALLOCATION								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,375	9		1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	19,319	13,860	0		2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	215,268	117,719	0		3.00	
4.00	NURSING ADMINISTRATION	13.00	221,537	81,439	0		4.00	
5.00	PHARMACY	15.00	98,905	26,098	0		5.00	
6.00	CLINIC	90.00	15,411	6,756	0		6.00	
	TOTALS		570,440	255,247				
500.00	Grand Total: Decreases		4,794,453	96,837,241			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,741,447	0	0	0	0	1.00
2.00	Land Improvements	2,058,207	0	0	0	0	2.00
3.00	Buildings and Fixtures	150,733,671	0	0	0	0	3.00
4.00	Building Improvements	11,338,115	32,782	0	32,782	43,252	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	176,622,236	8,419,906	0	8,419,906	46,271,604	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	360,493,676	8,452,688	0	8,452,688	46,314,856	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	360,493,676	8,452,688	0	8,452,688	46,314,856	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,741,447	0				1.00
2.00	Land Improvements	2,058,207	0				2.00
3.00	Buildings and Fixtures	150,733,671	0				3.00
4.00	Building Improvements	11,327,645	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	138,770,538	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	322,631,508	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	322,631,508	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 12:09 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	183,860,970	0	183,860,970	0.569879	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	138,770,538	0	138,770,538	0.430121	0	2.00
3.00	Total (sum of lines 1-2)	322,631,508	0	322,631,508	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,591,744	1,136,013	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,339,136	363,919	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,930,880	1,499,932	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-4,922,185	0	0	0	5,805,572	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	47,421	11,750,476	2.00
3.00	Total (sum of lines 1-2)	-4,922,185	0	0	47,421	17,556,048	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-5,327,021	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,893,622				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	30,700,744				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests		0			0.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	1,475,742	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01	MI SCCELLANEOUS INCOME	B	-400,536	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-600,424	OPERATION OF PLANT	7.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-53,915	LAUNDRY & LINEN SERVICE	8.00	0 33.03
33.04	MI SCCELLANEOUS INCOME	B	-38,000	HOUSEKEEPING	9.00	0 33.04
33.05	MI SCCELLANEOUS INCOME	B	-232,518	DIETARY	10.00	0 33.05
33.06	MI SCCELLANEOUS INCOME	B	-58,652	NURSING ADMINISTRATION	13.00	0 33.06
33.07	MI SCCELLANEOUS INCOME	B	-77,654	PHARMACY	15.00	0 33.07
33.08	MI SCCELLANEOUS INCOME	B	-20,020	ADULTS & PEDIATRICS	30.00	0 33.08
33.09	MI SCCELLANEOUS INCOME	B	-42	OPERATING ROOM	50.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-53,067	RADIOLOGY-THERAPEUTIC	55.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-1,200	RESPIRATORY THERAPY	65.00	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-217,000	PHYSICAL THERAPY	66.00	0 33.12
33.13	MI SCCELLANEOUS INCOME	B	-26,267	ELECTROENCEPHALOGRAPHY	70.00	0 33.13
33.14	MI SCCELLANEOUS INCOME	B	-204	CARDIAC REHABILITATION	76.97	0 33.14
33.15	MI SCCELLANEOUS INCOME	B	-37,007	CLINIC	90.00	0 33.15
33.16	MI SCCELLANEOUS INCOME	B	-145,553	WOUND CARE CENTER	90.02	0 33.16
33.17	MI SCCELLANEOUS INCOME	B	-1,520	OP PSYCH CLINIC	90.05	0 33.17
33.18	MI SCCELLANEOUS INCOME	B	-259,030	AMBULANCE SERVICES	95.00	0 33.18
33.19	ACCRUED PTO	A	-105	NURSING ADMINISTRATION	13.00	0 33.19
33.20	ACCRUED PTO	A	-838,269	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.20
33.21	UNNECESSARY BORROWING	A	-750,238	CAP REL COSTS-BLDG & FIXT	1.00	11 33.21
33.22	BENEFIT EXPENSE	A	-18,870,009	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.22
33.23	CONTRIBUTION EXPENSE	A	-25,000	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24	PHYSICIAN RECRUITMENT	A	-91,864	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25	PHYSICIAN RECRUITMENT	A	-1,000	ADULTS & PEDIATRICS	30.00	0 33.25
33.26	PHYSICIAN RECRUITMENT	A	-20,461	OPERATING ROOM	50.00	0 33.26
33.27	PHYSICIAN RECRUITMENT	A	-1,260	NURSING ADMINISTRATION	13.00	0 33.27
33.28	HAF FEES	A	-18,062,064	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29	CAFETERIA REVENUE	B	-1,132,008	CAFETERIA	11.00	0 33.29
33.30	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11 33.30
33.31	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11 33.31
33.32	OTHER CARRYFORWARD ADJUSTMENTS	A	147,112	CAP REL COSTS-BLDG & FIXT	1.00	9 33.32
33.33	START UP COSTS	A	-5,243,087	ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34	PENSION CASH CONTRIBUTION ADJUSTMENT	A	9,237,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.34
33.35	TELEPHONE	A	-941	ADULTS & PEDIATRICS	30.00	0 33.35
33.36	TELEPHONE	A	-2,504	RADIOLOGY-DIAGNOSTIC	54.00	0 33.36
33.37	TELEPHONE	A	-685	RADIOLOGY-THERAPEUTIC	55.00	0 33.37
33.38	MI SCCELLANEOUS INCOME	B	-42,045	PROMPTCARE	190.01	0 33.38
33.39	PHYSICIAN RECRUITMENT	A	-1,810	PROMPTCARE	190.01	0 33.39
33.40	PHYSICIAN RECRUITMENT	A	-1,000	COMMUNITY HEALTH SERVICES	190.11	0 33.40
33.41	PENALTY TAX	A	-1,724	OPERATION OF PLANT	7.00	0 33.41
33.42	NONALLOWABLE MARKETING	A	-88,250	ADMINISTRATIVE & GENERAL	5.00	0 33.42
33.43	NONALLOWABLE MARKETING	A	-795	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0 33.43
33.44	NONALLOWABLE MARKETING	A	-1,867	OPERATING ROOM	50.00	0 33.44
33.45	NONALLOWABLE MARKETING	A	-50	PHYSICAL THERAPY	66.00	0 33.45
33.46	NONALLOWABLE MARKETING	A	-47	AMBULANCE SERVICES	95.00	0 33.46
33.47	UNWONTED SITUATIONS	A	-3,342	ADMINISTRATIVE & GENERAL	5.00	0 33.47
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,066,890			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0051

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2019 12:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO ALLOCATION	2,444,146	1,159,385	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	5,438,811	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	19,953,374	36,129	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	48,145,248	48,257,336	4.00
4.01	13.00	NURSING ADMINISTRATION	HO ALLOCATION	0	999,413	4.01
4.03	91.00	EMERGENCY	SIP ER	7,119,266	1,947,838	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	341,000	341,000	4.04
4.05	13.00	NURSING ADMINISTRATION	SHARED EMPLOYEES	87,718	87,718	4.05
4.06	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	5,845,975	5,845,975	4.06
4.07	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	750,050	750,050	4.07
4.08	50.00	OPERATING ROOM	SHARED EMPLOYEES	2,152,350	2,152,350	4.08
4.09	51.00	RECOVERY ROOM	SHARED EMPLOYEES	1,387	1,387	4.09
4.10	55.00	RADIOLOGY-THERAPEUTIC	SHARED EMPLOYEES	371,825	371,825	4.10
4.11	57.00	CT SCAN	SHARED EMPLOYEES	14,583	14,583	4.11
4.12	60.00	LABORATORY	SHARED EMPLOYEES	10,640,914	10,640,914	4.12
4.13	66.00	PHYSICAL THERAPY	SHARED EMPLOYEES	444,682	444,682	4.13
4.14	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	1,066,667	1,066,667	4.14
4.15	90.01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	107,514	107,514	4.15
4.16	90.02	WOUND CARE CENTER	SHARED EMPLOYEES	277,005	277,005	4.16
4.17	90.05	OP PSYCH CLINIC	SHARED EMPLOYEES	53,745	53,745	4.17
4.18	95.00	AMBULANCE SERVICES	SHARED EMPLOYEES	128,765	128,765	4.18
4.19	190.01	PROMPTCARE	SHARED EMPLOYEES	488,765	488,765	4.19
4.20	190.09	CLINICAL TRIALS	SHARED EMPLOYEES	1,900	1,900	4.20
4.21	190.11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	28,205	28,205	4.21
5.00	0		0	105,903,895	75,203,151	5.00

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

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

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

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

6.00	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0051

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 12:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,284,761	9	1.00
2.00	5,438,811	9	2.00
3.00	19,917,245	0	3.00
4.00	-112,088	0	4.00
4.01	-999,413	0	4.01
4.03	5,171,428	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
5.00	30,700,744		5.00

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

Related Organization(s) and/or Home Office	Type of Business
	6.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	PHYSICIAN GROUP	6.00
7.00	HOSPITAL	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 12:09 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	253,487	253,487	0	246,400	0	1.00
2.00	5.00	ADMI NI STRATI VE & GENERAL	785,633	785,633	0	246,400	0	2.00
3.00	5.00	ADMI NI STRATI VE & GENERAL	5,210,576	5,210,576	0	197,500	0	3.00
4.00	5.00	ADMI NI STRATI VE & GENERAL	-42,351	-42,351	0	197,500	0	4.00
5.00	5.00	ADMI NI STRATI VE & GENERAL	1,737,803	1,737,803	0	239,400	0	5.00
6.00	5.00	ADMI NI STRATI VE & GENERAL	293,928	293,928	0	211,500	0	6.00
7.00	5.00	ADMI NI STRATI VE & GENERAL	683,000	683,000	0	271,900	0	7.00
8.00	5.00	ADMI NI STRATI VE & GENERAL	78,605	78,605	0	211,500	0	8.00
9.00	5.00	ADMI NI STRATI VE & GENERAL	308,568	0	308,568	260,300	1,204	9.00
10.00	5.00	ADMI NI STRATI VE & GENERAL	1,696,167	1,696,167	0	246,400	0	10.00
11.00	5.00	ADMI NI STRATI VE & GENERAL	10,168	10,168	0	181,300	0	11.00
12.00	5.00	ADMI NI STRATI VE & GENERAL	3,300	3,300	0	211,500	0	12.00
13.00	23.00	PARAMED ED PRGM-PHARMACY RESIDENCY	65,775	65,775	0	211,500	0	13.00
14.00	30.00	ADULTS & PEDI ATRI CS	717,754	693,189	24,565	181,300	185	14.00
15.00	30.00	ADULTS & PEDI ATRI CS	433,246	433,246	0	211,500	0	15.00
16.00	30.00	ADULTS & PEDI ATRI CS	144,734	60,876	83,858	181,300	1,533	16.00
17.00	32.00	CORONARY CARE UNIT	24,000	24,000	0	211,500	0	17.00
18.00	35.00	NEONATAL INTENSIVE CARE UNIT	750,050	478,653	271,397	237,100	2,697	18.00
19.00	41.00	SUBPROVIDER - IRF	209,663	209,663	0	211,500	0	19.00
20.00	55.00	RADIOLOGY-THERAPEUTIC	264,432	264,432	0	271,900	0	20.00
21.00	65.00	RESPIRATORY THERAPY	-2,429	-2,429	0	211,500	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	150,337	90,520	59,817	211,500	1,044	22.00
23.00	90.02	WOUND CARE CENTER	56,578	35,980	20,598	211,500	479	23.00
24.00	90.02	WOUND CARE CENTER	193,130	193,130	0	211,500	0	24.00
25.00	90.05	OP PSYCH CLINIC	567,200	546,768	20,432	181,300	154	25.00
26.00	90.05	OP PSYCH CLINIC	278,084	120,047	158,037	181,300	3,209	26.00
27.00	91.00	EMERGENCY	6,796,113	6,796,113	0	211,500	0	27.00
200.00			21,667,551	20,720,279	947,272		10,505	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance		
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	1.00
2.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	2.00
3.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	3.00
4.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	4.00
5.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	5.00
6.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	6.00
7.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	7.00
8.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	8.00
9.00	5.00	ADMI NI STRATI VE & GENERAL	150,674	7,534	0	0	0	9.00
10.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	10.00
11.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	11.00
12.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	0	0	12.00
13.00	23.00	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	13.00
14.00	30.00	ADULTS & PEDI ATRI CS	16,125	806	0	0	0	14.00
15.00	30.00	ADULTS & PEDI ATRI CS	0	0	0	0	0	15.00
16.00	30.00	ADULTS & PEDI ATRI CS	133,622	6,681	0	0	0	16.00
17.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	17.00
18.00	35.00	NEONATAL INTENSIVE CARE UNIT	307,432	15,372	0	0	0	18.00
19.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	19.00
20.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	20.00
21.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	106,157	5,308	0	0	0	22.00
23.00	90.02	WOUND CARE CENTER	48,706	2,435	0	0	0	23.00
24.00	90.02	WOUND CARE CENTER	0	0	0	0	0	24.00
25.00	90.05	OP PSYCH CLINIC	13,423	671	0	0	0	25.00
26.00	90.05	OP PSYCH CLINIC	279,707	13,985	0	0	0	26.00
27.00	91.00	EMERGENCY	0	0	0	0	0	27.00
200.00			1,055,846	52,792	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	253,487	1.00
2.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	785,633	2.00
3.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	5,210,576	3.00
4.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	-42,351	4.00
5.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	1,737,803	5.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 12:09 pm

	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		
6.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	293,928		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	683,000		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	78,605		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	150,674	157,894	157,894		9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,696,167		10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	10,168		11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	3,300		12.00
13.00	23.00	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	65,775		13.00
14.00	30.00	ADULTS & PEDIATRICS	0	16,125	8,440	701,629		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	433,246		15.00
16.00	30.00	ADULTS & PEDIATRICS	0	133,622	0	60,876		16.00
17.00	32.00	CORONARY CARE UNIT	0	0	0	24,000		17.00
18.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	307,432	0	478,653		18.00
19.00	41.00	SUBPROVIDER - IRF	0	0	0	209,663		19.00
20.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	264,432		20.00
21.00	65.00	RESPIRATORY THERAPY	0	0	0	-2,429		21.00
22.00	69.00	ELECTROCARDIOLOGY	0	106,157	0	90,520		22.00
23.00	90.02	WOUND CARE CENTER	0	48,706	0	35,980		23.00
24.00	90.02	WOUND CARE CENTER	0	0	0	193,130		24.00
25.00	90.05	OP PSYCH CLINIC	0	13,423	7,009	553,777		25.00
26.00	90.05	OP PSYCH CLINIC	0	279,707	0	120,047		26.00
27.00	91.00	EMERGENCY	0	0	0	6,796,113		27.00
200.00			0	1,055,846	173,343	20,893,622		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,805,572	5,805,572			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,750,476		11,750,476		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,670,621	36,651	74,182	31,781,454	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	47,982,963	1,116,048	2,258,876	1,913,149	5.00
7.00 00700	OPERATION OF PLANT	11,751,062	690,940	1,398,463	643,218	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	127,102	9,986	20,211	0	8.00
9.00 00900	HOUSEKEEPING	2,933,199	21,614	43,747	545,516	9.00
10.00 01000	DIETARY	1,498,368	50,610	102,435	327,295	10.00
11.00 01100	CAFETERIA	798,155	37,296	75,487	319,842	11.00
13.00 01300	NURSING ADMINISTRATION	6,272,435	94,154	190,568	1,856,006	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,238,131	33,682	68,173	0	14.00
15.00 01500	PHARMACY	5,516,247	27,670	56,004	1,386,933	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	179,640	20,920	42,342	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL SERVICE LI ZATION	584,938	19,277	39,017	152,085	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	260,339	5,963	12,069	87,816	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	29,968,197	724,269	1,465,921	6,297,806	30.00
31.00 03100	INTENSIVE CARE UNIT	3,531,587	63,695	128,919	859,232	31.00
32.00 03200	CORONARY CARE UNIT	2,541,581	83,456	168,915	703,286	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,320,142	42,304	85,624	572,932	35.00
41.00 04100	SUBPROVIDER - I R F	873,971	75,379	152,568	283,240	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	728,762	22,414	45,365	201,394	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,771,436	304,436	616,179	1,604,453	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,240,859	21,478	43,471	904,208	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,440,299	207,549	420,078	851,486	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,535,269	126,684	256,408	954,385	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,427,039	136,143	275,553	736,590	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	797,389	8,027	16,247	204,305	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	426,062	12,031	24,351	118,238	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,398,409	40,154	81,271	382,213	59.00
60.00 06000	LABORATORY	11,614,257	108,312	219,223	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,449,558	8,182	16,560	682,229	65.00
66.00 06600	PHYSICAL THERAPY	7,374,054	60,317	122,082	1,993,284	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	868,775	15,205	30,774	261,833	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,268,389	26,833	54,310	54,852	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,499,925	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,920,065	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	20,763,918	0	0	0	73.00
73.01 07302	OP PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	1,254,065	4,884	9,886	12	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	680,373	23,300	47,159	186,337	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,247,413	69,001	139,658	367,966	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	2,908,227	20,926	42,354	458,999	90.01
90.02 09002	WOUND CARE CENTER	514,480	28,947	58,588	176,300	90.02
90.03 09003	PAIN CLINIC	259,187	18,595	37,637	61,881	90.03
90.05 09005	OP PSYCH CLINIC	1,558,406	74,381	150,548	581,884	90.05
91.00 09100	EMERGENCY	6,310,038	164,122	332,184	1,432,979	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	5,948,098	87,727	177,558	1,526,928	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period:
From 01/01/2018
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	294,809,478	4,743,562	9,600,965	29,691,112	289,507,615	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	117,341	5,845	11,831	17,437	152,454	190.00
190.01 19001 PROMPTCARE	2,040,647	39,893	80,744	395,803	2,557,087	190.01
190.02 19002 RENTAL PROPERTIES	16,018	119,363	241,591	0	376,972	190.02
190.03 19003 OLCOTT	436,634	17,046	34,501	114,828	603,009	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	703	7,438	15,055	0	23,196	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	880	0	0	0	880	190.07
190.08 19008 UNUSED SPACE	0	393,446	796,335	0	1,189,781	190.08
190.09 19009 CLINICAL TRIALS	163,845	3,099	6,273	43,179	216,396	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	4,731,161	147,573	298,687	939,394	6,116,815	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	825,687	46,984	95,096	173,161	1,140,928	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	1,895,260	101,190	204,808	406,540	2,607,798	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	135,529	274,311	0	409,840	194.03
194.04 07954 HOME CARE	0	14,876	30,110	0	44,986	194.04
194.05 07955 HOSPICE	0	29,728	60,169	0	89,897	194.05
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)	305,037,654	5,805,572	11,750,476	31,781,454	305,037,654	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 12:09 pm		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	53,271,036					5.00
7.00	00700	OPERATION OF PLANT	3,064,588	17,548,271				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,283	44,229	234,811			8.00
9.00	00900	HOUSEKEEPING	749,887	95,733		6	4,389,702	9.00
10.00	01000	DIETARY	418,673	224,164		0	6,632	2,628,177
11.00	01100	CAFETERIA	260,420	165,192		0	9,948	0
13.00	01300	NURSING ADMINISTRATION	1,780,133	417,030		43	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,399,416	149,186		0	0	0
15.00	01500	PHARMACY	1,478,341	122,556		454	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	51,395	92,658		0	16,581	0
18.00	01850	SOCIAL SERVICES	0	0		0	0	0
18.01	01851	CENTRAL STERILIZATION	168,280	85,383		2,233	0	0
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	77,481	26,411		0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,136,897	3,207,950	89,746		2,098,685	2,128,014
31.00	03100	INTENSIVE CARE UNIT	969,804	282,120	9,356		149,225	196,071
32.00	03200	CORONARY CARE UNIT	739,977	369,644	6,956		0	166,381
35.00	02060	NEONATAL INTENSIVE CARE UNIT	639,211	187,375	1,716		0	0
41.00	04100	SUBPROVIDER - I R F	293,084	333,871	4,475		132,644	137,711
42.00	04200	SUBPROVIDER	0	0	0		0	0
43.00	04300	NURSERY	211,152	99,275	2,647		75,027	0
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,390,216	1,348,416	19,342		414,514	0
50.01	05001	CV SURGERY	0	0	0		0	0
51.00	05100	RECOVERY ROOM	890,793	95,129	20,059		0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,040,893	919,279	11,937		247,050	0
53.00	05300	ANESTHESIOLOGY	0	0	0		0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,031,019	561,110	17,306		132,644	0
55.00	05500	RADIOLOGY-THERAPEUTIC	968,088	603,005	0		0	0
56.00	05600	RADIOISOTOPE	0	0	0		0	0
57.00	05700	CT SCAN	217,084	35,553	0		0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	122,866	53,289	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	402,452	177,849	4,463		0	0
60.00	06000	LABORATORY	2,526,752	479,736	68		58,032	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0		0	0
65.00	06500	RESPIRATORY THERAPY	667,887	36,240	0		0	0
66.00	06600	PHYSICAL THERAPY	2,020,619	267,157	19		20,726	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0		0	0
69.00	06900	ELECTROCARDIOLOGY	248,953	67,345	0		132,644	0
70.00	07000	ELECTROENCEPHALOGRAPHY	297,152	118,850	0		0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,010,080	0	0		99,483	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,580,100	0	0		0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,393,417	0	0		99,483	0
73.01	07302	OP PHARMACY	0	0	0		0	0
74.00	07400	RENAL DIALYSIS	268,474	21,634	0		0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		0	0
76.97	07697	CARDIAC REHABILITATION	198,295	103,201	3,017		0	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	385,946	305,621	0		0	0
90.01	09001	OP ONCOLOGY INFUSION CENTER	725,857	92,686	0		20,726	0
90.02	09002	WOUND CARE CENTER	164,683	128,211	0		16,581	0
90.03	09003	PAIN CLINIC	79,833	82,363	0		0	0
90.05	09005	OP PSYCH CLINIC	500,454	329,451	0		0	0
91.00	09100	EMERGENCY	1,743,350	726,934	39,295		638,351	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						0
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		0	0
95.00	09500	AMBULANCE SERVICES	1,637,765	388,560	1,673		0	0
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0		0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0		0	0
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		0	0
116.00	11600	HOSPICE	0	0	0		0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,985,050	12,844,396	234,811		4,368,976	2,628,177
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,258	25,889	0		0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	541,051	176,696	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	79,763	528,687	0	0	0	190.02
190.03	19003	OLCOTT	127,590	75,499	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	4,908	32,945	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	186	0	0	20,726	0	190.07
190.08	19008	UNUSED SPACE	251,745	1,742,659	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	45,787	13,727	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	1,294,251	653,631	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	241,408	208,103	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	551,781	448,191	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	86,718	600,287	0	0	0	194.03
194.04	07954	HOME CARE	9,519	65,890	0	0	0	194.04
194.05	07955	HOSPICE	19,021	131,671	0	0	0	194.05
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)	53,271,036	17,548,271	234,811	4,389,702	2,628,177	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,666,340					11.00
13.00	01300	90,403	10,700,772				13.00
14.00	01400	0	0	13,888,588			14.00
15.00	01500	61,482	0	55,328	8,705,015		15.00
16.00	01600	0	0	16	0	403,552	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	14,179	7	111,514	0	0	18.01
23.00	02301	4,015	0	239	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	404,296	4,581,320	649,726	80,504	39,854	30.00
31.00	03100	50,749	589,657	156,797	35,558	5,856	31.00
32.00	03200	41,678	504,790	82,250	13,524	4,490	32.00
35.00	02060	30,393	394,527	65,018	4,495	4,467	35.00
41.00	04100	17,378	211,573	21,188	475	1,553	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	11,513	161,032	20,302	515	1,178	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	83,313	681,817	1,718,410	34,714	51,229	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	49,214	643,694	41,193	4,861	8,079	51.00
52.00	05200	46,690	498,320	138,677	9,671	10,207	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	54,380	127,433	58,521	11,366	11,638	54.00
55.00	05500	36,629	72,338	178,307	920	25,532	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	11,117	0	53,181	2,764	6,918	57.00
58.00	05800	6,118	0	4,704	693	2,286	58.00
59.00	05900	20,154	193,096	184,059	5,297	16,409	59.00
60.00	06000	65,624	0	0	1	24,910	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	34,983	0	175,185	4,805	3,762	65.00
66.00	06600	90,108	323	8,161	0	7,558	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	15,569	58,943	13,817	1,558	5,642	69.00
70.00	07000	3,962	0	20,891	0	3,668	70.00
71.00	07100	0	0	3,428,086	0	19,520	71.00
72.00	07200	0	0	6,105,678	0	30,300	72.00
73.00	07300	0	0	0	8,403,504	45,490	73.00
73.01	07302	0	0	0	0	0	73.01
74.00	07400	2	29	5,196	2,627	1,201	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	0	0	0	0	75.01
76.97	07697	10,097	32,615	2,856	82	798	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	18,079	109,337	5,761	804	722	90.00
90.01	09001	25,399	319,618	61,547	9,885	4,520	90.01
90.02	09002	7,561	97,308	29,064	17	1,634	90.02
90.03	09003	3,034	28,803	6,625	221	749	90.03
90.05	09005	25,232	106,554	369	0	643	90.05
91.00	09100	93,443	1,116,773	381,272	69,165	50,961	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	118,381	0	75,307	6,802	11,778	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,545,175	10,529,907	13,859,245	8,704,828	403,552	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,342	0	39	0	190.00
190.01	19001	PROMPTCARE	21,860	66,661	25,021	89	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	6,135	18,881	16	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	147	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	24	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	2,734	235	52	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	63,557	85,088	4,215	98	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	7,318	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	17,048	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
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)	1,666,340	10,700,772	13,888,588	8,705,015	403,552

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERIL I ZATI ON	PARAMED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERIL I ZATI ON	0	1,176,913		18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	0	474,333	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	59,873,185
31.00 03100	INTENSIVE CARE UNIT	0	0	0	7,028,626
32.00 03200	CORONARY CARE UNIT	0	0	0	5,426,928
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	4,348,204
41.00 04100	SUBPROVIDER - IRF	0	0	0	2,539,110
42.00 04200	SUBPROVIDER	0	0	0	0
43.00 04300	NURSERY	0	0	0	1,580,576
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	1,079,359	0	19,117,834
50.01 05001	CV SURGERY	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	5,963,038
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	73,370	0	7,915,506
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,273	0	6,881,436
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,460,144
56.00 05600	RADIOISOTOPE	0	0	0	0
57.00 05700	CT SCAN	0	0	0	1,352,585
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	770,638
59.00 05900	CARDIAC CATHETERIZATION	0	12,819	0	2,918,645
60.00 06000	LABORATORY	0	0	0	15,096,915
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,079,391
66.00 06600	PHYSICAL THERAPY	0	0	0	11,964,408
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1,721,058
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,455	0	1,851,362
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,057,094
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,636,143
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	474,333	34,180,145
73.01 07302	OP PHARMACY	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	1,568,010
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	1,288,130
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	2,650,308
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	0	4,690,744
90.02 09002	WOUND CARE CENTER	0	3,000	0	1,226,374
90.03 09003	PAIN CLINIC	0	273	0	579,201
90.05 09005	OP PSYCH CLINIC	0	0	0	3,327,922
91.00 09100	EMERGENCY	0	818	0	13,099,685
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	9,980,577
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY				
		18.00	18.01	23.00				
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,175,367	474,333	281,173,922	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	212,982	0	190.00
190.01	19001	PROMPTCARE	0	0	0	3,388,465	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	985,422	0	190.02
190.03	19003	OLCOTT	0	0	0	831,130	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	61,196	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	1,273	0	23,089	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	3,184,185	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	278,931	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	273	0	8,217,928	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	1,597,757	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	3,624,818	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	1,096,845	0	194.03
194.04	07954	HOME CARE	0	0	0	120,395	0	194.04
194.05	07955	HOSPICE	0	0	0	240,589	0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,176,913	474,333	305,037,654	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	SOCIAL SERVICES	18.00
18.01	01851	CENTRAL STERILIZATION	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	CV SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07302	OP PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	90.01
90.02	09002	WOUND CARE CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.05	09005	OP PSYCH CLINIC	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	100.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
114.00	11400	UTILIZATION REVIEW-SNF	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	115.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	PROMPTCARE	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	985,422	190.02
190.03	19003 OLCOTT	831,130	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	61,196	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	23,089	190.07
190.08	19008 UNUSED SPACE	3,184,185	190.08
190.09	19009 CLINICAL TRIALS	278,931	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	8,217,928	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	1,597,757	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	3,624,818	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	1,096,845	194.03
194.04	07954 HOME CARE	120,395	194.04
194.05	07955 HOSPICE	240,589	194.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	305,037,654	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,651	74,182	110,833	110,833	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,116,048	2,258,876	3,374,924	6,674	5.00
7.00 00700	OPERATION OF PLANT	0	690,940	1,398,463	2,089,403	2,244	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,986	20,211	30,197	0	8.00
9.00 00900	HOUSEKEEPING	0	21,614	43,747	65,361	1,903	9.00
10.00 01000	DIETARY	0	50,610	102,435	153,045	1,142	10.00
11.00 01100	CAFETERIA	0	37,296	75,487	112,783	1,116	11.00
13.00 01300	NURSING ADMINISTRATION	0	94,154	190,568	284,722	6,475	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	33,682	68,173	101,855	0	14.00
15.00 01500	PHARMACY	0	27,670	56,004	83,674	4,839	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	20,920	42,342	63,262	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	19,277	39,017	58,294	531	18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	5,963	12,069	18,032	306	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	724,269	1,465,921	2,190,190	21,928	30.00
31.00 03100	INTENSIVE CARE UNIT	0	63,695	128,919	192,614	2,998	31.00
32.00 03200	CORONARY CARE UNIT	0	83,456	168,915	252,371	2,454	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	42,304	85,624	127,928	1,999	35.00
41.00 04100	SUBPROVIDER - I RF	0	75,379	152,568	227,947	988	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	22,414	45,365	67,779	703	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	304,436	616,179	920,615	5,597	50.00
50.01 05001	CV SURGERY	0	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	21,478	43,471	64,949	3,154	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	207,549	420,078	627,627	2,971	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	126,684	256,408	383,092	3,330	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	136,143	275,553	411,696	2,570	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700	CT SCAN	0	8,027	16,247	24,274	713	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,031	24,351	36,382	412	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	40,154	81,271	121,425	1,333	59.00
60.00 06000	LABORATORY	0	108,312	219,223	327,535	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	8,182	16,560	24,742	2,380	65.00
66.00 06600	PHYSICAL THERAPY	0	60,317	122,082	182,399	6,954	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	15,205	30,774	45,979	913	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	26,833	54,310	81,143	191	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07302	OP PHARMACY	0	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	4,884	9,886	14,770	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	0	23,300	47,159	70,459	650	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	69,001	139,658	208,659	1,284	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	20,926	42,354	63,280	1,601	90.01
90.02 09002	WOUND CARE CENTER	0	28,947	58,588	87,535	615	90.02
90.03 09003	PAIN CLINIC	0	18,595	37,637	56,232	216	90.03
90.05 09005	OP PSYCH CLINIC	0	74,381	150,548	224,929	2,030	90.05
91.00 09100	EMERGENCY	0	164,122	332,184	496,306	4,999	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	87,727	177,558	265,285	5,327	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW-SNF						114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	4,743,562	9,600,965	14,344,527	103,540	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,845	11,831	17,676	61	190.00
190.01 19001 PROMPTCARE	0	39,893	80,744	120,637	1,381	190.01
190.02 19002 RENTAL PROPERTIES	0	119,363	241,591	360,954	0	190.02
190.03 19003 OLCOTT	0	17,046	34,501	51,547	401	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	7,438	15,055	22,493	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	393,446	796,335	1,189,781	0	190.08
190.09 19009 CLINICAL TRIALS	0	3,099	6,273	9,372	151	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	0	147,573	298,687	446,260	3,277	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	46,984	95,096	142,080	604	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	101,190	204,808	305,998	1,418	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	135,529	274,311	409,840	0	194.03
194.04 07954 HOME CARE	0	14,876	30,110	44,986	0	194.04
194.05 07955 HOSPICE	0	29,728	60,169	89,897	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	5,805,572	11,750,476	17,556,048	110,833	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:09 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,381,598					5.00
7.00	00700	OPERATION OF PLANT	194,530	2,286,177				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,113	5,762	38,072			8.00
9.00	00900	HOUSEKEEPING	47,600	12,472	1	127,337		9.00
10.00	01000	DIETARY	26,576	29,204	0	192	210,159	10.00
11.00	01100	CAFETERIA	16,531	21,521	0	289	0	11.00
13.00	01300	NURSING ADMINISTRATION	112,997	54,330	7	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	152,307	19,436	0	0	0	14.00
15.00	01500	PHARMACY	93,840	15,966	74	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,262	12,071	0	481	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	10,682	11,124	362	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	4,918	3,441	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	516,629	417,932	14,552	60,880	170,164	30.00
31.00	03100	INTENSIVE CARE UNIT	61,560	36,754	1,517	4,329	15,679	31.00
32.00	03200	CORONARY CARE UNIT	46,971	48,157	1,128	0	13,304	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	40,575	24,411	278	0	0	35.00
41.00	04100	SUBPROVIDER - IIRF	18,604	43,497	726	3,848	11,012	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,403	12,933	429	2,176	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	151,723	175,671	3,136	12,024	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	56,545	12,393	3,252	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,073	119,763	1,935	7,166	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,446	73,101	2,806	3,848	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	61,451	78,559	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	13,780	4,632	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,799	6,942	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,546	23,170	724	0	0	59.00
60.00	06000	LABORATORY	160,390	62,500	11	1,683	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	42,395	4,721	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	128,263	34,805	3	601	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,803	8,774	0	3,848	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,862	15,484	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	127,593	0	0	2,886	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	227,253	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	278,880	0	0	2,886	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	17,042	2,818	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	12,587	13,445	489	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,499	39,816	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	46,075	12,075	0	601	0	90.01
90.02	09002	WOUND CARE CENTER	10,454	16,703	0	481	0	90.02
90.03	09003	PAIN CLINIC	5,068	10,730	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	31,767	42,921	0	0	0	90.05
91.00	09100	EMERGENCY	110,662	94,704	6,371	18,517	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	103,960	50,621	271	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,173,014	1,673,359	38,072	126,736	210,159	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,048	3,373	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	34,344	23,020	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	5,063	68,877	0	0	0	190.02
190.03	19003	OLCOTT	8,099	9,836	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	312	4,292	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	12	0	0	601	0	190.07
190.08	19008	UNUSED SPACE	15,980	227,032	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	2,906	1,788	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	82,155	85,155	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	15,324	27,112	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	35,025	58,390	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	5,505	78,205	0	0	0	194.03
194.04	07954	HOME CARE	604	8,584	0	0	0	194.04
194.05	07955	HOSPICE	1,207	17,154	0	0	0	194.05
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)	3,381,598	2,286,177	38,072	127,337	210,159	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	152,240					11.00
13.00	01300	NURSING ADMINISTRATION	8,259	466,790				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	273,598			14.00
15.00	01500	PHARMACY	5,617	0	1,090	205,100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	79,076	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	1,295	0	2,197	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	367	0	5	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,936	199,847	12,800	1,897	7,724	30.00
31.00	03100	INTENSIVE CARE UNIT	4,637	25,722	3,089	838	1,135	31.00
32.00	03200	CORONARY CARE UNIT	3,808	22,020	1,620	319	870	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,777	17,210	1,281	106	866	35.00
41.00	04100	SUBPROVIDER - I RF	1,588	9,229	417	11	301	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,052	7,025	400	12	228	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,612	29,742	33,854	818	10,794	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,496	28,079	812	115	1,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,266	21,738	2,732	228	1,978	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,968	5,559	1,153	268	2,255	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,346	3,156	3,513	22	4,948	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,016	0	1,048	65	1,341	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	559	0	93	16	443	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,841	8,423	3,626	125	3,180	59.00
60.00	06000	LABORATORY	5,996	0	0	0	4,828	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,196	0	3,451	113	729	65.00
66.00	06600	PHYSICAL THERAPY	8,232	14	161	0	1,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,422	2,571	272	37	1,093	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	362	0	412	0	711	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	67,535	0	3,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	120,269	0	5,872	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	197,995	8,816	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1	102	62	233	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	922	1,423	56	2	155	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,652	4,770	113	19	140	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	2,321	13,942	1,213	233	876	90.01
90.02	09002	WOUND CARE CENTER	691	4,245	573	0	317	90.02
90.03	09003	PAIN CLINIC	277	1,256	131	5	145	90.03
90.05	09005	OP PSYCH CLINIC	2,305	4,648	7	0	125	90.05
91.00	09100	EMERGENCY	8,537	48,716	7,511	1,630	9,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	10,816	0	1,484	160	2,283	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,169	459,336	273,020	205,096	79,076	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	214	0	1	0	0	190.00
190.01	19001	PROMPTCARE	1,997	2,908	493	2	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	561	824	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	13	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	2	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	250	10	1	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	5,807	3,712	83	2	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	669	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	1,558	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
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)	152,240	466,790	273,598	205,100	79,076	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERIL I ZATI ON	PARAMED ED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERIL I ZATI ON	0	84,485		18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	27,069	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	3,651,479	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	350,872	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	393,022	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	217,431	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	318,168	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	106,140	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	77,482	1,429,068	0 50.00
50.01 05001	CV SURGERY	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	175,361	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5,267	861,744	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	235	546,061	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	569,261	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	46,869	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	52,646	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	920	190,313	0 59.00
60.00 06000	LABORATORY	0	0	562,943	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	81,727	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	362,897	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	80,712	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	176	117,341	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	201,797	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	353,394	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	488,577	0 73.00
73.01 07302	OP PHARMACY	0	0	0	0 73.01
74.00 07400	RENAL DIALYSIS	0	0	35,028	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0 75.01
76.97 07697	CARDIAC REHABILITATION	0	0	100,188	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	280,952	0 90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	142,217	0 90.01
90.02 09002	WOUND CARE CENTER	0	215	121,829	0 90.02
90.03 09003	PAIN CLINIC	0	20	74,080	0 90.03
90.05 09005	OP PSYCH CLINIC	0	0	308,732	0 90.05
91.00 09100	EMERGENCY	0	59	807,888	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	440,207	0 95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

Period:
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Part II
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY			
		18.00	18.01	23.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	84,374	0	13,468,944	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	23,373	0	190.00
190.01	19001	PROMPTCARE	0	0	184,782	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	434,894	0	190.02
190.03	19003	OLCOTT	0	0	71,268	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	27,110	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	91	706	0	190.07
190.08	19008	UNUSED SPACE	0	0	1,432,793	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	14,478	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	20	626,471	0	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	185,789	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	402,389	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	493,550	0	194.03
194.04	07954	HOME CARE	0	0	54,174	0	194.04
194.05	07955	HOSPICE	0	0	108,258	0	194.05
200.00		Cross Foot Adjustments			27,069	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	84,485	27,069	17,556,048	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:09 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	SOCIAL SERVICES		18.00
18.01	01851	CENTRAL STERILIZATION		18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	3,651,479	30.00
31.00	03100	INTENSIVE CARE UNIT	350,872	31.00
32.00	03200	CORONARY CARE UNIT	393,022	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	217,431	35.00
41.00	04100	SUBPROVIDER - IRF	318,168	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	106,140	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,429,068	50.00
50.01	05001	CV SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	175,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	861,744	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	546,061	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	569,261	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	46,869	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52,646	58.00
59.00	05900	CARDIAC CATHETERIZATION	190,313	59.00
60.00	06000	LABORATORY	562,943	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	81,727	65.00
66.00	06600	PHYSICAL THERAPY	362,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	80,712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,341	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	201,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	353,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	488,577	73.00
73.01	07302	OP PHARMACY	0	73.01
74.00	07400	RENAL DIALYSIS	35,028	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697	CARDIAC REHABILITATION	100,188	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	280,952	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	142,217	90.01
90.02	09002	WOUND CARE CENTER	121,829	90.02
90.03	09003	PAIN CLINIC	74,080	90.03
90.05	09005	OP PSYCH CLINIC	308,732	90.05
91.00	09100	EMERGENCY	807,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	440,207	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,468,944	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,373	190.00
190.01	19001	PROMPTCARE	184,782	190.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	434,894	190.02
190.03	19003 OLCOTT	71,268	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	27,110	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	706	190.07
190.08	19008 UNUSED SPACE	1,432,793	190.08
190.09	19009 CLINICAL TRIALS	14,478	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	626,471	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	185,789	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	402,389	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	493,550	194.03
194.04	07954 HOME CARE	54,174	194.04
194.05	07955 HOSPICE	108,258	194.05
200.00	Cross Foot Adjustments	27,069	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	17,556,048	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	936,618				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		936,618			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,913	5,913	104,696,943		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	180,053	180,053	6,302,436	-53,271,036	5.00
7.00 00700	OPERATION OF PLANT	111,470	111,470	2,118,936	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,611	1,611	0	0	8.00
9.00 00900	HOUSEKEEPING	3,487	3,487	1,797,080	0	9.00
10.00 01000	DIETARY	8,165	8,165	1,078,199	0	10.00
11.00 01100	CAFETERIA	6,017	6,017	1,053,647	0	11.00
13.00 01300	NURSING ADMINISTRATION	15,190	15,190	6,114,193	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,434	5,434	0	0	14.00
15.00 01500	PHARMACY	4,464	4,464	4,568,937	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,375	3,375	0	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	3,110	3,110	501,011	0	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	962	962	289,290	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	116,847	116,847	20,746,819	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,276	10,276	2,830,547	0	31.00
32.00 03200	CORONARY CARE UNIT	13,464	13,464	2,316,816	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	6,825	6,825	1,887,395	0	35.00
41.00 04100	SUBPROVIDER - IRF	12,161	12,161	933,071	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	3,616	3,616	663,448	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	49,115	49,115	5,285,508	0	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,465	3,465	2,978,709	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	33,484	33,484	2,805,030	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,438	20,438	3,144,005	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	21,964	21,964	2,426,528	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,295	1,295	673,036	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	1,941	389,509	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,478	6,478	1,259,114	0	59.00
60.00 06000	LABORATORY	17,474	17,474	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,320	1,320	2,247,451	0	65.00
66.00 06600	PHYSICAL THERAPY	9,731	9,731	6,566,423	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	2,453	2,453	862,549	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,329	4,329	180,696	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07302	OP PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	788	788	40	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	3,759	3,759	613,846	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	11,132	11,132	1,212,181	0	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	3,376	3,376	1,512,067	0	90.01
90.02 09002	WOUND CARE CENTER	4,670	4,670	580,779	0	90.02
90.03 09003	PAIN CLINIC	3,000	3,000	203,854	0	90.03
90.05 09005	OP PSYCH CLINIC	12,000	12,000	1,916,886	0	90.05
91.00 09100	EMERGENCY	26,478	26,478	4,720,627	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	14,153	14,153	5,030,120	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	765,283	765,283	97,810,783	-53,271,036	236,236,579	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	57,442	0	152,454	190.00
190.01	19001	PROMPTCARE	6,436	6,436	1,303,883	0	2,557,087	190.01
190.02	19002	RENTAL PROPERTIES	19,257	19,257	0	0	376,972	190.02
190.03	19003	OLCOTT	2,750	2,750	378,274	0	603,009	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	1,200	0	0	23,196	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	880	190.07
190.08	19008	UNUSED SPACE	63,475	63,475	0	0	1,189,781	190.08
190.09	19009	CLINICAL TRIALS	500	500	142,245	0	216,396	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	23,808	23,808	3,094,623	0	6,116,815	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	7,580	7,580	570,440	0	1,140,928	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	16,325	16,325	1,339,253	0	2,607,798	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	21,865	21,865	0	0	409,840	194.03
194.04	07954	HOME CARE	2,400	2,400	0	0	44,986	194.04
194.05	07955	HOSPICE	4,796	4,796	0	0	89,897	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,805,572	11,750,476	31,781,454		53,271,036	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.198442	12.545644	0.303557		0.211589	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			110,833		3,381,598	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001059		0.013431	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: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	639,182				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,611	1,391,505			8.00	
9.00	00900	HOUSEKEEPING	3,487	38	10,590		9.00	
10.00	01000	DIETARY	8,165	0	16	54,086	10.00	
11.00	01100	CAFETERIA	6,017	0	24	0	3,173,677	11.00
13.00	01300	NURSING ADMINISTRATION	15,190	255	0	0	172,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,434	0	0	0	0	14.00
15.00	01500	PHARMACY	4,464	2,693	0	0	117,097	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,375	0	40	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	3,110	13,234	0	0	27,005	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	962	0	0	0	7,647	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,847	531,841	5,063	43,793	770,012	30.00
31.00	03100	INTENSIVE CARE UNIT	10,276	55,443	360	4,035	96,655	31.00
32.00	03200	CORONARY CARE UNIT	13,464	41,222	0	3,424	79,379	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,825	10,167	0	0	57,885	35.00
41.00	04100	SUBPROVIDER - IIRF	12,161	26,517	320	2,834	33,098	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,616	15,685	181	0	21,928	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,115	114,624	1,000	0	158,677	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,465	118,872	0	0	93,732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,484	70,738	596	0	88,925	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,438	102,555	320	0	103,572	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,964	0	0	0	69,762	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,295	0	0	0	21,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	0	0	0	11,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,478	26,448	0	0	38,384	59.00
60.00	06000	LABORATORY	17,474	402	140	0	124,987	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,320	0	0	0	66,627	65.00
66.00	06600	PHYSICAL THERAPY	9,731	114	50	0	171,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,453	0	320	0	29,652	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,329	0	0	0	7,546	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	240	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	240	0	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	788	0	0	0	4	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,759	17,878	0	0	19,230	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,132	0	0	0	34,433	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,376	0	50	0	48,375	90.01
90.02	09002	WOUND CARE CENTER	4,670	0	40	0	14,400	90.02
90.03	09003	PAIN CLINIC	3,000	0	0	0	5,779	90.03
90.05	09005	OP PSYCH CLINIC	12,000	0	0	0	48,056	90.05
91.00	09100	EMERGENCY	26,478	232,866	1,540	0	177,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,153	9,913	0	0	225,467	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	467,847	1,391,505	10,540	54,086	2,942,906	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	0	0	4,461	190.00
190.01	19001	PROMPTCARE	6,436	0	0	0	41,634	190.01
190.02	19002	RENTAL PROPERTIES	19,257	0	0	0	0	190.02
190.03	19003	OLCOTT	2,750	0	0	0	11,685	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	0	0	0	280	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	50	0	46	190.07
190.08	19008	UNUSED SPACE	63,475	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	500	0	0	0	5,208	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	23,808	0	0	0	121,050	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	7,580	0	0	0	13,937	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	16,325	0	0	0	32,470	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	21,865	0	0	0	0	194.03
194.04	07954	HOME CARE	2,400	0	0	0	0	194.04
194.05	07955	HOSPICE	4,796	0	0	0	0	194.05
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)	17,548,271	234,811	4,389,702	2,628,177	1,666,340	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.454263	0.168746	414.513881	48.592556	0.525050	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,286,177	38,072	127,337	210,159	152,240	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.576723	0.027360	12.024268	3.885645	0.047970	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: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	1,457,077					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	38,488,091				14.00
15.00 01500 PHARMACY	0	153,325	21,508,910			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	45	0	1,566,624,839		16.00
18.00 01850 SOCIAL SERVICES	0	0	0	0	0	18.00
18.01 01851 CENTRAL STERILIZATION	1	309,028	0	0	0	18.01
23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	663	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	623,818	1,800,523	198,915	154,474,171	0	30.00
31.00 03100 INTENSIVE CARE UNIT	80,291	434,516	87,858	22,696,356	0	31.00
32.00 03200 CORONARY CARE UNIT	68,735	227,931	33,416	17,404,329	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	53,721	180,178	11,107	17,315,512	0	35.00
41.00 04100 SUBPROVIDER - I RF	28,809	58,715	1,174	6,019,532	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	21,927	56,262	1,273	4,564,000	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	92,840	4,762,065	85,773	201,032,079	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	87,649	114,155	12,011	31,313,685	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	67,854	384,302	23,896	39,561,676	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,352	162,174	28,085	45,108,582	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,850	494,126	2,273	98,962,524	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	147,375	6,830	26,814,322	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,035	1,712	8,859,864	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	26,293	510,066	13,089	63,600,103	0	59.00
60.00 06000 LABORATORY	0	0	2	96,552,046	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	485,472	11,872	14,580,246	0	65.00
66.00 06600 PHYSICAL THERAPY	44	22,615	0	29,294,610	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	8,026	38,289	3,850	21,867,766	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	57,893	0	14,217,782	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,499,925	0	75,657,223	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,920,065	0	117,439,983	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	20,763,918	176,318,541	0	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	4	14,399	6,491	4,654,015	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	4,441	7,914	202	3,093,904	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	14,888	15,965	1,987	2,799,119	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	43,521	170,559	24,425	17,518,614	0	90.01
90.02 09002 WOUND CARE CENTER	13,250	80,541	42	6,333,926	0	90.02
90.03 09003 PAIN CLINIC	3,922	18,359	545	2,902,592	0	90.03
90.05 09005 OP PSYCH CLINIC	14,509	1,022	0	2,493,323	0	90.05
91.00 09100 EMERGENCY	152,066	1,056,582	170,896	197,521,357	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	208,692	16,807	45,653,057	0	95.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,433,811	38,406,776	21,508,449	1,566,624,839	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	107	0	0	0	190.00
190.01	19001	9,077	69,337	220	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	2,571	45	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	0	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	32	144	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	11,586	11,682	241	0	0	190.11
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		10,700,772	13,888,588	8,705,015	403,552	0	202.00
203.00		7.343999	0.360854	0.404717	0.000258	0.000000	203.00
204.00		466,790	273,598	205,100	79,076	0	204.00
205.00		0.320361	0.007109	0.009536	0.000050	0.000000	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)	
		18.01	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	SOCIAL SERVICES		18.00
18.01	01851	CENTRAL STERILIZATION	64,725	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	59,360	50.00
50.01	05001	CV SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,035	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	705	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07302	OP PHARMACY	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	90.01
90.02	09002	WOUND CARE CENTER	165	90.02
90.03	09003	PAIN CLINIC	15	90.03
90.05	09005	OP PSYCH CLINIC	0	90.05
91.00	09100	EMERGENCY	45	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	
		CENTRAL STERILIZATION (TIME SPENT)	(TIME SPENT)	
		18.01	23.00	
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	64,640	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 PROMPTCARE	0	0	190.01
190.02	19002 RENTAL PROPERTIES	0	0	190.02
190.03	19003 OLCOTT	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005 FOUNDATION	0	0	190.05
190.06	19006 MARKETING	0	0	190.06
190.07	19007 HME STORE	70	0	190.07
190.08	19008 UNUSED SPACE	0	0	190.08
190.09	19009 CLINICAL TRIALS	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	15	0	190.11
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	194.03
194.04	07954 HOME CARE	0	0	194.04
194.05	07955 HOSPICE	0	0	194.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,176,913	474,333	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.183283	4,743.330000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	84,485	27,069	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.305292	270.690000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	59,873,185		59,873,185	8,440	59,881,625	30.00
31.00	03100 INTENSIVE CARE UNIT	7,028,626		7,028,626	0	7,028,626	31.00
32.00	03200 CORONARY CARE UNIT	5,426,928		5,426,928	0	5,426,928	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,348,204		4,348,204	0	4,348,204	35.00
41.00	04100 SUBPROVIDER - IRF	2,539,110		2,539,110	0	2,539,110	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,580,576		1,580,576	0	1,580,576	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,117,834		19,117,834	0	19,117,834	50.00
50.01	05001 CV SURGERY	0		0	0	0	50.01
51.00	05100 RECOVERY ROOM	5,963,038		5,963,038	0	5,963,038	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,915,506		7,915,506	0	7,915,506	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,881,436		6,881,436	0	6,881,436	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,460,144		6,460,144	0	6,460,144	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	1,352,585		1,352,585	0	1,352,585	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	770,638		770,638	0	770,638	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,918,645		2,918,645	0	2,918,645	59.00
60.00	06000 LABORATORY	15,096,915		15,096,915	0	15,096,915	60.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,079,391	0	4,079,391	0	4,079,391	65.00
66.00	06600 PHYSICAL THERAPY	11,964,408	0	11,964,408	0	11,964,408	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,721,058		1,721,058	0	1,721,058	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,851,362		1,851,362	0	1,851,362	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,057,094		15,057,094	0	15,057,094	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	26,636,143		26,636,143	0	26,636,143	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	34,180,145		34,180,145	0	34,180,145	73.00
73.01	07302 OP PHARMACY	0		0	0	0	73.01
74.00	07400 RENAL DIALYSIS	1,568,010		1,568,010	0	1,568,010	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	1,288,130		1,288,130	0	1,288,130	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,650,308		2,650,308	0	2,650,308	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	4,690,744		4,690,744	0	4,690,744	90.01
90.02	09002 WOUND CARE CENTER	1,226,374		1,226,374	0	1,226,374	90.02
90.03	09003 PAIN CLINIC	579,201		579,201	0	579,201	90.03
90.05	09005 OP PSYCH CLINIC	3,327,922		3,327,922	7,009	3,334,931	90.05
91.00	09100 EMERGENCY	13,099,685		13,099,685	0	13,099,685	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,582,193		5,582,193	0	5,582,193	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	9,980,577		9,980,577	0	9,980,577	95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	286,756,115	0	286,756,115	15,449	286,771,564	200.00
201.00	Less Observation Beds	5,582,193		5,582,193		5,582,193	201.00
202.00	Total (see instructions)	281,173,922	0	281,173,922	15,449	281,189,371	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 12:09 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	123,652,604		123,652,604				30.00
31.00	03100	INTENSIVE CARE UNIT	22,696,356		22,696,356				31.00
32.00	03200	CORONARY CARE UNIT	17,404,329		17,404,329				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,315,512		17,315,512				35.00
41.00	04100	SUBPROVIDER - IRF	6,019,532		6,019,532				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	4,564,000		4,564,000				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	83,524,657	117,507,422	201,032,079	0.095098	0.000000		50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	9,404,093	21,909,592	31,313,685	0.190429	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,527,941	4,033,735	39,561,676	0.200080	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,509,658	29,598,924	45,108,582	0.152553	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,436,292	94,526,232	98,962,524	0.065279	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	9,446,578	17,367,744	26,814,322	0.050443	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,436,222	6,423,642	8,859,864	0.086981	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	22,717,911	40,882,192	63,600,103	0.045891	0.000000		59.00
60.00	06000	LABORATORY	41,114,612	55,437,434	96,552,046	0.156360	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	12,130,648	2,449,598	14,580,246	0.279789	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	13,819,386	15,475,224	29,294,610	0.408417	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	11,516,935	10,350,831	21,867,766	0.078703	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,608,872	11,608,910	14,217,782	0.130215	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,604,451	48,052,772	75,657,223	0.199017	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,305,255	45,134,728	117,439,983	0.226806	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,971,070	105,347,471	176,318,541	0.193855	0.000000		73.00
73.01	07302	OP PHARMACY	0	0	0	0.000000	0.000000		73.01
74.00	07400	RENAL DIALYSIS	3,923,453	730,562	4,654,015	0.336916	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	400,999	2,692,905	3,093,904	0.416345	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	15,118	2,784,001	2,799,119	0.946836	0.000000		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,962,365	15,556,249	17,518,614	0.267758	0.000000		90.01
90.02	09002	WOUND CARE CENTER	7,265	6,326,661	6,333,926	0.193620	0.000000		90.02
90.03	09003	PAIN CLINIC	323	2,902,269	2,902,592	0.199546	0.000000		90.03
90.05	09005	OP PSYCH CLINIC	8,297	2,485,026	2,493,323	1.334734	0.000000		90.05
91.00	09100	EMERGENCY	44,773,253	152,748,104	197,521,357	0.066320	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,837,868	27,983,699	30,821,567	0.181113	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	244,421	45,408,636	45,653,057	0.218618	0.000000		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	680,900,276	885,724,563	1,566,624,839				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	680,900,276	885,724,563	1,566,624,839				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 12:09 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.095098		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.190429		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200080		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152553		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.065279		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.050443		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086981		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045891		59.00
60.00	06000	LABORATORY	0.156360		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.279789		65.00
66.00	06600	PHYSICAL THERAPY	0.408417		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.078703		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130215		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226806		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193855		73.00
73.01	07302	OP PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.336916		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.416345		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.946836		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.267758		90.01
90.02	09002	WOUND CARE CENTER	0.193620		90.02
90.03	09003	PAIN CLINIC	0.199546		90.03
90.05	09005	OP PSYCH CLINIC	1.337545		90.05
91.00	09100	EMERGENCY	0.066320		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.181113		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.218618		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,873,185		59,873,185	8,440	59,881,625	30.00
31.00	03100	INTENSIVE CARE UNIT	7,028,626		7,028,626	0	7,028,626	31.00
32.00	03200	CORONARY CARE UNIT	5,426,928		5,426,928	0	5,426,928	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,348,204		4,348,204	0	4,348,204	35.00
41.00	04100	SUBPROVIDER - IRF	2,539,110		2,539,110	0	2,539,110	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,580,576		1,580,576	0	1,580,576	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,117,834		19,117,834	0	19,117,834	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,963,038		5,963,038	0	5,963,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,915,506		7,915,506	0	7,915,506	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,881,436		6,881,436	0	6,881,436	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,460,144		6,460,144	0	6,460,144	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,352,585		1,352,585	0	1,352,585	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	770,638		770,638	0	770,638	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,918,645		2,918,645	0	2,918,645	59.00
60.00	06000	LABORATORY	15,096,915		15,096,915	0	15,096,915	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,079,391	0	4,079,391	0	4,079,391	65.00
66.00	06600	PHYSICAL THERAPY	11,964,408	0	11,964,408	0	11,964,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,721,058		1,721,058	0	1,721,058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,851,362		1,851,362	0	1,851,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,057,094		15,057,094	0	15,057,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,636,143		26,636,143	0	26,636,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,180,145		34,180,145	0	34,180,145	73.00
73.01	07302	OP PHARMACY	0		0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,568,010		1,568,010	0	1,568,010	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,288,130		1,288,130	0	1,288,130	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,650,308		2,650,308	0	2,650,308	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	4,690,744		4,690,744	0	4,690,744	90.01
90.02	09002	WOUND CARE CENTER	1,226,374		1,226,374	0	1,226,374	90.02
90.03	09003	PAIN CLINIC	579,201		579,201	0	579,201	90.03
90.05	09005	OP PSYCH CLINIC	3,327,922		3,327,922	7,009	3,334,931	90.05
91.00	09100	EMERGENCY	13,099,685		13,099,685	0	13,099,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,582,193		5,582,193	0	5,582,193	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	9,980,577		9,980,577	0	9,980,577	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	286,756,115	0	286,756,115	15,449	286,771,564	200.00
201.00		Less Observation Beds	5,582,193		5,582,193		5,582,193	201.00
202.00		Total (see instructions)	281,173,922	0	281,173,922	15,449	281,189,371	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	123,652,604		123,652,604		30.00
31.00	03100	INTENSIVE CARE UNIT	22,696,356		22,696,356		31.00
32.00	03200	CORONARY CARE UNIT	17,404,329		17,404,329		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,315,512		17,315,512		35.00
41.00	04100	SUBPROVIDER - IRF	6,019,532		6,019,532		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,564,000		4,564,000		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	83,524,657	117,507,422	201,032,079	0.095098	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,404,093	21,909,592	31,313,685	0.190429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,527,941	4,033,735	39,561,676	0.200080	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,509,658	29,598,924	45,108,582	0.152553	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,436,292	94,526,232	98,962,524	0.065279	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	9,446,578	17,367,744	26,814,322	0.050443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,436,222	6,423,642	8,859,864	0.086981	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,717,911	40,882,192	63,600,103	0.045891	59.00
60.00	06000	LABORATORY	41,114,612	55,437,434	96,552,046	0.156360	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,130,648	2,449,598	14,580,246	0.279789	65.00
66.00	06600	PHYSICAL THERAPY	13,819,386	15,475,224	29,294,610	0.408417	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,516,935	10,350,831	21,867,766	0.078703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,608,872	11,608,910	14,217,782	0.130215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,604,451	48,052,772	75,657,223	0.199017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,305,255	45,134,728	117,439,983	0.226806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,971,070	105,347,471	176,318,541	0.193855	73.00
73.01	07302	OP PHARMACY	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	3,923,453	730,562	4,654,015	0.336916	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	400,999	2,692,905	3,093,904	0.416345	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,118	2,784,001	2,799,119	0.946836	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,962,365	15,556,249	17,518,614	0.267758	90.01
90.02	09002	WOUND CARE CENTER	7,265	6,326,661	6,333,926	0.193620	90.02
90.03	09003	PAIN CLINIC	323	2,902,269	2,902,592	0.199546	90.03
90.05	09005	OP PSYCH CLINIC	8,297	2,485,026	2,493,323	1.334734	90.05
91.00	09100	EMERGENCY	44,773,253	152,748,104	197,521,357	0.066320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,837,868	27,983,699	30,821,567	0.181113	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	244,421	45,408,636	45,653,057	0.218618	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	680,900,276	885,724,563	1,566,624,839		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	680,900,276	885,724,563	1,566,624,839		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 12:09 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.095098		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.190429		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200080		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152553		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.065279		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.050443		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086981		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045891		59.00
60.00	06000	LABORATORY	0.156360		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.279789		65.00
66.00	06600	PHYSICAL THERAPY	0.408417		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.078703		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130215		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226806		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193855		73.00
73.01	07302	OP PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.336916		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.416345		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.946836		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.267758		90.01
90.02	09002	WOUND CARE CENTER	0.193620		90.02
90.03	09003	PAIN CLINIC	0.199546		90.03
90.05	09005	OP PSYCH CLINIC	1.337545		90.05
91.00	09100	EMERGENCY	0.066320		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.181113		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.218618		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 5/28/2019 12:09 pm

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,117,834	1,429,068	17,688,766	0	0	50.00	
50.01	05001	CV SURGERY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	5,963,038	175,361	5,787,677	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,915,506	861,744	7,053,762	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,881,436	546,061	6,335,375	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	6,460,144	569,261	5,890,883	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	1,352,585	46,869	1,305,716	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	770,638	52,646	717,992	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,918,645	190,313	2,728,332	0	0	59.00	
60.00	06000	LABORATORY	15,096,915	562,943	14,533,972	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	4,079,391	81,727	3,997,664	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	11,964,408	362,897	11,601,511	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,721,058	80,712	1,640,346	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,851,362	117,341	1,734,021	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,057,094	201,797	14,855,297	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,636,143	353,394	26,282,749	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	34,180,145	488,577	33,691,568	0	0	73.00	
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	1,568,010	35,028	1,532,982	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
76.97	07697	CARDIAC REHABILITATION	1,288,130	100,188	1,187,942	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,650,308	280,952	2,369,356	0	0	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	4,690,744	142,217	4,548,527	0	0	90.01	
90.02	09002	WOUND CARE CENTER	1,226,374	121,829	1,104,545	0	0	90.02	
90.03	09003	PAIN CLINIC	579,201	74,080	505,121	0	0	90.03	
90.05	09005	OP PSYCH CLINIC	3,327,922	308,732	3,019,190	0	0	90.05	
91.00	09100	EMERGENCY	13,099,685	807,888	12,291,797	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,582,193	340,391	5,241,802	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	9,980,577	440,207	9,540,370	0	0	95.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
200.00		Subtotal (sum of lines 50 thru 199)	205,959,486	8,772,223	197,187,263	0	0	200.00	
201.00		Less Observation Beds	5,582,193	340,391	5,241,802	0	0	201.00	
202.00		Total (line 200 minus line 201)	200,377,293	8,431,832	191,945,461	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part II Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
Title XIX Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,117,834	201,032,079	0.095098	50.00
50.01	05001	CV SURGERY	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,963,038	31,313,685	0.190429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,915,506	39,561,676	0.200080	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,881,436	45,108,582	0.152553	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,460,144	98,962,524	0.065279	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700	CT SCAN	1,352,585	26,814,322	0.050443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	770,638	8,859,864	0.086981	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,918,645	63,600,103	0.045891	59.00
60.00	06000	LABORATORY	15,096,915	96,552,046	0.156360	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,079,391	14,580,246	0.279789	65.00
66.00	06600	PHYSICAL THERAPY	11,964,408	29,294,610	0.408417	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,721,058	21,867,766	0.078703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,851,362	14,217,782	0.130215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,057,094	75,657,223	0.199017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,636,143	117,439,983	0.226806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,180,145	176,318,541	0.193855	73.00
73.01	07302	OP PHARMACY	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,568,010	4,654,015	0.336916	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	1,288,130	3,093,904	0.416345	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,650,308	2,799,119	0.946836	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	4,690,744	17,518,614	0.267758	90.01
90.02	09002	WOUND CARE CENTER	1,226,374	6,333,926	0.193620	90.02
90.03	09003	PAIN CLINIC	579,201	2,902,592	0.199546	90.03
90.05	09005	OP PSYCH CLINIC	3,327,922	2,493,323	1.334734	90.05
91.00	09100	EMERGENCY	13,099,685	197,521,357	0.066320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,582,193	30,821,567	0.181113	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	9,980,577	45,653,057	0.218618	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
200.00		Subtotal (sum of lines 50 thru 199)	205,959,486	1,374,972,506		200.00
201.00		Less Observation Beds	5,582,193	0		201.00
202.00		Total (line 200 minus line 201)	200,377,293	1,374,972,506		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,651,479	0	3,651,479	48,423	75.41	30.00
31.00	INTENSIVE CARE UNIT	350,872		350,872	4,035	86.96	31.00
32.00	CORONARY CARE UNIT	393,022		393,022	3,424	114.78	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	217,431		217,431	3,748	58.01	35.00
41.00	SUBPROVIDER - IRF	318,168	0	318,168	2,834	112.27	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	106,140		106,140	3,495	30.37	43.00
200.00	Total (lines 30 through 199)	5,037,112		5,037,112	65,959		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	18,260	1,376,987				
31.00	INTENSIVE CARE UNIT	2,121	184,442				
32.00	CORONARY CARE UNIT	1,686	193,519				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	1,850	207,700				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,917	1,962,648				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,429,068	201,032,079	0.007109	36,564,585	259,938	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	175,361	31,313,685	0.005600	4,176,548	23,389	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	861,744	39,561,676	0.021782	120,822	2,632	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	546,061	45,108,582	0.012105	8,079,223	97,799	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	569,261	98,962,524	0.005752	2,468,306	14,198	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	46,869	26,814,322	0.001748	4,652,984	8,133	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	52,646	8,859,864	0.005942	1,060,623	6,302	58.00
59.00	05900 CARDIAC CATHETERIZATION	190,313	63,600,103	0.002992	8,921,096	26,692	59.00
60.00	06000 LABORATORY	562,943	96,552,046	0.005830	17,346,642	101,131	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	81,727	14,580,246	0.005605	5,858,331	32,836	65.00
66.00	06600 PHYSICAL THERAPY	362,897	29,294,610	0.012388	4,250,663	52,657	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	80,712	21,867,766	0.003691	6,089,066	22,475	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,341	14,217,782	0.008253	1,356,877	11,198	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	201,797	75,657,223	0.002667	11,912,223	31,770	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	353,394	117,439,983	0.003009	33,656,120	101,271	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	488,577	176,318,541	0.002771	31,819,237	88,171	73.00
73.01	07302 OP PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	35,028	4,654,015	0.007526	2,412,646	18,158	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	100,188	3,093,904	0.032382	199,900	6,473	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	280,952	2,799,119	0.100372	10,370	1,041	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	142,217	17,518,614	0.008118	928,304	7,536	90.01
90.02	09002 WOUND CARE CENTER	121,829	6,333,926	0.019234	5,424	104	90.02
90.03	09003 PAIN CLINIC	74,080	2,902,592	0.025522	291	7	90.03
90.05	09005 OP PSYCH CLINIC	308,732	2,493,323	0.123824	3,807	471	90.05
91.00	09100 EMERGENCY	807,888	197,521,357	0.004090	21,238,250	86,864	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	340,391	30,821,567	0.011044	1,487,201	16,425	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00	Total (lines 50 through 199)	8,332,016	1,329,319,449		204,619,539	1,017,671	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	48,423	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,035	0.00	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	3,424	0.00	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,748	0.00	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,834	0.00	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00	
43.00	04300	NURSERY	0	0	3,495	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	65,959	0.00	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	474,333	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (Lines 50 through 199)	0	0	0	0	0	474,333	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	201,032,079	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	31,313,685	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	39,561,676	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	45,108,582	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	98,962,524	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	26,814,322	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,859,864	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	63,600,103	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	96,552,046	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	14,580,246	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	29,294,610	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	21,867,766	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	14,217,782	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75,657,223	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,439,983	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	474,333	474,333	176,318,541	0.002690	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,654,015	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,093,904	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,799,119	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	17,518,614	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	6,333,926	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	2,902,592	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	2,493,323	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	197,521,357	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	30,821,567	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	474,333	474,333	1,329,319,449	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 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	36,564,585	0	29,684,878	0	50.00	
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	4,176,548	0	5,370,407	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	120,822	0	9,914	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,079,223	0	8,820,856	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,468,306	0	41,302,086	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700 CT SCAN	0.000000	4,652,984	0	5,120,766	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,060,623	0	1,474,413	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,921,096	0	16,674,665	0	59.00	
60.00	06000 LABORATORY	0.000000	17,346,642	0	7,193,777	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	5,858,331	0	755,145	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	4,250,663	0	262,178	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,089,066	0	3,945,056	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,356,877	0	3,372,288	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	11,912,223	0	18,057,913	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	33,656,120	0	17,491,120	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002690	31,819,237	85,594	41,082,637	110,512	73.00	
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	2,412,646	0	140,406	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01	
76.97	07697 CARDIAC REHABILITATION	0.000000	199,900	0	1,108,645	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	10,370	0	1,248,674	0	90.00	
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	928,304	0	6,698,092	0	90.01	
90.02	09002 WOUND CARE CENTER	0.000000	5,424	0	1,694,931	0	90.02	
90.03	09003 PAIN CLINIC	0.000000	291	0	1,096,168	0	90.03	
90.05	09005 OP PSYCH CLINIC	0.000000	3,807	0	423,736	0	90.05	
91.00	09100 EMERGENCY	0.000000	21,238,250	0	33,168,707	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,487,201	0	12,219,231	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		204,619,539	85,594	258,416,689	110,512	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:09 pm
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.095098	29,684,878	0	0	2,822,973
50.01 05001 CV SURGERY	0.000000	0	0	0	0
51.00 05100 RECOVERY ROOM	0.190429	5,370,407	0	0	1,022,681
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.200080	9,914	0	0	1,984
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.152553	8,820,856	0	0	1,345,648
55.00 05500 RADIOLOGY-THERAPEUTIC	0.065279	41,302,086	0	0	2,696,159
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.050443	5,120,766	0	0	258,307
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086981	1,474,413	0	0	128,246
59.00 05900 CARDIAC CATHETERIZATION	0.045891	16,674,665	0	0	765,217
60.00 06000 LABORATORY	0.156360	7,193,777	0	0	1,124,819
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.279789	755,145	0	0	211,281
66.00 06600 PHYSICAL THERAPY	0.408417	262,178	0	0	107,078
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.078703	3,945,056	0	0	310,488
70.00 07000 ELECTROENCEPHALOGRAPHY	0.130215	3,372,288	0	0	439,122
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017	18,057,913	0	0	3,593,832
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.226806	17,491,120	0	0	3,967,091
73.00 07300 DRUGS CHARGED TO PATIENTS	0.193855	41,082,637	0	160,174	7,964,075
73.01 07302 OP PHARMACY	0.000000	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.336916	140,406	0	0	47,305
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.416345	1,108,645	0	0	461,579
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.946836	1,248,674	0	49	1,182,289
90.01 09001 OP ONCOLOGY INFUSION CENTER	0.267758	6,698,092	0	0	1,793,468
90.02 09002 WOUND CARE CENTER	0.193620	1,694,931	0	0	328,173
90.03 09003 PAIN CLINIC	0.199546	1,096,168	0	0	218,736
90.05 09005 OP PSYCH CLINIC	1.334734	423,736	619	0	565,575
91.00 09100 EMERGENCY	0.066320	33,168,707	0	30	2,199,749
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.181113	12,219,231	296	0	2,213,062
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		
95.00 09500 AMBULANCE SERVICES	0.218618		0		
200.00		Subtotal (see instructions)	258,416,689	915	160,253
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 - line 201)	258,416,689	915	160,253

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,051	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	46	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.05	09005	OP PSYCH CLINIC	826	0	90.05
91.00	09100	EMERGENCY	0	2	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	54	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	880	31,099	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	880	31,099	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 12:09 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,429,068	201,032,079	0.007109	23,180	165	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	175,361	31,313,685	0.005600	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	861,744	39,561,676	0.021782	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	546,061	45,108,582	0.012105	39,328	476	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	569,261	98,962,524	0.005752	9,411	54	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	46,869	26,814,322	0.001748	15,108	26	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52,646	8,859,864	0.005942	12,891	77	58.00
59.00	05900	CARDIAC CATHETERIZATION	190,313	63,600,103	0.002992	0	0	59.00
60.00	06000	LABORATORY	562,943	96,552,046	0.005830	367,649	2,143	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	81,727	14,580,246	0.005605	55,945	314	65.00
66.00	06600	PHYSICAL THERAPY	362,897	29,294,610	0.012388	3,888,576	48,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	80,712	21,867,766	0.003691	18,858	70	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,341	14,217,782	0.008253	6,145	51	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	201,797	75,657,223	0.002667	61,520	164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	353,394	117,439,983	0.003009	9,300	28	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	488,577	176,318,541	0.002771	846,100	2,345	73.00
73.01	07302	OP PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	35,028	4,654,015	0.007526	138,426	1,042	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	100,188	3,093,904	0.032382	29,127	943	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	280,952	2,799,119	0.100372	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	142,217	17,518,614	0.008118	0	0	90.01
90.02	09002	WOUND CARE CENTER	121,829	6,333,926	0.019234	0	0	90.02
90.03	09003	PAIN CLINIC	74,080	2,902,592	0.025522	0	0	90.03
90.05	09005	OP PSYCH CLINIC	308,732	2,493,323	0.123824	0	0	90.05
91.00	09100	EMERGENCY	807,888	197,521,357	0.004090	37,771	154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,821,567	0.000000	21,575	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	7,991,625	1,329,319,449		5,580,910	56,224	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	474,333	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	474,333	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	201,032,079	0.000000	50.00	
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	0	31,313,685	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	39,561,676	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	45,108,582	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	98,962,524	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00	
57.00	05700	CT SCAN	0	0	26,814,322	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	8,859,864	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	63,600,103	0.000000	59.00	
60.00	06000	LABORATORY	0	0	96,552,046	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	14,580,246	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	29,294,610	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	21,867,766	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	14,217,782	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	75,657,223	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	117,439,983	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	474,333	474,333	176,318,541	0.002690	73.00
73.01	07302	OP PHARMACY	0	0	0	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	0	0	4,654,015	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	75.01	
76.97	07697	CARDIAC REHABILITATION	0	0	3,093,904	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,799,119	0.000000	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	17,518,614	0.000000	90.01	
90.02	09002	WOUND CARE CENTER	0	0	6,333,926	0.000000	90.02	
90.03	09003	PAIN CLINIC	0	0	2,902,592	0.000000	90.03	
90.05	09005	OP PSYCH CLINIC	0	0	2,493,323	0.000000	90.05	
91.00	09100	EMERGENCY	0	0	197,521,357	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	30,821,567	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00	
200.00		Total (lines 50 through 199)	0	474,333	474,333	1,329,319,449	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	23,180	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	39,328	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	9,411	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	15,108	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	12,891	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	367,649	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	55,945	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,888,576	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	18,858	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6,145	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	61,520	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,300	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002690	846,100	2,276	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	138,426	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	29,127	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	37,771	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	21,575	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		5,580,910	2,276	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:09 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.095098	0	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.190429	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200080	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152553	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.065279	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.050443	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086981	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045891	0	0	0	59.00
60.00	06000	LABORATORY	0.156360	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.279789	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.408417	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078703	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130215	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226806	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193855	0	0	203	73.00
73.01	07302	OP PHARMACY	0.000000	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.336916	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.416345	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.946836	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.267758	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.193620	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.199546	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	1.334734	0	0	0	90.05
91.00	09100	EMERGENCY	0.066320	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.181113	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.218618	0	0	0	95.00
200.00		Subtotal (see instructions)		0	0	203	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	203	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	39	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	39	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	3,651,479	0	3,651,479	48,423	75.41	30.00	
31.00	INTENSIVE CARE UNIT	350,872		350,872	4,035	86.96	31.00	
32.00	CORONARY CARE UNIT	393,022		393,022	3,424	114.78	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	217,431		217,431	3,748	58.01	35.00	
41.00	SUBPROVIDER - IRF	318,168	0	318,168	2,834	112.27	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	106,140		106,140	3,495	30.37	43.00	
200.00	Total (lines 30 through 199)	5,037,112		5,037,112	65,959		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	375	28,279					30.00
31.00	INTENSIVE CARE UNIT	190	16,522					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	10	580					35.00
41.00	SUBPROVIDER - IRF	13	1,460					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	1,641	49,837					43.00
200.00	Total (lines 30 through 199)	2,229	96,678					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,429,068	201,032,079	0.007109	1,200,635	8,535	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	175,361	31,313,685	0.005600	165,532	927	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	861,744	39,561,676	0.021782	628,243	13,684	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	546,061	45,108,582	0.012105	418,615	5,067	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	569,261	98,962,524	0.005752	103,121	593	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	46,869	26,814,322	0.001748	226,407	396	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	52,646	8,859,864	0.005942	56,781	337	58.00
59.00	05900 CARDIAC CATHETERIZATION	190,313	63,600,103	0.002992	114,202	342	59.00
60.00	06000 LABORATORY	562,943	96,552,046	0.005830	1,076,775	6,278	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	81,727	14,580,246	0.005605	581,454	3,259	65.00
66.00	06600 PHYSICAL THERAPY	362,897	29,294,610	0.012388	151,384	1,875	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	80,712	21,867,766	0.003691	196,589	726	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,341	14,217,782	0.008253	77,728	641	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	201,797	75,657,223	0.002667	472,981	1,261	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	353,394	117,439,983	0.003009	798,153	2,402	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	488,577	176,318,541	0.002771	2,441,677	6,766	73.00
73.01	07302 OP PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	35,028	4,654,015	0.007526	247,381	1,862	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	100,188	3,093,904	0.032382	10,666	345	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	280,952	2,799,119	0.100372	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	142,217	17,518,614	0.008118	59,684	485	90.01
90.02	09002 WOUND CARE CENTER	121,829	6,333,926	0.019234	0	0	90.02
90.03	09003 PAIN CLINIC	74,080	2,902,592	0.025522	0	0	90.03
90.05	09005 OP PSYCH CLINIC	308,732	2,493,323	0.123824	555	69	90.05
91.00	09100 EMERGENCY	807,888	197,521,357	0.004090	1,096,276	4,484	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	340,391	30,821,567	0.011044	82,302	909	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00	Total (lines 50 through 199)	8,332,016	1,329,319,449		10,207,141	61,243	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	48,423	0.00	375	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,035	0.00	190	31.00
32.00	03200	CORONARY CARE UNIT		0	3,424	0.00	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,748	0.00	10	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,834	0.00	13	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	3,495	0.00	1,641	43.00
200.00		Total (lines 30 through 199)		0	65,959		2,229	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	474,333	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50 through 199)	0	0	0	0	474,333	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	201,032,079	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	31,313,685	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	39,561,676	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	45,108,582	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	98,962,524	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	26,814,322	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,859,864	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	63,600,103	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	96,552,046	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	14,580,246	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	29,294,610	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	21,867,766	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	14,217,782	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75,657,223	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,439,983	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	474,333	474,333	176,318,541	0.002690	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,654,015	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,093,904	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,799,119	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	17,518,614	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	6,333,926	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	2,902,592	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	2,493,323	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	197,521,357	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	30,821,567	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	474,333	474,333	1,329,319,449	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,200,635	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	165,532	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	628,243	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	418,615	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	103,121	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	226,407	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	56,781	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	114,202	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,076,775	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	581,454	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	151,384	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	196,589	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	77,728	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	472,981	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	798,153	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002690	2,441,677	6,568	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	247,381	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	10,666	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	59,684	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	555	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	1,096,276	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	82,302	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		10,207,141	6,568	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 12:09 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,429,068	201,032,079	0.007109	0	0 50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	175,361	31,313,685	0.005600	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	861,744	39,561,676	0.021782	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	546,061	45,108,582	0.012105	3,459	42 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	569,261	98,962,524	0.005752	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	46,869	26,814,322	0.001748	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52,646	8,859,864	0.005942	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	190,313	63,600,103	0.002992	0	0 59.00
60.00	06000	LABORATORY	562,943	96,552,046	0.005830	2,413	14 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	81,727	14,580,246	0.005605	0	0 65.00
66.00	06600	PHYSICAL THERAPY	362,897	29,294,610	0.012388	26,562	329 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	80,712	21,867,766	0.003691	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,341	14,217,782	0.008253	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	201,797	75,657,223	0.002667	474	1 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	353,394	117,439,983	0.003009	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	488,577	176,318,541	0.002771	7,987	22 73.00
73.01	07302	OP PHARMACY	0	0	0.000000	0	0 73.01
74.00	07400	RENAL DIALYSIS	35,028	4,654,015	0.007526	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0 75.01
76.97	07697	CARDIAC REHABILITATION	100,188	3,093,904	0.032382	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	280,952	2,799,119	0.100372	0	0 90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	142,217	17,518,614	0.008118	0	0 90.01
90.02	09002	WOUND CARE CENTER	121,829	6,333,926	0.019234	0	0 90.02
90.03	09003	PAIN CLINIC	74,080	2,902,592	0.025522	0	0 90.03
90.05	09005	OP PSYCH CLINIC	308,732	2,493,323	0.123824	0	0 90.05
91.00	09100	EMERGENCY	807,888	197,521,357	0.004090	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,821,567	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
200.00		Total (lines 50 through 199)	7,991,625	1,329,319,449		40,895	408 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	474,333	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	474,333	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	201,032,079	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	31,313,685	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	39,561,676	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	45,108,582	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	98,962,524	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	26,814,322	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,859,864	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	63,600,103	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	96,552,046	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	14,580,246	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	29,294,610	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	21,867,766	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	14,217,782	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75,657,223	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,439,983	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	474,333	474,333	176,318,541	0.002690	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,654,015	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,093,904	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,799,119	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	17,518,614	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	6,333,926	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	2,902,592	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	2,493,323	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	197,521,357	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	30,821,567	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	474,333	474,333	1,329,319,449		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:09 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,459	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,413	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	26,562	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	474	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002690	7,987	21	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		40,895	21	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2019 12:09 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,423	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,423	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)		43,909	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)		18,260	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		59,881,625	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)		59,881,625	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		59,881,625	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,236.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,581,046	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)		22,581,046	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,028,626	4,035	1,741.91	2,121	3,694,591	43.00
44.00	CORONARY CARE UNIT	5,426,928	3,424	1,584.97	1,686	2,672,259	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,348,204	3,748	1,160.14	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,181,106	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,129,002	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)					1,754,948	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,103,265	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,858,213	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,270,789	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)					4,514	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,236.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,582,193	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,651,479	59,881,625	0.060978	5,582,193	340,391	90.00
91.00	Nursing School cost	0	59,881,625	0.000000	5,582,193	0	91.00
92.00	Allied health cost	0	59,881,625	0.000000	5,582,193	0	92.00
93.00	All other Medical Education	0	59,881,625	0.000000	5,582,193	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,834	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,834	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,834	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,850	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,539,110	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,539,110	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,539,110	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		895.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,657,508	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,657,508	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-T051		Date/Time Prepared: 5/28/2019 12:09 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,917,837		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,575,345		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)					207,700		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					58,500		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					266,200		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,309,145		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	318,168	2,539,110	0.125307	0	0	90.00
91.00	Nursing School cost	0	2,539,110	0.000000	0	0	91.00
92.00	Allied health cost	0	2,539,110	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,539,110	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2019 12:09 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,423	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,423	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)		43,909	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)		375	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)		3,495	15.00
16.00	Nursery days (title V or XIX only)		1,641	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		59,881,625	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)		59,881,625	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		59,881,625	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,236.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		463,740	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)		463,740	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description		Title XIX		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,580,576	3,495	452.24	1,641	742,126	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,028,626	4,035	1,741.91	190	330,963	43.00
44.00	CORONARY CARE UNIT	5,426,928	3,424	1,584.97	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,348,204	3,748	1,160.14	10	11,601	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,722,673	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,271,103	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)					95,218	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					67,811	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					163,029	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,108,074	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)					4,514	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,236.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,582,193	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,651,479	59,881,625	0.060978	5,582,193	340,391	90.00
91.00	Nursing School cost	0	59,881,625	0.000000	5,582,193	0	91.00
92.00	Allied health cost	0	59,881,625	0.000000	5,582,193	0	92.00
93.00	All other Medical Education	0	59,881,625	0.000000	5,582,193	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,834	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,834	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,834	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)		13	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)		3,495	15.00
16.00	Nursery days (title V or XIX only)		1,641	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,539,110	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,539,110	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,539,110	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		895.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,647	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)		11,647	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
					Component CCN: 15-T051		Date/Time Prepared: 5/28/2019 12:09 pm
					Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,395	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,042	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)					1,460	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					429	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,889	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,153	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:09 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	318,168	2,539,110	0.125307	0	0	90.00
91.00	Nursing School cost	0	2,539,110	0.000000	0	0	91.00
92.00	Allied health cost	0	2,539,110	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,539,110	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		51,498,888	30.00
31.00	03100	INTENSIVE CARE UNIT		11,659,322	31.00
32.00	03200	CORONARY CARE UNIT		8,613,486	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.095098	36,564,585	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.190429	4,176,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200080	120,822	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152553	8,079,223	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.065279	2,468,306	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.050443	4,652,984	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086981	1,060,623	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045891	8,921,096	59.00
60.00	06000	LABORATORY	0.156360	17,346,642	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.279789	5,858,331	65.00
66.00	06600	PHYSICAL THERAPY	0.408417	4,250,663	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078703	6,089,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130215	1,356,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017	11,912,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226806	33,656,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193855	31,819,237	73.00
73.01	07302	OP PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.336916	2,412,646	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.416345	199,900	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.946836	10,370	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.267758	928,304	90.01
90.02	09002	WOUND CARE CENTER	0.193620	5,424	90.02
90.03	09003	PAIN CLINIC	0.199546	291	90.03
90.05	09005	OP PSYCH CLINIC	1.337545	3,807	90.05
91.00	09100	EMERGENCY	0.066320	21,238,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.181113	1,487,201	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		204,619,539	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		204,619,539	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 12:09 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		3,923,039		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.095098	23,180	2,204	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.190429	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.200080	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152553	39,328	6,000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.065279	9,411	614	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.050443	15,108	762	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086981	12,891	1,121	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045891	0	0	59.00
60.00	06000 LABORATORY	0.156360	367,649	57,486	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.279789	55,945	15,653	65.00
66.00	06600 PHYSICAL THERAPY	0.408417	3,888,576	1,588,161	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078703	18,858	1,484	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130215	6,145	800	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017	61,520	12,244	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.226806	9,300	2,109	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193855	846,100	164,021	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.336916	138,426	46,638	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.416345	29,127	12,127	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.946836	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.267758	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.193620	0	0	90.02
90.03	09003 PAIN CLINIC	0.199546	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.337545	0	0	90.05
91.00	09100 EMERGENCY	0.066320	37,771	2,505	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.181113	21,575	3,908	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,580,910	1,917,837	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)		5,580,910		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 12:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,413,125	30.00
31.00	03100	INTENSIVE CARE UNIT		1,227,696	31.00
32.00	03200	CORONARY CARE UNIT		133,447	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		442,937	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		170,824	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.095098	1,200,635	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.190429	165,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200080	628,243	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152553	418,615	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.065279	103,121	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.050443	226,407	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086981	56,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045891	114,202	59.00
60.00	06000	LABORATORY	0.156360	1,076,775	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.279789	581,454	65.00
66.00	06600	PHYSICAL THERAPY	0.408417	151,384	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078703	196,589	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130215	77,728	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017	472,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.226806	798,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193855	2,441,677	73.00
73.01	07302	OP PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.336916	247,381	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.416345	10,666	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.946836	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.267758	59,684	90.01
90.02	09002	WOUND CARE CENTER	0.193620	0	90.02
90.03	09003	PAIN CLINIC	0.199546	0	90.03
90.05	09005	OP PSYCH CLINIC	1.337545	555	90.05
91.00	09100	EMERGENCY	0.066320	1,096,276	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.181113	82,302	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,207,141	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		10,207,141	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 12:09 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		26,000		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.095098	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.190429	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.200080	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152553	3,459	528	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.065279	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.050443	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086981	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045891	0	0	59.00
60.00	06000 LABORATORY	0.156360	2,413	377	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.279789	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.408417	26,562	10,848	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078703	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130215	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.199017	474	94	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.226806	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193855	7,987	1,548	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.336916	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.416345	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.946836	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.267758	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.193620	0	0	90.02
90.03	09003 PAIN CLINIC	0.199546	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.337545	0	0	90.05
91.00	09100 EMERGENCY	0.066320	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.181113	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		40,895	13,395	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		40,895		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		32,820,327	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,366,002	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,330,492	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)		253.58	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.05	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.30	31.00
32.00	Sum of lines 30 and 31		32.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.90	33.00
34.00	Disproportionate share adjustment (see instructions)		1,756,407	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000340737	0.000480022	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,305,667	3,971,161	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,724,512	1,000,951	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,725,463		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	49,998,691		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		49,998,691	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,924,042	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		7,505	53.00
54.00	Special add-on payments for new technologies		5,250	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)		85,594	58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,021,082	59.00
60.00	Primary payer payments		14,236	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,006,846	61.00
62.00	Deductibles billed to program beneficiaries		4,631,132	62.00
63.00	Coinurance billed to program beneficiaries		92,460	63.00
64.00	Allowable bad debts (see instructions)		472,546	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		307,155	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		185,441	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,590,409	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)		-32,497	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 12:09 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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		49,557,912	71.00
71.01	Sequestration adjustment (see instructions)		991,158	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		48,609,769	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)		-43,015	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		733,611	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 12:09 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	32,820,327	0	32,820,327		32,820,327	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,366,002	0		11,366,002	11,366,002	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	1,330,492	0	968,292	362,200	1,330,492	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1590	0.1590	0.1590	0.1590		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,756,407	0	1,304,608	451,799	1,756,407	11.00
11.01	Uncompensated care payments	36.00	2,725,463	0	1,724,512	1,000,951	2,725,463	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,998,691	0	36,817,739	13,180,952	49,998,691	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	49,998,691	0	36,817,739	13,180,952	49,998,691	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,924,042	0	-1,001,544	4,925,586	3,924,042	16.00
17.00	Special add-on payments for new technologies	54.00	5,250	0	5,250	0	5,250	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 12:09 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	35,821,445	18,106,538	53,927,983	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,597,413	0	-924,784	4,522,197	3,597,413	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	83,084	0	-14,152	97,236	83,084	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	0.0677	0.0677	0.0677	0.0677		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	243,545	0	-62,608	306,153	243,545	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,924,042	0	-1,001,544	4,925,586	3,924,042	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: 15-0051		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2019 12:09 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	32,820,327	32,820,327		32,820,327	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,366,002		11,366,002	11,366,002	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,330,492	968,292	362,200	1,330,492	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1590	0.1590	0.1590		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,756,407	1,304,608	451,799	1,756,407	11.00
11.01	Uncompensated care payments	36.00	2,725,463	1,724,512	1,000,951	2,725,463	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,998,691	36,817,739	13,180,952	49,998,691	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,998,691	36,817,739	13,180,952	49,998,691	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,924,042	-1,001,544	4,925,586	3,924,042	16.00
17.00	Special add-on payments for new technologies	54.00	5,250	5,250	0	5,250	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			35,821,445	18,106,538	53,927,983	19.00

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,597,413	-924,784	4,522,197	3,597,413	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	83,084	-14,152	97,236	83,084	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0677	0.0677	0.0677		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	243,545	-62,608	306,153	243,545	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,924,042	-1,001,544	4,925,586	3,924,042	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	-32,497	-3,995	-28,502	-32,497	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	0	0	0	0	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,979	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,658,425	2.00
3.00	OPPS payments		35,568,279	3.00
4.00	Outlier payment (see instructions)		209,399	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		110,512	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,979	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		161,168	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		161,168	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		161,168	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		129,189	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)		31,979	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)		35,888,190	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		183	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,250,447	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)		29,669,539	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)		29,669,539	30.00
31.00	Primary payer payments		2,221	31.00
32.00	Subtotal (line 30 minus line 31)		29,667,318	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,004,567	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		652,969	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		776,326	36.00
37.00	Subtotal (see instructions)		30,320,287	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-246	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)		2,960	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		30,320,533	40.00
40.01	Sequestration adjustment (see instructions)		606,411	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		29,480,269	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		233,853	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		11,039	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		39	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		203	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)		203	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		203	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		164	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)		39	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		39	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)		39	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		39	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		39	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		39	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		42	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-4	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		48,609,769		29,480,269	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		48,609,769		29,480,269	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		233,853	6.01	
6.02	SETTLEMENT TO PROGRAM		43,015		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,566,754		29,714,122	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0051
Component CCN: 15-T051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 12:09 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					42 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		3,158,552			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,158,552			42 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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		26,402			4 6.02
7.00	Total Medicare program liability (see instructions)		3,132,150			38 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE 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: 15-0051 Component CCN: 15-T051	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,805,867 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0155 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			93,435 3.00
4.00	Outlier Payments			304,863 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.764384 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,204,165 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,204,165 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,204,165 19.00
20.00	Deductibles			12,060 20.00
21.00	Subtotal (line 19 minus line 20)			3,192,105 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			3,192,105 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,600 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,690 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,340 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,193,795 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,276 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,196,071 32.00
32.01	Sequestration adjustment (see instructions)			63,921 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,158,552 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-26,402 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			11,785 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			304,863 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 15-0051

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

Worksheet G
Date/Time Prepared:
5/28/2019 12:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	289,181,624	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	58,153,882	0	0	0	4.00
5.00	Other receivable	9,743,352	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,515,391	0	0	0	7.00
8.00	Prepaid expenses	3,936,442	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	366,530,691	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,741,447	0	0	0	12.00
13.00	Land improvements	2,058,207	0	0	0	13.00
14.00	Accumulated depreciation	-1,904,393	0	0	0	14.00
15.00	Buildings	162,061,316	0	0	0	15.00
16.00	Accumulated depreciation	-136,107,857	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	-5,709,555	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	3,286,012	0	0	0	21.00
22.00	Accumulated depreciation	-2,633,014	0	0	0	22.00
23.00	Major movable equipment	135,484,527	0	0	0	23.00
24.00	Accumulated depreciation	-110,877,981	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	65,398,709	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	14,362,919	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	202,872,460	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	217,235,379	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	649,164,779	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,912,337	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,199,381	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,770,000	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	2,718,663	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,600,381	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	25,996,947	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,996,947	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	59,597,328	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	589,567,451				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	589,567,451	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	649,164,779	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0051

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 12:09 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		509,358,912		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		110,520,543			2.00
3.00	Total (sum of line 1 and line 2)		619,879,455		0	3.00
4.00	PENSION OBLIGATION	23,630,119		0		4.00
5.00	DONATED PP&E	22,359		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)		23,652,478		0	10.00
11.00	Subtotal (line 3 plus line 10)		643,531,933		0	11.00
12.00	UNRESTRICTED FUND BALANCE	53,964,481		0		12.00
13.00	ROUNDING	1		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)		53,964,482		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		589,567,451		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	PENSION OBLIGATION		0			4.00
5.00	DONATED PP&E		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	UNRESTRICTED FUND BALANCE		0			12.00
13.00	ROUNDING		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 12:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	128,216,604		128,216,604	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,019,532		6,019,532	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	134,236,136		134,236,136	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,696,356		22,696,356	11.00
12.00	CORONARY CARE UNIT	17,404,329		17,404,329	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	17,315,512		17,315,512	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	57,416,197		57,416,197	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	191,652,333		191,652,333	17.00
18.00	Ancillary services	439,399,032	629,529,917	1,068,928,949	18.00
19.00	Outpatient services	49,604,489	210,786,009	260,390,498	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	244,421	45,408,636	45,653,057	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER NRCC	0	7,945,969	7,945,969	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	680,900,275	893,670,531	1,574,570,806	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		337,104,544		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)		337,104,544		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0051

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 12:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,574,570,806	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,139,716,627	2.00
3.00	Net patient revenues (line 1 minus line 2)	434,854,179	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	337,104,544	4.00
5.00	Net income from service to patients (line 3 minus line 4)	97,749,635	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	12,770,908	24.00
25.00	Total other income (sum of lines 6-24)	12,770,908	25.00
26.00	Total (line 5 plus line 25)	110,520,543	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)	110,520,543	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0051	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 12:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,597,413	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		83,084	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)		153.34	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)		6.05	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.30	8.00
9.00	Sum of lines 7 and 8		32.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.77	10.00
11.00	Disproportionate share adjustment (see instructions)		243,545	11.00
12.00	Total prospective capital payments (see instructions)		3,924,042	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00