This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/31/2019 7:47 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/31/2019 Time: 7:47 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. FRANCIS HOSPITAL & HEALTH CENTER (15-0162) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-635,230	189,574	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	46,085	-364		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-589,145	189,210	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:47 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 8111 S. EMERSON AVENUE	PO Box:			1.00
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46237	County: MARION	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. FRANCIS HOSPITAL & HEALTH CENTER	150162	26900	1	05/01/2006	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	REHAB UNIT	15T162	26900	5	01/01/2005	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	HOSPICE	151523	26900		01/01/2014				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)	1		21.00

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

		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.	1,617	355	9	25	16,305	309	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I | Date/Time Prepared: 5/31/2019 7:47 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
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.	23	21	0	0	360		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:47 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.04

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			0.81	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)	Y	63.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:47 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL	1350	9.00	13.91	0.392842	65.00

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL	1350	10.72	11.83	0.475388	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:47 am

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

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	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. I? 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)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	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

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

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	899,509	336,063	953,589	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.03	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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:47 am

		1.00	2.00	
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	158014	140.00

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.

	1.00	2.00	3.00	
141.00	Name: SISTERS OF ST. FRANCIS HEALTH SERVIC	Contractor's Name: WISCONSIN PHYSICIANS SERVICES	Contractor's Number: 08101	141.00
142.00	Street: 1515 W DRAGOON TRL	PO Box: 1290		142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46544	143.00

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

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

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

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)

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

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

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

		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	12/31/2018	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 7:47 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II | Date/Time Prepared: 5/31/2019 7:47 am

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

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	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	04/04/2019	Y	04/04/2019	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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II | Date/Time Prepared: 5/31/2019 7:47 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	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.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		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.	N		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.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		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.	KERRY	BEJARANO	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-383-4000	KBEJARANO@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 7:47 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/31/2019 7:47 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	257	93,805	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)		257	93,805	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	60	21,900	0.00	0	8.00
8.01	NEONATAL INTENSIVE CARE UNIT	31.01	27	9,855	0.00	0	8.01
9.00	CORONARY CARE UNIT	32.00	66	24,090	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	31	11,315	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		441	160,965	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	21	7,938		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	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)		462				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/31/2019 7:47 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,348	1,194	52,777			1.00
2.00	HMO and other (see instructions)	18,361	16,305				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	816	330				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)	23,348	1,194	52,777			7.00
8.00	INTENSIVE CARE UNIT	4,485	520	17,827			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	0	5,445			8.01
9.00	CORONARY CARE UNIT	5,808	127	11,735			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	4,415	41	8,434			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		124	3,803			13.00
14.00	Total (see instructions)	38,056	2,006	100,021	22.46	2,464.99	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,685	7	5,071	0.00	41.63	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	454	21	551	0.00	72.94	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				22.46	2,579.56	27.00
28.00	Observation Bed Days		2,329	10,884			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	309	744			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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/31/2019 7:47 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,676	242	19,234	1.00
2.00	HMO and other (see instructions)			3,248	2,236		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				24		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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,676	242	19,234	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	207	3	378	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/31/2019 7:47 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	166,545,029	0	166,545,029	5,333,075.20	31.23	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		196,602	0	196,602	1,868.14	105.24	4.00
4.01	Physicians - Part A - Teaching		1,656,875	0	1,656,875	12,345.09	134.21	4.01
5.00	Physician and Non Physician-Part B		1,486,521	0	1,486,521	11,798.24	126.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	4,907,229	-2,992,299	1,914,930	53,600.05	35.73	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		19,204,879	108,179	19,313,058	571,766.71	33.78	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,748,278	0	3,748,278	60,293.00	62.17	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		312,341	0	312,341	2,522.17	123.84	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		38,815,394	0	38,815,394	1,104,449.00	35.14	14.01
14.02	Related organization salaries		28,190,771	0	28,190,771	788,751.62	35.74	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		58,464,206	0	58,464,206			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		7,571,794	0	7,571,794			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		58,197	0	58,197			22.00
22.01	Physician Part A - Teaching		451,325	0	451,325			22.01
23.00	Physician Part B		409,547	0	409,547			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		738,160	0	738,160			25.00
25.50	Home office wage-related (core)		14,219,354	0	14,219,354			25.50
25.51	Related organization wage-related (core)		11,394,560	0	11,394,560			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II | Date/Time Prepared: 5/31/2019 7:47 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,448,347	0	1,448,347	40,450.96	35.81	27.00
28.00	Administrative & General under contract (see inst.)		3,261,763	0	3,261,763	55,781.48	58.47	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,892,732	0	3,892,732	137,156.69	28.38	30.00
31.00	Laundry & Linen Service	8.00	217,068	0	217,068	15,519.87	13.99	31.00
32.00	Housekeeping	9.00	3,824,395	0	3,824,395	241,237.30	15.85	32.00
33.00	Housekeeping under contract (see instructions)		77,200	0	77,200	3,895.00	19.82	33.00
34.00	Dietary	10.00	2,110,662	-1,362,867	747,795	41,771.54	17.90	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	812,392	1,362,867	2,175,259	127,389.48	17.08	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,430,199	0	4,430,199	109,322.61	40.52	38.00
39.00	Central Services and Supply	14.00	765,407	0	765,407	44,059.25	17.37	39.00
40.00	Pharmacy	15.00	6,166,881	-114,865	6,052,016	153,766.96	39.36	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	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part III Date/Time Prepared: 5/31/2019 7:47 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		161,833,367	2,992,299	164,825,666	5,315,008.30	31.01	1.00
2.00	Excluded area salaries (see instructions)		19,204,879	108,179	19,313,058	571,766.71	33.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)		142,628,488	2,884,120	145,512,608	4,743,241.59	30.68	3.00
4.00	Subtotal other wages & related costs (see inst.)		71,066,784	0	71,066,784	1,956,015.79	36.33	4.00
5.00	Subtotal wage-related costs (see inst.)		84,136,317	0	84,136,317	0.00	57.82	5.00
6.00	Total (sum of lines 3 thru 5)		297,831,589	2,884,120	300,715,709	6,699,257.38	44.89	6.00
7.00	Total overhead cost (see instructions)		27,007,046	-114,865	26,892,181	970,351.14	27.71	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part IV Date/Time Prepared: 5/31/2019 7:47 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,749,631	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)	22,250,249	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)	27,483,337	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	1,311,105	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	133,022	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)	453,068	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	772,607	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	12,499,167	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	41,043	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	67,693,229	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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part V | Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	3,748,278	67,693,229	1.00
2.00	Hospital	3,748,278	59,383,275	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	1,091,100	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	2,074,372	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	5,144,482	18.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA | Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	25,139	1,291	3,111	29,541	11.00
12.00	Hospice Inpatient Respite Care	373	16	52	441	12.00
13.00	Hospice General Inpatient Care	81	5	24	110	13.00
14.00	Total Hospice Days	25,593	1,312	3,187	30,092	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-10 | Date/Time Prepared: 5/31/2019 7:47 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.197100	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	58,657,480	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	355,964,217	6.00
7.00	Medicaid cost (line 1 times line 6)	70,160,547	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)	11,503,067	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)	11,503,067	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)	35,007,210	26,480,051	61,487,261	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,899,921	26,480,051	33,379,972	21.00
22.00	Payments received from patients for amounts previously written off as charity care	1	50	51	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,899,920	26,480,001	33,379,921	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)	52,470,038	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,246,904	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,918,314	27.01
28.00	Non-Medicare bad debt expense (see instructions)	50,551,724	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	10,635,155	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	44,015,076	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	55,518,143	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	21,371,192	21,371,192	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		34,438,158	34,438,158	-19,906,714	14,531,444	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	52,924,198	52,924,198	4.00
5.01	00570	ADMITTING	0	1,050	1,050	0	1,050	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	1,448,347	32,107,662	33,556,009	-449,155	33,106,854	5.03
7.00	00700	OPERATION OF PLANT	3,892,732	9,722,008	13,614,740	-1,257,473	12,357,267	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	217,068	1,516,953	1,734,021	-70,264	1,663,757	8.00
9.00	00900	HOUSEKEEPING	3,824,395	2,761,830	6,586,225	-1,228,892	5,357,333	9.00
10.00	01000	DIETARY	2,110,662	2,289,714	4,400,376	-3,832,050	568,326	10.00
11.00	01100	CAFETERIA	812,392	1,178,794	1,991,186	2,815,197	4,806,383	11.00
13.00	01300	NURSING ADMINISTRATION	4,430,199	1,306,602	5,736,801	-1,417,833	4,318,968	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	765,407	2,486,499	3,251,906	-1,344,161	1,907,745	14.00
15.00	01500	PHARMACY	6,166,881	25,190,013	31,356,894	-24,714,213	6,642,681	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,907,229	2,610,971	7,518,200	-5,615,602	1,902,598	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,150,080	2,150,080	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	82,837	33,279	116,116	143,224	259,340	23.00
23.01	02302	PHARMACY PRGM	372,923	137,338	510,261	-4,993	505,268	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	1,103,458	480,268	1,583,726	-1,301,673	282,053	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	726,747	726,747	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,466,261	10,865,676	38,331,937	-9,765,596	28,566,341	30.00
31.00	03100	INTENSIVE CARE UNIT	6,551,065	3,118,060	9,669,125	-2,763,421	6,905,704	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,043,224	2,236,762	5,279,986	-1,178,840	4,101,146	31.01
32.00	03200	CORONARY CARE UNIT	8,384,353	3,400,328	11,784,681	-3,232,250	8,552,431	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,469,756	1,927,151	6,396,907	-1,723,139	4,673,768	34.00
41.00	04100	SUBPROVIDER - IRF	2,767,434	1,059,611	3,827,045	-923,769	2,903,276	41.00
43.00	04300	NURSERY	573,302	281,100	854,402	-236,786	617,616	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,994,882	44,518,217	56,513,099	-40,253,594	16,259,505	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,608,481	1,382,486	3,990,967	-1,338,050	2,652,917	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,226,815	8,493,397	16,720,212	-5,154,012	11,566,200	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,553,941	10,799,643	12,353,584	-501,310	11,852,274	55.00
56.00	05600	RADIOISOTOPE	241,717	928,017	1,169,734	-86,804	1,082,930	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,276,870	15,015,684	17,292,554	-14,786,675	2,505,879	59.00
60.00	06000	LABORATORY	928,620	22,666,459	23,595,079	-2,144,129	21,450,950	60.00
64.00	06400	INTRAVENOUS THERAPY	2,568,315	34,853,136	37,421,451	-34,258,061	3,163,390	64.00
65.00	06500	RESPIRATORY THERAPY	7,402,289	4,269,012	11,671,301	-3,988,924	7,682,377	65.00
66.00	06600	PHYSICAL THERAPY	4,579,100	2,479,405	7,058,505	-1,524,211	5,534,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,692,061	658,141	2,350,202	-569,479	1,780,723	67.00
68.00	06800	SPEECH PATHOLOGY	842,315	487,525	1,329,840	-285,694	1,044,146	68.00
69.00	06900	ELECTROCARDIOLOGY	1,359,910	936,513	2,296,423	-755,383	1,541,040	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,428,391	1,366,460	2,794,851	-533,447	2,261,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	35,221,485	35,221,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,956,914	27,956,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	957	957	54,641,002	54,641,959	73.00
74.00	07400	RENAL DIALYSIS	591,619	315,126	906,745	-296,167	610,578	74.00
76.97	07697	CARDIAC REHABILITATION	463,806	226,555	690,361	-154,198	536,163	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,677,436	2,295,109	6,972,545	-84,515	6,888,030	90.00
90.01	09001	IBMT JOINT VENTURE	1,182,711	3,980,083	5,162,794	-423,611	4,739,183	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	6,602,954	5,633,498	12,236,452	-2,680,995	9,555,457	90.05
91.00	09100	EMERGENCY	7,054,644	3,860,272	10,914,916	-3,052,712	7,862,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	304,672	304,672	-304,672	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	5,261,377	3,313,513	8,574,890	-1,612,526	6,962,364	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	156,928,179	307,933,707	464,861,886	2,194,046	467,055,932	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	245,216	355,529	600,745	-77,480	523,265	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,884,346	3,908,768	9,793,114	-1,305,554	8,487,560	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	64,750	34,791	99,541	-20,857	78,684	194.00
194.01	07952	WOMEN'S CENTER	111,533	237,652	349,185	-34,903	314,282	194.01
194.04	07954	OTHER NRCC	3,311,005	47,842,565	51,153,570	-755,252	50,398,318	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	166,545,029	360,313,012	526,858,041	0	526,858,041	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,860,306	35,231,498		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	14,531,444		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,490,451	58,414,649		4.00
5.01	00570	ADMITTING	0	1,050		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0		5.02
5.03	00590	OTHER ADMIN & GENERAL	89,378,028	122,484,882		5.03
7.00	00700	OPERATION OF PLANT	6,360,946	18,718,213		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,663,757		8.00
9.00	00900	HOUSEKEEPING	0	5,357,333		9.00
10.00	01000	DIETARY	-364,260	204,066		10.00
11.00	01100	CAFETERIA	-2,588,057	2,218,326		11.00
13.00	01300	NURSING ADMINISTRATION	3,295,088	7,614,056		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-475,321	1,432,424		14.00
15.00	01500	PHARMACY	292,749	6,935,430		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	270,126	270,126		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-154,443	1,748,155		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-852,603	1,297,477		22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	-67,670	191,670		23.00
23.01	02302	PHARMACY PRGM	0	505,268		23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	-259,167	22,886		23.02
23.03	02303	PARAMEDIC PRGM	-691,200	35,547		23.03
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-11,968	28,554,373		30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,905,704		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-299,215	3,801,931		31.01
32.00	03200	CORONARY CARE UNIT	0	8,552,431		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,673,768		34.00
41.00	04100	SUBPROVIDER - IRF	-48,050	2,855,226		41.00
43.00	04300	NURSERY	0	617,616		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-4,186,185	12,073,320		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,652,917		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	671,393	12,237,593		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,226,915	8,625,359		55.00
56.00	05600	RADIOISOTOPE	0	1,082,930		56.00
59.00	05900	CARDIAC CATHETERIZATION	-592,566	1,913,313		59.00
60.00	06000	LABORATORY	-802,179	20,648,771		60.00
64.00	06400	INTRAVENOUS THERAPY	-553,773	2,609,617		64.00
65.00	06500	RESPIRATORY THERAPY	-39,252	7,643,125		65.00
66.00	06600	PHYSICAL THERAPY	24,733	5,559,027		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,780,723		67.00
68.00	06800	SPEECH PATHOLOGY	-18,376	1,025,770		68.00
69.00	06900	ELECTROCARDIOLOGY	-151,200	1,389,840		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-262,037	1,999,367		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	35,221,485		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,956,914		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,641,959		73.00
74.00	07400	RENAL DIALYSIS	-3,752	606,826		74.00
76.97	07697	CARDIAC REHABILITATION	-20,800	515,363		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-875,665	6,012,365		90.00
90.01	09001	IBMT JOINT VENTURE	-800	4,738,383		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	-1,049,891	8,505,566		90.05
91.00	09100	EMERGENCY	-61,129	7,801,075		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	0	6,962,364		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101,987,346	569,043,278		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	523,265		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,487,560		192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	23,557	102,241		194.00
194.01	07952	WOMEN'S CENTER	0	314,282		194.01
194.04	07954	OTHER NRCC	26,028,637	76,426,955		194.04
194.05	07956	FOUNDATION	64,256	64,256		194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	128,103,796	654,961,837		200.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,221,485	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,956,914	2.00
3.00	NURSING ADMINISTRATION	13.00	0	11,739	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
	0		0	63,190,138	
	B - DRUG				
1.00	DIETARY	10.00	0	117	1.00
2.00	NURSING ADMINISTRATION	13.00	0	22	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	54,641,024	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
	0		0	54,641,163	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	C - EQUIPMENT LEASE				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,120,018	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	0		0	1,120,018	
	D - DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,371,192	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	344,460	2.00
	0		0	21,715,652	
	E - CAFETERIA				
1.00	CAFETERIA	11.00	1,362,867	1,712,923	1.00
	0		1,362,867	1,712,923	
	F - PARAMEDICAL ED				
1.00	MEDICAL LABORATORY SCIENTIST PRGM	23.00	129,081	40,934	1.00
	0		129,081	40,934	
	G - INTERNS AND RESIDENT				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,777,249	372,831	1.00
2.00	CLINIC	90.00	1,215,050	434,681	2.00
	0		2,992,299	807,512	
	H - EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	52,924,198	1.00
2.00	HOME HEALTH AGENCY	101.00	0	222	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

RECLASSIFICATIONS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 7:47 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
	0		0	52,924,420		
	I - PHARMACY RESIDENCY					
1.00	PHARMACY PRGM	23.01	114,865	0		1.00
	0		114,865	0		
	J - EMS & PARAMEDIC RECLASS					
1.00	PARAMEDIC PRGM	23.03	706,072	20,675		1.00
2.00	EMERGENCY	91.00	135,767	84,082		2.00
	TOTALS		841,839	104,757		
	K - HOME HEALTH RECLASS					
1.00	OTHER NRCC	194.04	0	304,894		1.00
	TOTALS		0	304,894		
500.00	Grand Total: Increases		5,440,951	196,562,411		500.00

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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 - MEDICAL SUPPLIES					
1.00	OTHER ADMIN & GENERAL	5.03	0	12,399	0	1.00
2.00	OPERATION OF PLANT	7.00	0	5,948	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	301	0	3.00
4.00	HOUSEKEEPING	9.00	0	13,794	0	4.00
5.00	DIETARY	10.00	0	60,533	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,007,628	0	6.00
7.00	PHARMACY	15.00	0	957,021	0	7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	22,098	0	8.00
9.00	EMERGENCY MEDICAL SERVICES	23.02	0	2,742	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	944,091	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	615,375	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	190,782	0	12.00
13.00	CORONARY CARE UNIT	32.00	0	483,427	0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	282,642	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	40,687	0	15.00
16.00	NURSERY	43.00	0	51,962	0	16.00
17.00	OPERATING ROOM	50.00	0	36,101,279	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	492,321	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,629,652	0	19.00
20.00	RADIOISOTOPE	56.00	0	8,519	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	14,026,912	0	21.00
22.00	LABORATORY	60.00	0	1,202,089	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	666,877	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	1,329,465	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	46,574	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	23,658	0	26.00
27.00	SPEECH PATHOLOGY	68.00	0	13,464	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	315,091	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	75,911	0	29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	22	0	30.00
31.00	RENAL DIALYSIS	74.00	0	65,055	0	31.00
32.00	CARDIAC REHABILITATION	76.97	0	5,359	0	32.00
33.00	CLINIC	90.00	0	223,628	0	33.00
34.00	IBMT JOINT VENTURE	90.01	0	42,675	0	34.00
35.00	CV DIAGNOSTIC SERVICES	90.05	0	304,986	0	35.00
36.00	EMERGENCY	91.00	0	925,171	0	36.00
	0		0	63,190,138		
	B - DRUG					
1.00	OTHER ADMIN & GENERAL	5.03	0	26	0	1.00
2.00	OPERATION OF PLANT	7.00	0	26	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,098	0	3.00
4.00	PHARMACY	15.00	0	21,064,660	0	4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	185,507	0	5.00
6.00	EMERGENCY MEDICAL SERVICES	23.02	0	47	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	27,159	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	5,233	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	2,190	0	9.00
10.00	CORONARY CARE UNIT	32.00	0	4,711	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,681	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	170	0	12.00
13.00	NURSERY	43.00	0	2	0	13.00
14.00	OPERATING ROOM	50.00	0	139,249	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,303	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,232	0	16.00
17.00	RADIOISOTOPE	56.00	0	439	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	24,471	0	18.00
19.00	LABORATORY	60.00	0	141,268	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	0	32,745,318	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	161,740	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	570	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	602	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	654	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	186	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	15	0	26.00
27.00	RENAL DIALYSIS	74.00	0	34,111	0	27.00
28.00	CLINIC	90.00	0	1,702	0	28.00
29.00	IBMT JOINT VENTURE	90.01	0	196	0	29.00
30.00	CV DIAGNOSTIC SERVICES	90.05	0	11,044	0	30.00
31.00	EMERGENCY	91.00	0	73,553	0	31.00
	0		0	54,641,163		

RECLASSIFICATIONS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 7:47 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	C - EQUIPMENT LEASE						
1.00	OTHER ADMIN & GENERAL	5.03	0	900	10		1.00
2.00	OPERATION OF PLANT	7.00	0	2,023	0		2.00
3.00	DIETARY	10.00	0	12,335	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	89,232	0		4.00
5.00	PHARMACY	15.00	0	622,021	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	5,980	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	21,056	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	28,271	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	43,920	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	8,636	0		10.00
11.00	OPERATING ROOM	50.00	0	147,321	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	295	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	12	0		13.00
14.00	LABORATORY	60.00	0	2,673	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	9,679	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	109,390	0		16.00
17.00	RENAL DIALYSIS	74.00	0	6,165	0		17.00
18.00	CLINIC	90.00	0	9,737	0		18.00
19.00	CV DIAGNOSTIC SERVICES	90.05	0	372	0		19.00
	0		0	1,120,018			
	D - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	21,371,192	9		1.00
2.00	LABORATORY	60.00	0	344,460	9		2.00
	0		0	21,715,652			
	E - CAFETERIA						
1.00	DIETARY	10.00	1,362,867	1,712,923	0		1.00
	0		1,362,867	1,712,923			
	F - PARAMEDICAL ED						
1.00	LABORATORY	60.00	129,081	40,934	0		1.00
	0		129,081	40,934			
	G - INTERNS AND RESIDENT						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,992,299	807,512	0		1.00
2.00		0.00	0	0	0		2.00
	0		2,992,299	807,512			
	H - EMPLOYEE BENEFITS						
1.00	OTHER ADMIN & GENERAL	5.03	0	435,830	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,249,476	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	69,963	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,215,098	0		4.00
5.00	DIETARY	10.00	0	683,509	0		5.00
6.00	CAFETERIA	11.00	0	260,593	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,429,594	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	246,203	0		8.00
9.00	PHARMACY	15.00	0	1,955,646	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,602,206	0		10.00
11.00	MEDICAL LABORATORY SCIENTIST PRGM	23.00	0	26,791	0		11.00
12.00	PHARMACY PRGM	23.01	0	119,858	0		12.00
13.00	EMERGENCY MEDICAL SERVICES	23.02	0	352,288	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	8,773,290	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	2,114,542	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	985,868	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	2,700,192	0		17.00
18.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,437,816	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	874,276	0		19.00
20.00	NURSERY	43.00	0	184,822	0		20.00
21.00	OPERATING ROOM	50.00	0	3,865,745	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	842,426	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,514,833	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	501,310	0		24.00
25.00	RADIOISOTOPE	56.00	0	77,846	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	735,280	0		26.00
27.00	LABORATORY	60.00	0	283,624	0		27.00
28.00	INTRAVENOUS THERAPY	64.00	0	836,187	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	2,388,329	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	1,477,067	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	545,219	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	271,576	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	440,106	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	457,521	0		34.00

RECLASSIFICATIONS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 7:47 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
35.00	RENAL DIALYSIS	74.00	0	190,836	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	148,839	0		36.00
37.00	CLINIC	90.00	0	1,499,179	0		37.00
38.00	IBMT JOINT VENTURE	90.01	0	380,740	0		38.00
39.00	CV DIAGNOSTIC SERVICES	90.05	0	2,364,593	0		39.00
40.00	EMERGENCY	91.00	0	2,273,837	0		40.00
41.00	HOSPICE	116.00	0	1,612,526	0		41.00
42.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	77,480	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,305,554	0		43.00
44.00	MARKETING & COMMUNITY RELATIONS	194.00	0	20,857	0		44.00
45.00	WOMEN'S CENTER	194.01	0	34,903	0		45.00
46.00	OTHER NRCC	194.04	0	1,060,146	0		46.00
	0		0	52,924,420			
	I - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	114,865	0	0		1.00
	0		114,865	0			
	J - EMS & PARAMEDIC RECLASS						
1.00	EMERGENCY MEDICAL SERVICES	23.02	841,839	104,757	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		841,839	104,757			
	K - HOME HEALTH RECLASS						
1.00	HOME HEALTH AGENCY	101.00	0	304,894	0		1.00
	TOTALS		0	304,894			
500.00	Grand Total: Decreases		5,440,951	196,562,411			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part I | Date/Time Prepared: 5/31/2019 7:47 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,582,383	0	0	0	0	1.00
2.00	Land Improvements	30,999,613	3,733,694	0	3,733,694	0	2.00
3.00	Buildings and Fixtures	223,434,236	19,229,651	0	19,229,651	0	3.00
4.00	Building Improvements	8,496,237	48,065	0	48,065	0	4.00
5.00	Fixed Equipment	260,902,549	15,034,408	0	15,034,408	0	5.00
6.00	Movable Equipment	158,095,952	5,259,957	0	5,259,957	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	691,510,970	43,305,775	0	43,305,775	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	691,510,970	43,305,775	0	43,305,775	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	9,582,383	0	1.00
2.00	Land Improvements	34,733,307	5,552,760	2.00
3.00	Buildings and Fixtures	242,663,887	18,342,149	3.00
4.00	Building Improvements	8,544,302	2,218,403	4.00
5.00	Fixed Equipment	275,936,957	15,629,296	5.00
6.00	Movable Equipment	163,355,909	72,248,687	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	734,816,745	113,991,295	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	734,816,745	113,991,295	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part II Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	34,438,158	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	34,438,158	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	34,438,158	2.00
3.00	Total (sum of lines 1-2)	0	34,438,158	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part III Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	571,460,837	0	571,460,837	0.777692	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	163,355,909	0	163,355,909	0.222308	0	2.00
3.00	Total (sum of lines 1-2)	734,816,746	0	734,816,746	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	21,371,192	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,411,426	1,120,018	2.00
3.00	Total (sum of lines 1-2)	0	0	0	34,782,618	1,120,018	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	13,860,306	0	0	0	35,231,498	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,531,444	2.00
3.00	Total (sum of lines 1-2)	13,860,306	0	0	0	49,762,942	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-162,404	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	-7,141,524			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	174,711,010			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,516,189	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-71,868	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
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	-27,794	OTHER ADMIN & GENERAL	5.03	0	33.00
33.01	MISCELLANEOUS INCOME	B	-418,685	DIETARY	10.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-262,835	OPERATION OF PLANT	7.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-475,321	CENTRAL SERVICES & SUPPLY	14.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-972,530	PHARMACY	15.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-51,812	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-67,670	MEDICAL LABORATORY SCIENTIST PRGM	23.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-259,167	EMERGENCY MEDICAL SERVICES	23.02	0	33.07
33.08	MISCELLANEOUS INCOME	B	-1,329,377	OPERATING ROOM	50.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-215,369	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-3,226,915	RADIOLOGY-THERAPEUTIC	55.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-441,366	CARDIAC CATHETERIZATION	59.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-48,624	LABORATORY	60.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-558,709	INTRAVENOUS THERAPY	64.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-32,623	RESPIRATORY THERAPY	65.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-238,569	ELECTROENCEPHALOGRAPHY	70.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	-20,800	CARDIAC REHABILITATION	76.97	0	33.16
33.17	MISCELLANEOUS INCOME	B	-70,800	CLINIC	90.00	0	33.17
33.18	MISCELLANEOUS INCOME	B	-800	IBMT JOINT VENTURE	90.01	0	33.18
33.19	MISCELLANEOUS INCOME	B	-174,098	CV DIAGNOSTIC SERVICES	90.05	0	33.19
33.20	MISCELLANEOUS INCOME	B	-18,376	SPEECH PATHOLOGY	68.00	0	33.20
33.21	MISCELLANEOUS INCOME	B	-691,200	PARAMEDIC PRGM	23.03	0	33.21
33.22	MISCELLANEOUS INCOME	B	-25,000	EMERGENCY	91.00	0	33.22
33.23	ADVERTISING	A	-14,707	CV DIAGNOSTIC SERVICES	90.05	0	33.23
33.24	ADVERTISING	A	-1,121	OPERATING ROOM	50.00	0	33.24
33.25	ADVERTISING	A	-174	RESPIRATORY THERAPY	65.00	0	33.25
33.26	ADVERTISING	A	-1,037	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.26
33.27	NONALLOWABLE INTEREST	A	-1,304,067	CAP REL COSTS-BLDG & FIXT	1.00	11	33.27
33.28	NEUROLOGY TESTING EXPENSE	A	-7,347	ELECTROENCEPHALOGRAPHY	70.00	0	33.28
33.29	NEUROLOGY TESTING EXPENSE	B	-131	ELECTROENCEPHALOGRAPHY	70.00	0	33.29
33.30	HAF OFFSET	A	-31,004,616	OTHER ADMIN & GENERAL	5.03	0	33.30
33.31	ON CALL COVERAGE	A	0	HOSPICE	116.00	0	33.31
33.32	PHYSICIAN RECRUITMENT	A	-101,594	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.32
33.33	PENSION ADJ PER REGS 2142.5	A	5,348,005	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		128,103,796				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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/31/2019 7:47 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED SERVICE ALLOCATION	142,446	0	1.00
2.00	5.03	OTHER ADMIN & GENERAL	SHARED SERVICE ALLOCATION	33,893,240	0	2.00
3.00	7.00	OPERATION OF PLANT	SHARED SERVICE ALLOCATION	6,623,781	0	3.00
4.00	10.00	DIETARY	SHARED SERVICE ALLOCATION	54,425	0	4.00
4.01	13.00	NURSING ADMINISTRATION	SHARED SERVICE ALLOCATION	3,295,088	0	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	SHARED SERVICE ALLOCATION	270,126	0	4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	SHARED SERVICE ALLOCATION	1,701,101	0	4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	SHARED SERVICE ALLOCATION	-551,715	0	4.04
4.05	194.00	MARKETING & COMMUNITY RELATI	SHARED SERVICE ALLOCATION	23,557	0	4.05
4.06	194.04	OTHER NRCC	SHARED SERVICE ALLOCATION	26,028,637	0	4.06
4.07	194.05	FOUNDATION	FRANCISCAN HOME OFFICE	64,256	0	4.07
4.08	5.03	OTHER ADMIN & GENERAL	FRANCISCAN HOME OFFICE	11,189,111	0	4.08
4.09	1.00	CAP REL COSTS-BLDG & FIXT	FRANCISCAN HOME OFFICE	15,878,492	0	4.09
4.10	5.03	OTHER ADMIN & GENERAL	FRANCISCAN HOME OFFICE	70,805,775	0	4.10
4.11	5.03	OTHER ADMIN & GENERAL	FRANCISCAN HOME OFFICE	4,654,084	0	4.11
4.12	15.00	PHARMACY	SHARED SERVICE ALLOCATION	1,272,092	0	4.12
4.13	60.00	LABORATORY	SHARED SERVICE ALLOCATION	17,451,481	18,084,967	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			192,795,977	18,084,967	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	SISTERS	100.00		0.00	6.00
7.00	B	APHL	100.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/31/2019 7:47 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	142,446	0		1.00
2.00	33,893,240	0		2.00
3.00	6,623,781	0		3.00
4.00	54,425	0		4.00
4.01	3,295,088	0		4.01
4.02	270,126	0		4.02
4.03	1,701,101	0		4.03
4.04	-551,715	11		4.04
4.05	23,557	0		4.05
4.06	26,028,637	0		4.06
4.07	64,256	0		4.07
4.08	11,189,111	0		4.08
4.09	15,878,492	11		4.09
4.10	70,805,775	0		4.10
4.11	4,654,084	0		4.11
4.12	1,272,092	0		4.12
4.13	-633,486	0		4.13
5.00	174,711,010			5.00

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

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

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

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

6.00			6.00
7.00	SHARED LAB		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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/31/2019 7:47 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.03	OTHER ADMIN & GENERAL	138,483	128,583	9,900	211,500	66	1.00
2.00	15.00	PHARMACY	21,150	0	21,150	211,500	141	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,107,876	0	2,107,876	211,500	12,345	3.00
4.00	23.02	EMERGENCY MEDICAL SERVICES	22,000	0	22,000	211,500	265	4.00
5.00	30.00	ADULTS & PEDIATRICS	23,763	3,086	20,677	211,500	116	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	299,215	299,215	0	211,500	0	6.00
7.00	41.00	SUBPROVIDER - IRF	48,050	48,050	0	246,400	0	7.00
8.00	50.00	OPERATING ROOM	2,864,330	2,855,687	8,643	271,900	90	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	814,339	814,339	0	271,900	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	151,200	151,200	0	260,300	0	10.00
11.00	60.00	LABORATORY	162,776	102,326	60,450	211,500	420	11.00
12.00	64.00	INTRAVENOUS THERAPY	-4,936	-4,936	0	211,500	0	12.00
13.00	65.00	RESPIRATORY THERAPY	18,250	850	17,400	211,500	116	13.00
14.00	66.00	PHYSICAL THERAPY	-24,733	-24,733	0	211,500	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	151,200	151,200	0	211,500	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	29,005	4,780	24,225	211,500	128	16.00
17.00	74.00	RENAL DIALYSIS	7,413	1,988	5,425	211,500	36	17.00
18.00	90.00	CLINIC	804,865	804,865	0	211,500	1,868	18.00
19.00	90.01	IBMT JOINT VENTURE	108,471	0	108,471	211,500	1,118	19.00
20.00	90.05	CV DIAGNOSTIC SERVICES	861,086	861,086	0	211,500	0	20.00
21.00	91.00	EMERGENCY	65,922	29,922	36,000	211,500	293	21.00
200.00			8,669,725	6,227,508	2,442,217		17,002	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	5.03	OTHER ADMIN & GENERAL	6,711	336	0	0	0	1.00
2.00	15.00	PHARMACY	14,337	717	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,255,273	62,764	0	0	0	3.00
4.00	23.02	EMERGENCY MEDICAL SERVICES	26,946	1,347	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	11,795	590	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	11,765	588	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	42,707	2,135	0	0	0	11.00
12.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	11,795	590	0	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	13,015	651	0	0	0	16.00
17.00	74.00	RENAL DIALYSIS	3,661	183	0	0	0	17.00
18.00	90.00	CLINIC	189,943	9,497	0	0	0	18.00
19.00	90.01	IBMT JOINT VENTURE	113,681	5,684	0	0	0	19.00
20.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	29,793	1,490	0	0	0	21.00
200.00			1,731,422	86,572	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	5.03	OTHER ADMIN & GENERAL	0	6,711	3,189	131,772		1.00
2.00	15.00	PHARMACY	0	14,337	6,813	6,813		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,255,273	852,603	852,603		3.00
4.00	23.02	EMERGENCY MEDICAL SERVICES	0	26,946	0	0		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	11,795	8,882	11,968		5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	299,215		6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	48,050		7.00
8.00	50.00	OPERATING ROOM	0	11,765	0	2,855,687		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	814,339		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	151,200		10.00
11.00	60.00	LABORATORY	0	42,707	17,743	120,069		11.00
12.00	64.00	INTRAVENOUS THERAPY	0	0	0	-4,936		12.00
13.00	65.00	RESPIRATORY THERAPY	0	11,795	5,605	6,455		13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	-24,733		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	151,200		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	13,015	11,210	15,990		16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/31/2019 7:47 am

	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		
17.00	74.00	RENAL DIALYSIS	0	3,661	1,764	3,752		17.00
18.00	90.00	CLINIC	0	189,943	0	804,865		18.00
19.00	90.01	IBMT JOINT VENTURE	0	113,681	0	0		19.00
20.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	861,086		20.00
21.00	91.00	EMERGENCY	0	29,793	6,207	36,129		21.00
200.00			0	1,731,422	914,016	7,141,524		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	35,231,498	35,231,498				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,531,444		14,531,444			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	58,414,649	0	0	58,414,649		4.00
5.01	00570	ADMITTING	1,050	95,387	39,343	0	135,780	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	136,280	56,209	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	122,484,882	50,614	20,876	507,999	0	5.03
7.00	00700	OPERATION OF PLANT	18,718,213	3,685,517	1,520,114	1,365,352	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,663,757	371,912	153,397	76,135	0	8.00
9.00	00900	HOUSEKEEPING	5,357,333	272,730	112,489	1,341,384	0	9.00
10.00	01000	DIETARY	204,066	365,814	150,882	262,285	0	10.00
11.00	01100	CAFETERIA	2,218,326	555,181	228,988	762,959	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,614,056	59,100	24,376	1,553,866	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,432,424	1,589,260	655,500	268,462	0	14.00
15.00	01500	PHARMACY	6,935,430	401,035	165,409	2,122,708	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	270,126	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,748,155	72,361	29,846	671,650	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,297,477	0	0	623,359	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	191,670	0	0	74,329	0	23.00
23.01	02302	PHARMACY PRGM	505,268	0	0	171,089	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	22,886	0	0	91,761	0	23.02
23.03	02303	PARAMEDIC PRGM	35,547	0	0	247,651	0	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,554,373	6,258,794	2,581,480	9,633,605	14,777	30.00
31.00	03100	INTENSIVE CARE UNIT	6,905,704	766,253	316,045	2,297,747	3,175	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,801,931	544,351	224,521	1,067,393	2,530	31.01
32.00	03200	CORONARY CARE UNIT	8,552,431	1,780,460	734,362	2,940,762	3,005	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,673,768	906,839	374,031	1,567,740	2,561	34.00
41.00	04100	SUBPROVIDER - IRF	2,855,226	601,148	247,947	970,661	1,384	41.00
43.00	04300	NURSERY	617,616	136,109	56,139	201,082	663	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,073,320	3,664,069	1,511,267	4,207,133	12,077	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,652,917	901,040	371,639	914,909	3,511	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,237,593	2,850,485	1,175,700	2,885,506	9,559	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,625,359	5,287	2,181	545,035	193	55.00
56.00	05600	RADIOISOTOPE	1,082,930	36,159	14,914	84,781	197	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,913,313	924,620	381,365	798,598	4,685	59.00
60.00	06000	LABORATORY	20,648,771	1,509,223	622,488	280,434	12,333	60.00
64.00	06400	INTRAVENOUS THERAPY	2,609,617	392,166	161,751	900,821	262	64.00
65.00	06500	RESPIRATORY THERAPY	7,643,125	210,901	86,987	2,596,308	6,234	65.00
66.00	06600	PHYSICAL THERAPY	5,559,027	358,224	147,752	1,606,092	1,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,780,723	0	0	593,480	1,284	67.00
68.00	06800	SPEECH PATHOLOGY	1,025,770	41,788	17,236	295,437	477	68.00
69.00	06900	ELECTROCARDIOLOGY	1,389,840	500,772	206,546	476,980	2,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,999,367	0	0	501,000	365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,221,485	0	0	0	15,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,956,914	0	0	0	10,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,641,959	0	0	0	18,715	73.00
74.00	07400	RENAL DIALYSIS	606,826	162,930	67,201	207,507	864	74.00
76.97	07697	CARDIAC REHABILITATION	515,363	0	0	162,677	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,012,365	1,049,642	432,931	2,066,754	55	90.00
90.01	09001	IBMT JOINT VENTURE	4,738,383	106,602	43,968	414,829	28	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	8,505,566	0	0	2,315,946	48	90.05
91.00	09100	EMERGENCY	7,801,075	1,876,572	774,004	2,521,994	7,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,962,364	0	0	1,845,396	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	569,043,278	33,239,625	13,709,884	55,041,596	135,780	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	523,265	228,213	94,128	86,008	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,487,560	211,455	87,216	2,063,899	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	102,241	0	0	22,711	0	194.00
194.01	07952	WOMEN'S CENTER	314,282	97,732	40,310	39,120	0	194.01
194.04	07954	OTHER NRCC	76,426,955	1,454,473	599,906	1,161,315	0	194.04
194.05	07956	FOUNDATION	64,256	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	654,961,837	35,231,498	14,531,444	58,414,649	135,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	Subtotal	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5A.01	5.02	5A.02	5.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	192,489	192,489				5.02
5.03	00590	OTHER ADMIN & GENERAL	123,064,371	36,170	123,100,541	123,100,541		5.03
7.00	00700	OPERATION OF PLANT	25,289,196	7,435	25,296,631	5,854,956	31,151,587	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,265,201	666	2,265,867	524,439	370,578	8.00
9.00	00900	HOUSEKEEPING	7,083,936	2,083	7,086,019	1,640,073	271,752	9.00
10.00	01000	DIETARY	983,047	289	983,336	227,595	364,502	10.00
11.00	01100	CAFETERIA	3,765,454	1,107	3,766,561	871,778	553,190	11.00
13.00	01300	NURSING ADMINISTRATION	9,251,398	2,720	9,254,118	2,141,884	58,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,945,646	1,160	3,946,806	913,496	1,583,561	14.00
15.00	01500	PHARMACY	9,624,582	2,830	9,627,412	2,228,284	399,597	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	270,126	79	270,205	62,539	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,522,012	741	2,522,753	583,896	72,102	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,920,836	565	1,921,401	444,712	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	265,999	78	266,077	61,584	0	23.00
23.01	02302	PHARMACY PRGM	676,357	199	676,556	156,590	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	114,647	34	114,681	26,543	0	23.02
23.03	02303	PARAMEDIC PRGM	283,198	83	283,281	65,566	0	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,043,029	13,831	47,056,860	10,891,404	6,236,350	30.00
31.00	03100	INTENSIVE CARE UNIT	10,288,924	3,025	10,291,949	2,382,092	763,505	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,640,726	1,658	5,642,384	1,305,941	542,399	31.01
32.00	03200	CORONARY CARE UNIT	14,011,020	4,119	14,015,139	3,243,832	1,774,076	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,524,939	2,212	7,527,151	1,742,174	903,587	34.00
41.00	04100	SUBPROVIDER - IRF	4,676,366	1,375	4,677,741	1,082,673	598,992	41.00
43.00	04300	NURSERY	1,011,609	297	1,011,906	234,208	135,621	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,467,866	6,312	21,474,178	4,970,241	3,650,929	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,844,016	1,424	4,845,440	1,121,487	897,808	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,158,843	5,633	19,164,476	4,435,656	2,840,263	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,178,055	2,698	9,180,753	2,124,904	5,268	55.00
56.00	05600	RADIOISOTOPE	1,218,981	358	1,219,339	282,218	36,030	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,022,581	1,183	4,023,764	931,308	921,304	59.00
60.00	06000	LABORATORY	23,073,249	6,784	23,080,033	5,341,920	1,503,811	60.00
64.00	06400	INTRAVENOUS THERAPY	4,064,617	1,195	4,065,812	941,040	390,760	64.00
65.00	06500	RESPIRATORY THERAPY	10,543,555	3,100	10,546,655	2,441,044	210,144	65.00
66.00	06600	PHYSICAL THERAPY	7,673,009	2,256	7,675,265	1,776,455	356,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,375,487	698	2,376,185	549,973	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,380,708	406	1,381,114	319,662	41,638	68.00
69.00	06900	ELECTROCARDIOLOGY	2,576,414	757	2,577,171	596,491	498,976	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,500,732	735	2,501,467	578,970	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,236,886	10,360	35,247,246	8,158,046	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,966,944	8,222	27,975,166	6,474,908	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,660,674	16,070	54,676,744	12,655,042	0	73.00
74.00	07400	RENAL DIALYSIS	1,045,328	307	1,045,635	242,014	162,346	74.00
76.97	07697	CARDIAC REHABILITATION	678,040	199	678,239	156,980	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,561,747	2,811	9,564,558	2,213,736	1,045,878	90.00
90.01	09001	IBMT JOINT VENTURE	5,303,810	1,559	5,305,369	1,227,938	106,219	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	10,821,560	3,182	10,824,742	2,505,408	0	90.05
91.00	09100	EMERGENCY	12,980,822	3,816	12,984,638	3,005,320	1,869,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,807,760	2,589	8,810,349	2,039,173	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	562,856,792	165,410	562,829,713	101,776,193	29,166,857	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	931,614	274	931,888	215,687	227,394	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,850,130	3,190	10,853,320	2,512,023	210,697	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	124,952	37	124,989	28,929	0	194.00
194.01	07952	WOMEN'S CENTER	491,444	144	491,588	113,779	97,382	194.01
194.04	07954	OTHER NRCC	79,642,649	23,415	79,666,064	18,439,053	1,449,257	194.04
194.05	07956	FOUNDATION	64,256	19	64,275	14,877	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)	654,961,837	192,489	654,961,837	123,100,541	31,151,587	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,160,884					8.00
9.00	00900	HOUSEKEEPING	0	8,997,844				9.00
10.00	01000	DIETARY	0	107,500	1,682,933			10.00
11.00	01100	CAFETERIA	0	163,148	0	5,354,677		11.00
13.00	01300	NURSING ADMINISTRATION	0	17,367	0	122,984	11,595,241	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,847	467,027	0	49,565	0	14.00
15.00	01500	PHARMACY	0	117,850	0	177,171	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	21,264	0	60,298	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	17,066	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	7,316	0	23.00
23.01	02302	PHARMACY PRGM	0	0	0	10,282	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	0	13,573	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	35,316	0	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,243,708	1,839,236	845,166	1,034,795	5,823,106	30.00
31.00	03100	INTENSIVE CARE UNIT	205,277	225,174	285,480	232,420	1,966,928	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	20,534	159,965	87,196	96,228	600,770	31.01
32.00	03200	CORONARY CARE UNIT	232,134	523,214	187,923	303,240	1,294,772	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	154,212	266,487	135,061	170,546	930,559	34.00
41.00	04100	SUBPROVIDER - IRF	63,888	176,656	81,206	97,422	559,505	41.00
43.00	04300	NURSERY	8,695	39,998	60,901	18,768	419,601	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	283,497	1,076,738	0	398,955	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145,928	264,783	0	86,475	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,181	837,655	0	278,183	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,554	0	42,578	0	55.00
56.00	05600	RADIOISOTOPE	7,609	10,626	0	6,407	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	79,387	271,713	0	65,413	0	59.00
60.00	06000	LABORATORY	358	443,507	0	22,878	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	115,244	0	90,580	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	61,976	0	263,003	0	65.00
66.00	06600	PHYSICAL THERAPY	48,176	105,269	0	147,013	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	57,976	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,280	0	29,427	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,723	147,159	0	49,527	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,200	0	0	48,952	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,174	47,879	0	16,160	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	18,707	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14,091	308,452	0	220,333	0	90.00
90.01	09001	IBMT JOINT VENTURE	5,339	31,326	0	38,674	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	303,020	0	90.05
91.00	09100	EMERGENCY	386,377	551,457	0	265,236	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	170,671	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,117,335	8,412,504	1,682,933	5,067,158	11,595,241	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67,064	0	17,620	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,085	62,139	0	136,688	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	2,724	0	194.00
194.01	07952	WOMEN'S CENTER	30,464	28,720	0	5,310	0	194.01
194.04	07954	OTHER NRCC	0	427,417	0	125,177	0	194.04
194.05	07956	FOUNDATION	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)	3,160,884	8,997,844	1,682,933	5,354,677	11,595,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			14.00	15.00	16.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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	6,974,302					14.00
15.00	01500	PHARMACY	12,435	12,562,749				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	332,744			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,072	0	0	3,261,385		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		2,383,179	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	61	0	0			23.00
23.01	02302	PHARMACY PRGM	15	0	0			23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	1,194	0	0			23.02
23.03	02303	PARAMEDIC PRGM	541	0	0			23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,317	0	20,408	2,160,802	1,578,955	30.00
31.00	03100	INTENSIVE CARE UNIT	2,091	0	3,551	87,455	63,905	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	838	0	2,829	30,945	22,613	31.01
32.00	03200	CORONARY CARE UNIT	3,670	0	3,360	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,748	0	2,864	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	768	0	1,547	0	0	41.00
43.00	04300	NURSERY	281	0	741	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,637	0	23,427	154,727	113,063	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,205	0	3,937	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,144	0	38,081	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	330	0	7,010	0	0	55.00
56.00	05600	RADIOISOTOPE	85,071	0	1,032	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,052	0	14,142	0	0	59.00
60.00	06000	LABORATORY	1,323	0	33,054	10,764	7,865	60.00
64.00	06400	INTRAVENOUS THERAPY	7,767	0	2,824	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,134	0	7,990	30,945	22,613	65.00
66.00	06600	PHYSICAL THERAPY	1,946	0	4,748	269,091	196,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	391	0	2,273	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	243	0	1,240	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	491	0	4,142	87,455	63,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	845	0	2,327	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,678,554	0	21,920	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,919,848	0	20,393	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,562,749	62,953	0	0	73.00
74.00	07400	RENAL DIALYSIS	158	0	1,016	82,073	59,973	74.00
76.97	07697	CARDIAC REHABILITATION	637	0	312	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,925	0	1,372	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	749	0	670	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	29,908	0	7,899	0	0	90.05
91.00	09100	EMERGENCY	5,743	0	31,972	129,164	94,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,222	0	2,710			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,870,354	12,562,749	332,744	3,043,421	2,223,907	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,430	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,419	0	0	217,964	159,272	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	652	0	0	0	0	194.01
194.04	07954	OTHER NRCC	66,447	0	0	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
		14.00	15.00	16.00	21.00	22.00	
202.00	TOTAL (sum lines 118 through 201)	6,974,302	12,562,749	332,744	3,261,385	2,383,179	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	MEDICAL LABORATORY SCIENTIST PRGM	PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	335,038					23.00
23.01	02302	PHARMACY PRGM		843,443				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES			155,991			23.02
23.03	02303	PARAMEDIC PRGM				384,704		23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	78,746,107	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	16,509,827	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	8,512,642	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	21,581,360	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	11,835,389	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	7,340,398	41.00
43.00	04300	NURSERY	0	0	0	0	1,930,720	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	32,186,392	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	7,367,063	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	27,806,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	11,362,397	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,648,332	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	6,309,083	59.00
60.00	06000	LABORATORY	335,038	0	0	0	30,780,551	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	5,614,027	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	13,586,504	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,581,535	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,986,798	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,785,604	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,034,040	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	3,139,761	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	47,105,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	37,390,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	843,443	0	384,704	81,185,635	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,667,428	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	854,875	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	13,371,345	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	6,716,284	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	13,670,977	90.05
91.00	09100	EMERGENCY	0	0	155,991	0	19,480,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	11,035,125	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	335,038	843,443	155,991	384,704	538,123,043	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,485,083	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,176,607	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	156,642	194.00
194.01	07952	WOMEN'S CENTER	0	0	0	0	767,895	194.01
194.04	07954	OTHER NRCC	0	0	0	0	100,173,415	194.04
194.05	07956	FOUNDATION	0	0	0	0	79,152	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	335,038	843,443	155,991	384,704	654,961,837	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	OTHER ADMIN & GENERAL				5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM				23.00
23.01	02302	PHARMACY PRGM				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES				23.02
23.03	02303	PARAMEDIC PRGM				23.03
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-3,739,757	75,006,350		30.00
31.00	03100	INTENSIVE CARE UNIT	-151,360	16,358,467		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-53,558	8,459,084		31.01
32.00	03200	CORONARY CARE UNIT	0	21,581,360		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	11,835,389		34.00
41.00	04100	SUBPROVIDER - IRF	0	7,340,398		41.00
43.00	04300	NURSERY	0	1,930,720		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-267,790	31,918,602		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,367,063		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,806,639		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,362,397		55.00
56.00	05600	RADIOISOTOPE	0	1,648,332		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,309,083		59.00
60.00	06000	LABORATORY	-18,629	30,761,922		60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,614,027		64.00
65.00	06500	RESPIRATORY THERAPY	-53,558	13,532,946		65.00
66.00	06600	PHYSICAL THERAPY	-465,723	10,115,812		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,986,798		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,785,604		68.00
69.00	06900	ELECTROCARDIOLOGY	-151,360	3,882,680		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,139,761		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	47,105,766		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,390,315		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	81,185,635		73.00
74.00	07400	RENAL DIALYSIS	-142,046	1,525,382		74.00
76.97	07697	CARDIAC REHABILITATION	0	854,875		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	13,371,345		90.00
90.01	09001	IBMT JOINT VENTURE	0	6,716,284		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	13,670,977		90.05
91.00	09100	EMERGENCY	-223,547	19,256,577		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	11,035,125		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,267,328	532,855,715		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,485,083		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-377,236	13,799,371		192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	156,642		194.00
194.01	07952	WOMEN'S CENTER	0	767,895		194.01
194.04	07954	OTHER NRCC	0	100,173,415		194.04
194.05	07956	FOUNDATION	0	79,152		194.05
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
202.00	TOTAL (sum lines 118 through 201)	-5,644,564	649,317,273		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00570	ADMITTING	0	95,387	39,343	134,730	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	136,280	56,209	192,489	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	0	50,614	20,876	71,490	0	5.03
7.00	00700	OPERATION OF PLANT	0	3,685,517	1,520,114	5,205,631	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	371,912	153,397	525,309	0	8.00
9.00	00900	HOUSEKEEPING	0	272,730	112,489	385,219	0	9.00
10.00	01000	DIETARY	0	365,814	150,882	516,696	0	10.00
11.00	01100	CAFETERIA	0	555,181	228,988	784,169	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	59,100	24,376	83,476	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,589,260	655,500	2,244,760	0	14.00
15.00	01500	PHARMACY	0	401,035	165,409	566,444	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	72,361	29,846	102,207	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	0	0	0	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	0	0	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	6,258,794	2,581,480	8,840,274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	766,253	316,045	1,082,298	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	544,351	224,521	768,872	0	31.01
32.00	03200	CORONARY CARE UNIT	0	1,780,460	734,362	2,514,822	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	906,839	374,031	1,280,870	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	601,148	247,947	849,095	0	41.00
43.00	04300	NURSERY	0	136,109	56,139	192,248	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,664,069	1,511,267	5,175,336	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	901,040	371,639	1,272,679	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,850,485	1,175,700	4,026,185	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,287	2,181	7,468	0	55.00
56.00	05600	RADIOISOTOPE	0	36,159	14,914	51,073	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	924,620	381,365	1,305,985	0	59.00
60.00	06000	LABORATORY	0	1,509,223	622,488	2,131,711	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	392,166	161,751	553,917	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	210,901	86,987	297,888	0	65.00
66.00	06600	PHYSICAL THERAPY	0	358,224	147,752	505,976	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	41,788	17,236	59,024	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	500,772	206,546	707,318	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	162,930	67,201	230,131	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,049,642	432,931	1,482,573	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	106,602	43,968	150,570	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	1,876,572	774,004	2,650,576	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	33,239,625	13,709,884	46,949,509	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	228,213	94,128	322,341	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	211,455	87,216	298,671	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	97,732	40,310	138,042	0	194.01
194.04	07954	OTHER NRCC	0	1,454,473	599,906	2,054,379	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:47 am

	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	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	35,231,498	14,531,444	49,762,942	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING	134,730					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	192,489				5.02
5.03	00590	OTHER ADMIN & GENERAL	0	36,170	107,660			5.03
7.00	00700	OPERATION OF PLANT	0	7,435	5,110	5,218,176		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	666	458	62,075	588,508	8.00
9.00	00900	HOUSEKEEPING	0	2,083	1,431	45,521	0	9.00
10.00	01000	DIETARY	0	289	199	61,057	0	10.00
11.00	01100	CAFETERIA	0	1,107	761	92,664	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,720	1,869	9,864	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,160	797	265,261	2,578	14.00
15.00	01500	PHARMACY	0	2,830	1,945	66,936	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	79	55	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	741	510	12,078	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	565	388	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	78	54	0	0	23.00
23.01	02302	PHARMACY PRGM	0	199	137	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	34	23	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	83	57	0	0	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,643	13,831	9,505	1,044,645	231,559	30.00
31.00	03100	INTENSIVE CARE UNIT	3,147	3,025	2,079	127,894	38,219	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,507	1,658	1,140	90,857	3,823	31.01
32.00	03200	CORONARY CARE UNIT	2,977	4,119	2,831	297,174	43,220	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,538	2,212	1,520	151,359	28,712	34.00
41.00	04100	SUBPROVIDER - IRF	1,371	1,375	945	100,337	11,895	41.00
43.00	04300	NURSERY	657	297	204	22,718	1,619	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,967	6,312	4,338	611,564	52,783	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,479	1,424	979	150,391	27,170	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,472	5,633	3,871	475,770	33,175	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	192	2,698	1,855	883	0	55.00
56.00	05600	RADIOISOTOPE	195	358	246	6,035	1,417	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,642	1,183	813	154,327	14,781	59.00
60.00	06000	LABORATORY	12,220	6,784	4,662	251,902	67	60.00
64.00	06400	INTRAVENOUS THERAPY	259	1,195	821	65,456	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,178	3,100	2,130	35,201	0	65.00
66.00	06600	PHYSICAL THERAPY	1,897	2,256	1,550	59,791	8,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,272	698	480	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	472	406	279	6,975	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,256	757	521	83,583	1,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	362	735	505	0	1,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,261	10,360	7,120	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,939	8,222	5,651	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,731	16,070	11,045	0	0	73.00
74.00	07400	RENAL DIALYSIS	856	307	211	27,194	1,894	74.00
76.97	07697	CARDIAC REHABILITATION	0	199	137	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	54	2,811	1,932	175,194	2,623	90.00
90.01	09001	IBMT JOINT VENTURE	28	1,559	1,072	17,793	994	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	47	3,182	2,187	0	0	90.05
91.00	09100	EMERGENCY	7,111	3,816	2,623	313,216	71,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,589	1,780	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,730	165,410	88,826	4,885,715	580,400	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	274	188	38,091	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,190	2,192	35,294	2,436	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	37	25	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	144	99	16,312	5,672	194.01
194.04	07954	OTHER NRCC	0	23,415	16,317	242,764	0	194.04
194.05	07956	FOUNDATION	0	19	13	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)	134,730	192,489	107,660	5,218,176	588,508	202.00

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		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	434,254					9.00
10.00	01000	DIETARY	5,188	583,429				10.00
11.00	01100	CAFETERIA	7,874	0	886,575			11.00
13.00	01300	NURSING ADMINISTRATION	838	0	20,363	119,130		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,540	0	8,206	0	2,545,302	14.00
15.00	01500	PHARMACY	5,688	0	29,334	0	4,538	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,026	0	9,984	0	391	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,826	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	1,211	0	22	23.00
23.01	02302	PHARMACY PRGM	0	0	1,702	0	6	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	2,247	0	436	23.02
23.03	02303	PARAMEDIC PRGM	0	0	5,847	0	198	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	88,764	292,998	171,335	59,827	5,590	30.00
31.00	03100	INTENSIVE CARE UNIT	10,867	98,968	38,482	20,208	763	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,720	30,228	15,932	6,172	306	31.01
32.00	03200	CORONARY CARE UNIT	25,251	65,148	50,207	13,303	1,339	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,861	46,822	28,237	9,561	1,003	34.00
41.00	04100	SUBPROVIDER - IRF	8,526	28,152	16,130	5,748	280	41.00
43.00	04300	NURSERY	1,930	21,113	3,107	4,311	102	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,966	0	66,055	0	14,830	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,779	0	14,318	0	440	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,427	0	46,059	0	12,461	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	75	0	7,050	0	120	55.00
56.00	05600	RADIOISOTOPE	513	0	1,061	0	31,047	56.00
59.00	05900	CARDIAC CATHETERIZATION	13,113	0	10,830	0	749	59.00
60.00	06000	LABORATORY	21,405	0	3,788	0	483	60.00
64.00	06400	INTRAVENOUS THERAPY	5,562	0	14,997	0	2,835	64.00
65.00	06500	RESPIRATORY THERAPY	2,991	0	43,545	0	779	65.00
66.00	06600	PHYSICAL THERAPY	5,081	0	24,341	0	710	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	9,599	0	143	67.00
68.00	06800	SPEECH PATHOLOGY	593	0	4,872	0	89	68.00
69.00	06900	ELECTROCARDIOLOGY	7,102	0	8,200	0	179	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8,105	0	308	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,342,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,065,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,311	0	2,676	0	58	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,097	0	233	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14,887	0	36,481	0	1,068	90.00
90.01	09001	IBMT JOINT VENTURE	1,512	0	6,403	0	273	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	50,171	0	10,915	90.05
91.00	09100	EMERGENCY	26,614	0	43,915	0	2,096	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	28,258	0	4,461	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	406,004	583,429	838,971	119,130	2,507,366	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,237	0	2,917	0	9,281	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,999	0	22,631	0	4,167	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	451	0	0	194.00
194.01	07952	WOMEN'S CENTER	1,386	0	879	0	238	194.01
194.04	07954	OTHER NRCC	20,628	0	20,726	0	24,250	194.04
194.05	07956	FOUNDATION	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)	434,254	583,429	886,575	119,130	2,545,302	202.00

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		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	MEDICAL LABORATORY SCIENTIST PRGM	
			15.00	16.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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	677,715					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	134				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	126,937			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		3,779		22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0			1,365	23.00
23.01	02302	PHARMACY PRGM	0	0				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0				23.02
23.03	02303	PARAMEDIC PRGM	0	0				23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	03200	CORONARY CARE UNIT	0	0				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	0	0				56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	677,715	134				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0				90.00
90.01	09001	IBMT JOINT VENTURE	0	0				90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0				90.05
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	677,715	134	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0				194.00
194.01	07952	WOMEN'S CENTER	0	0				194.01
194.04	07954	OTHER NRCC	0	0				194.04
194.05	07956	FOUNDATION	0	0				194.05
200.00		Cross Foot Adjustments			126,937	3,779	1,365	200.00

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	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	MEDICAL LABORATORY SCIENTIST PRGM	
		15.00	16.00	21.00	22.00	23.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	677,715	134	126,937	3,779	1,365	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.01	23.02	23.03	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM						23.00
23.01	02302	PHARMACY PRGM	2,044					23.01
23.02	02301	EMERGENCY MEDICAL SERVICES		2,740				23.02
23.03	02303	PARAMEDIC PRGM			6,185			23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				10,772,971	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,425,950	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				929,215	0	31.01
32.00	03200	CORONARY CARE UNIT				3,020,391	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				1,565,695	0	34.00
41.00	04100	SUBPROVIDER - IRF				1,023,854	0	41.00
43.00	04300	NURSERY				248,306	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				5,995,151	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,483,659	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				4,653,053	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				20,341	0	55.00
56.00	05600	RADIOISOTOPE				91,945	0	56.00
59.00	05900	CARDIAC CATHETERIZATION				1,506,423	0	59.00
60.00	06000	LABORATORY				2,433,022	0	60.00
64.00	06400	INTRAVENOUS THERAPY				645,042	0	64.00
65.00	06500	RESPIRATORY THERAPY				391,812	0	65.00
66.00	06600	PHYSICAL THERAPY				610,572	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				12,192	0	67.00
68.00	06800	SPEECH PATHOLOGY				72,710	0	68.00
69.00	06900	ELECTROCARDIOLOGY				811,540	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				11,355	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				1,375,250	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,089,418	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				723,695	0	73.00
74.00	07400	RENAL DIALYSIS				265,638	0	74.00
76.97	07697	CARDIAC REHABILITATION				3,666	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				1,717,623	0	90.00
90.01	09001	IBMT JOINT VENTURE				180,204	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES				66,502	0	90.05
91.00	09100	EMERGENCY				3,121,904	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				37,088	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	46,306,187	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				376,329	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				371,580	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS				513	0	194.00
194.01	07952	WOMEN'S CENTER				162,772	0	194.01
194.04	07954	OTHER NRCC				2,402,479	0	194.04
194.05	07956	FOUNDATION				32	0	194.05
200.00		Cross Foot Adjustments	2,044	2,740	6,185	143,050	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.03	24.00	25.00	
202.00	TOTAL (sum lines 118 through 201)	2,044	2,740	6,185	49,762,942	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00570	ADMITTING			5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.02
5.03	00590	OTHER ADMIN & GENERAL			5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM			23.00
23.01	02302	PHARMACY PRGM			23.01
23.02	02301	EMERGENCY MEDICAL SERVICES			23.02
23.03	02303	PARAMEDIC PRGM			23.03
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	10,772,971		30.00
31.00	03100	INTENSIVE CARE UNIT	1,425,950		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	929,215		31.01
32.00	03200	CORONARY CARE UNIT	3,020,391		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,565,695		34.00
41.00	04100	SUBPROVIDER - IRF	1,023,854		41.00
43.00	04300	NURSERY	248,306		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	5,995,151		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,483,659		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,053		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,341		55.00
56.00	05600	RADIOISOTOPE	91,945		56.00
59.00	05900	CARDIAC CATHETERIZATION	1,506,423		59.00
60.00	06000	LABORATORY	2,433,022		60.00
64.00	06400	INTRAVENOUS THERAPY	645,042		64.00
65.00	06500	RESPIRATORY THERAPY	391,812		65.00
66.00	06600	PHYSICAL THERAPY	610,572		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,192		67.00
68.00	06800	SPEECH PATHOLOGY	72,710		68.00
69.00	06900	ELECTROCARDIOLOGY	811,540		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,355		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,375,250		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,089,418		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,695		73.00
74.00	07400	RENAL DIALYSIS	265,638		74.00
76.97	07697	CARDIAC REHABILITATION	3,666		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1,717,623		90.00
90.01	09001	IBMT JOINT VENTURE	180,204		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	66,502		90.05
91.00	09100	EMERGENCY	3,121,904		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	37,088		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,306,187		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	376,329		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	371,580		192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	513		194.00
194.01	07952	WOMEN'S CENTER	162,772		194.01
194.04	07954	OTHER NRCC	2,402,479		194.04
194.05	07956	FOUNDATION	32		194.05
200.00		Cross Foot Adjustments	143,050		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	49,762,942		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
			1.00	2.00	4.00	5.01	5A.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	826,242					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		826,242				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	166,545,029			4.00
5.01	00570	ADMITTING	2,237	2,237	0	1,237,427,378		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,196	3,196	0	0	-192,489	5.02
5.03	00590	OTHER ADMIN & GENERAL	1,187	1,187	1,448,347	0	0	5.03
7.00	00700	OPERATION OF PLANT	86,432	86,432	3,892,732	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,722	8,722	217,068	0	0	8.00
9.00	00900	HOUSEKEEPING	6,396	6,396	3,824,395	0	0	9.00
10.00	01000	DIETARY	8,579	8,579	747,795	0	0	10.00
11.00	01100	CAFETERIA	13,020	13,020	2,175,259	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,386	1,386	4,430,199	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,271	37,271	765,407	0	0	14.00
15.00	01500	PHARMACY	9,405	9,405	6,052,016	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,697	1,697	1,914,930	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,777,249	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	211,918	0	0	23.00
23.01	02302	PHARMACY PRGM	0	0	487,788	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	261,619	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	706,072	0	0	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	146,780	146,780	27,466,261	134,338,717	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,970	17,970	6,551,065	28,867,111	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	12,766	12,766	3,043,224	23,001,709	0	31.01
32.00	03200	CORONARY CARE UNIT	41,755	41,755	8,384,353	27,314,375	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,267	21,267	4,469,756	23,285,917	0	34.00
41.00	04100	SUBPROVIDER - IRF	14,098	14,098	2,767,434	12,579,222	0	41.00
43.00	04300	NURSERY	3,192	3,192	573,302	6,024,031	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,929	85,929	11,994,882	109,788,512	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,131	21,131	2,608,481	31,918,158	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,849	66,849	8,226,815	86,900,559	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	124	124	1,553,941	1,757,753	0	55.00
56.00	05600	RADIOISOTOPE	848	848	241,717	1,791,073	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	21,684	21,684	2,276,870	42,589,328	0	59.00
60.00	06000	LABORATORY	35,394	35,394	799,539	112,114,668	0	60.00
64.00	06400	INTRAVENOUS THERAPY	9,197	9,197	2,568,315	2,380,535	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,946	4,946	7,402,289	56,676,086	0	65.00
66.00	06600	PHYSICAL THERAPY	8,401	8,401	4,579,100	17,403,430	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,692,061	11,672,583	0	67.00
68.00	06800	SPEECH PATHOLOGY	980	980	842,315	4,334,714	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,744	11,744	1,359,910	20,692,713	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,428,391	3,320,992	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	140,008,311	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,181,804	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	173,196,207	0	73.00
74.00	07400	RENAL DIALYSIS	3,821	3,821	591,619	7,854,660	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	463,806	4,021	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,616	24,616	5,892,486	496,898	0	90.00
90.01	09001	IBMT JOINT VENTURE	2,500	2,500	1,182,711	257,161	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	6,602,954	434,299	0	90.05
91.00	09100	EMERGENCY	44,009	44,009	7,190,411	65,241,831	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	5,261,377	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	779,529	779,529	156,928,179	1,237,427,378	-192,489	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,352	5,352	245,216	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,959	4,959	5,884,346	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	64,750	0	0	194.00
194.01	07952	WOMEN'S CENTER	2,292	2,292	111,533	0	0	194.01
194.04	07954	OTHER NRCC	34,110	34,110	3,311,005	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
			1.00	2.00	4.00	5.01	5A.02	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	35,231,498	14,531,444	58,414,649	135,780		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.640652	17.587394	0.350744	0.000110		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	134,730		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000109		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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.02	5A.03	5.03	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	654,769,348					5.02
5.03	00590	OTHER ADMIN & GENERAL	123,064,371	-123,100,541	531,861,296			5.03
7.00	00700	OPERATION OF PLANT	25,289,196	0	25,296,631	733,190		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,265,201	0	2,265,867	8,722	2,508,645	8.00
9.00	00900	HOUSEKEEPING	7,083,936	0	7,086,019	6,396	0	9.00
10.00	01000	DIETARY	983,047	0	983,336	8,579	0	10.00
11.00	01100	CAFETERIA	3,765,454	0	3,766,561	13,020	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,251,398	0	9,254,118	1,386	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,945,646	0	3,946,806	37,271	10,990	14.00
15.00	01500	PHARMACY	9,624,582	0	9,627,412	9,405	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	270,126	0	270,205	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,522,012	0	2,522,753	1,697	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,920,836	0	1,921,401	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	265,999	0	266,077	0	0	23.00
23.01	02302	PHARMACY PRGM	676,357	0	676,556	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	114,647	0	114,681	0	0	23.02
23.03	02303	PARAMEDIC PRGM	283,198	0	283,281	0	0	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,043,029	0	47,056,860	146,780	987,072	30.00
31.00	03100	INTENSIVE CARE UNIT	10,288,924	0	10,291,949	17,970	162,919	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,640,726	0	5,642,384	12,766	16,297	31.01
32.00	03200	CORONARY CARE UNIT	14,011,020	0	14,015,139	41,755	184,234	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,524,939	0	7,527,151	21,267	122,391	34.00
41.00	04100	SUBPROVIDER - IRF	4,676,366	0	4,677,741	14,098	50,705	41.00
43.00	04300	NURSERY	1,011,609	0	1,011,906	3,192	6,901	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,467,866	0	21,474,178	85,929	224,998	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,844,016	0	4,845,440	21,131	115,816	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,158,843	0	19,164,476	66,849	141,414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,178,055	0	9,180,753	124	0	55.00
56.00	05600	RADIOISOTOPE	1,218,981	0	1,219,339	848	6,039	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,022,581	0	4,023,764	21,684	63,006	59.00
60.00	06000	LABORATORY	23,073,249	0	23,080,033	35,394	284	60.00
64.00	06400	INTRAVENOUS THERAPY	4,064,617	0	4,065,812	9,197	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,543,555	0	10,546,655	4,946	0	65.00
66.00	06600	PHYSICAL THERAPY	7,673,009	0	7,675,265	8,401	38,235	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,375,487	0	2,376,185	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,380,708	0	1,381,114	980	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,576,414	0	2,577,171	11,744	6,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,500,732	0	2,501,467	0	5,714	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,236,886	0	35,247,246	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,966,944	0	27,975,166	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,660,674	0	54,676,744	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,045,328	0	1,045,635	3,821	8,075	74.00
76.97	07697	CARDIAC REHABILITATION	678,040	0	678,239	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,561,747	0	9,564,558	24,616	11,183	90.00
90.01	09001	IBMT JOINT VENTURE	5,303,810	0	5,305,369	2,500	4,237	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	10,821,560	0	10,824,742	0	0	90.05
91.00	09100	EMERGENCY	12,980,822	0	12,984,638	44,009	306,649	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,807,760	0	8,810,349	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	562,664,303	-123,100,541	439,729,172	686,477	2,474,082	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	931,614	0	931,888	5,352	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,850,130	0	10,853,320	4,959	10,385	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	124,952	0	124,989	0	0	194.00
194.01	07952	WOMEN'S CENTER	491,444	0	491,588	2,292	24,178	194.01
194.04	07954	OTHER NRCC	79,642,649	0	79,666,064	34,110	0	194.04
194.05	07956	FOUNDATION	64,256	0	64,275	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.02	5A.03	5.03	7.00	8.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	192,489		123,100,541	31,151,587	3,160,884	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000294		0.231452	42.487741	1.259997	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	192,489		107,660	5,218,176	588,508	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000294		0.000202	7.117086	0.234592	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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (TOTAL PATI ENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	718,072					9.00
10.00	01000	DIETARY	8,579	105,092				10.00
11.00	01100	CAFETERIA	13,020	0	4,759,867			11.00
13.00	01300	NURSING ADMINISTRATION	1,386	0	109,323	105,092		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,271	0	44,059	0	66,777,535	14.00
15.00	01500	PHARMACY	9,405	0	157,490	0	119,059	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,697	0	53,600	0	10,265	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	15,170	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	6,503	0	584	23.00
23.01	02302	PHARMACY PRGM	0	0	9,140	0	147	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	12,065	0	11,430	23.02
23.03	02303	PARAMEDIC PRGM	0	0	31,393	0	5,183	23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	146,780	52,777	919,852	52,777	146,658	30.00
31.00	03100	INTENSIVE CARE UNIT	17,970	17,827	206,602	17,827	20,019	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	12,766	5,445	85,539	5,445	8,019	31.01
32.00	03200	CORONARY CARE UNIT	41,755	11,735	269,555	11,735	35,142	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,267	8,434	151,601	8,434	26,308	34.00
41.00	04100	SUBPROVIDER - IRF	14,098	5,071	86,600	5,071	7,355	41.00
43.00	04300	NURSERY	3,192	3,803	16,683	3,803	2,687	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,929	0	354,638	0	389,088	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,131	0	76,869	0	11,538	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,849	0	247,282	0	326,917	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	124	0	37,848	0	3,161	55.00
56.00	05600	RADIOISOTOPE	848	0	5,695	0	814,539	56.00
59.00	05900	CARDIAC CATHETERIZATION	21,684	0	58,147	0	19,652	59.00
60.00	06000	LABORATORY	35,394	0	20,337	0	12,667	60.00
64.00	06400	INTRAVENOUS THERAPY	9,197	0	80,518	0	74,370	64.00
65.00	06500	RESPIRATORY THERAPY	4,946	0	233,788	0	20,430	65.00
66.00	06600	PHYSICAL THERAPY	8,401	0	130,682	0	18,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	51,536	0	3,742	67.00
68.00	06800	SPEECH PATHOLOGY	980	0	26,158	0	2,325	68.00
69.00	06900	ELECTROCARDIOLOGY	11,744	0	44,025	0	4,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	43,514	0	8,087	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	35,221,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,956,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,821	0	14,365	0	1,509	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	16,629	0	6,100	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,616	0	195,858	0	28,010	90.00
90.01	09001	IBMT JOINT VENTURE	2,500	0	34,378	0	7,168	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	269,360	0	286,361	90.05
91.00	09100	EMERGENCY	44,009	0	235,773	0	54,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	151,712	0	117,025	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	671,359	105,092	4,504,287	105,092	65,782,262	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,352	0	15,663	0	243,484	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,959	0	121,504	0	109,332	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	2,421	0	0	194.00
194.01	07952	WOMEN'S CENTER	2,292	0	4,720	0	6,240	194.01
194.04	07954	OTHER NRCC	34,110	0	111,272	0	636,217	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	8,997,844	1,682,933	5,354,677	11,595,241	6,974,302	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.530560	16.013902	1.124964	110.334193	0.104441	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	434,254	583,429	886,575	119,130	2,545,302	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.604750	5.551602	0.186260	1.133578	0.038116	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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	MEDICAL LABORATORY SCIENTIST PRGM (ASSIGNED TIME)	
			15.00	16.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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	100					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,703,478,274				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,424			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		2,424		22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0			100	23.00
23.01	02302	PHARMACY PRGM	0	0				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0				23.02
23.03	02303	PARAMEDIC PRGM	0	0				23.03
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	165,922,528	1,606	1,606	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,867,111	65	65	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	23,001,709	23	23	0	31.01
32.00	03200	CORONARY CARE UNIT	0	27,314,375	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	23,285,917	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	12,579,222	0	0	0	41.00
43.00	04300	NURSERY	0	6,024,031	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	190,463,713	115	115	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,011,796	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	309,604,329	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	56,991,265	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	8,391,684	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	114,975,983	0	0	0	59.00
60.00	06000	LABORATORY	0	268,731,994	8	8	100	60.00
64.00	06400	INTRAVENOUS THERAPY	0	22,955,492	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	64,958,011	23	23	0	65.00
66.00	06600	PHYSICAL THERAPY	0	38,603,501	200	200	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,478,183	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,078,304	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,676,057	65	65	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,916,695	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	178,212,721	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	165,795,753	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	510,051,485	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,258,979	61	61	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,538,513	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,153,367	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	5,449,796	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	64,216,703	0	0	0	90.05
91.00	09100	EMERGENCY	0	259,938,189	96	96	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	22,030,868			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	2,703,478,274	2,262	2,262	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	162	162	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	0	0	0	0	194.01
194.04	07954	OTHER NRCC	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	MEDICAL LABORATORY SCIENTIST PRGM (ASSIGNED TIME)	
			15.00	16.00	21.00	22.00	23.00	
194.05	07956	FOUNDATION	0	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)	12,562,749	332,744	3,261,385	2,383,179	335,038	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	125,627.490000	0.000123	1,345.455858	983.159653	3,350.380000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	677,715	134	126,937	3,779	1,365	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6,777.150000	0.000000	52.366749	1.558993	13.650000	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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)		
			23.01	23.02	23.03		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	OTHER ADMIN & GENERAL					5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM					23.00
23.01	02302	PHARMACY PRGM	100				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES		100			23.02
23.03	02303	PARAMEDIC PRGM			100		23.03
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
43.00	04300	NURSERY	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0		90.05
91.00	09100	EMERGENCY	0	100	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0		194.00
194.01	07952	WOMEN'S CENTER	0	0	0		194.01
194.04	07954	OTHER NRCC	0	0	0		194.04
194.05	07956	FOUNDATION	0	0	0		194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 7:47 am

		Cost Center Description	PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)		
			23.01	23.02	23.03		
202.00		Cost to be allocated (per Wkst. B, Part I)	843,443	155,991	384,704		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8,434.430000	1,559.910000	3,847.040000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,044	2,740	6,185		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.440000	27.400000	61.850000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:47 am

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	75,006,350		75,006,350	8,882	75,015,232	30.00
31.00	03100	INTENSIVE CARE UNIT	16,358,467		16,358,467	0	16,358,467	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,459,084		8,459,084	0	8,459,084	31.01
32.00	03200	CORONARY CARE UNIT	21,581,360		21,581,360	0	21,581,360	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,835,389		11,835,389	0	11,835,389	34.00
41.00	04100	SUBPROVIDER - IRF	7,340,398		7,340,398	0	7,340,398	41.00
43.00	04300	NURSERY	1,930,720		1,930,720	0	1,930,720	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,918,602		31,918,602	0	31,918,602	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,367,063		7,367,063	0	7,367,063	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,806,639		27,806,639	0	27,806,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,362,397		11,362,397	0	11,362,397	55.00
56.00	05600	RADIOISOTOPE	1,648,332		1,648,332	0	1,648,332	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,309,083		6,309,083	0	6,309,083	59.00
60.00	06000	LABORATORY	30,761,922		30,761,922	17,743	30,779,665	60.00
64.00	06400	INTRAVENOUS THERAPY	5,614,027		5,614,027	0	5,614,027	64.00
65.00	06500	RESPIRATORY THERAPY	13,532,946	0	13,532,946	5,605	13,538,551	65.00
66.00	06600	PHYSICAL THERAPY	10,115,812	0	10,115,812	0	10,115,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,986,798	0	2,986,798	0	2,986,798	67.00
68.00	06800	SPEECH PATHOLOGY	1,785,604	0	1,785,604	0	1,785,604	68.00
69.00	06900	ELECTROCARDIOLOGY	3,882,680		3,882,680	0	3,882,680	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,139,761		3,139,761	11,210	3,150,971	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,105,766		47,105,766	0	47,105,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,390,315		37,390,315	0	37,390,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,185,635		81,185,635	0	81,185,635	73.00
74.00	07400	RENAL DIALYSIS	1,525,382		1,525,382	1,764	1,527,146	74.00
76.97	07697	CARDIAC REHABILITATION	854,875		854,875	0	854,875	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,371,345		13,371,345	0	13,371,345	90.00
90.01	09001	IBMT JOINT VENTURE	6,716,284		6,716,284	0	6,716,284	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	13,670,977		13,670,977	0	13,670,977	90.05
91.00	09100	EMERGENCY	19,256,577		19,256,577	6,207	19,262,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,825,161		12,825,161		12,825,161	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,035,125		11,035,125		11,035,125	116.00
200.00		Subtotal (see instructions)	545,680,876	0	545,680,876	51,411	545,732,287	200.00
201.00		Less Observation Beds	12,825,161		12,825,161		12,825,161	201.00
202.00		Total (see instructions)	532,855,715	0	532,855,715	51,411	532,907,126	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:47 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	128,115,589		128,115,589			30.00
31.00	03100	INTENSIVE CARE UNIT	28,867,111		28,867,111			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	23,001,709		23,001,709			31.01
32.00	03200	CORONARY CARE UNIT	27,314,375		27,314,375			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,285,917		23,285,917			34.00
41.00	04100	SUBPROVIDER - IRF	12,579,222		12,579,222			41.00
43.00	04300	NURSERY	6,024,031		6,024,031			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,788,512	80,675,201	190,463,713	0.167584	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,918,158	93,638	32,011,796	0.230136	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,900,559	222,703,770	309,604,329	0.089813	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,757,753	55,233,512	56,991,265	0.199371	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,791,073	6,600,611	8,391,684	0.196424	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	42,589,328	72,386,655	114,975,983	0.054873	0.000000	59.00
60.00	06000	LABORATORY	112,114,668	156,617,326	268,731,994	0.114471	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,380,535	20,574,957	22,955,492	0.244561	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	56,676,086	8,281,925	64,958,011	0.208334	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	17,403,430	21,200,071	38,603,501	0.262044	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,672,583	6,805,600	18,478,183	0.161639	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,334,714	5,743,590	10,078,304	0.177173	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,692,713	12,983,344	33,676,057	0.115295	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,320,992	15,595,703	18,916,695	0.165978	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	140,008,311	38,204,410	178,212,721	0.264323	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,181,804	74,613,949	165,795,753	0.225520	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,196,207	336,855,278	510,051,485	0.159171	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,854,660	404,319	8,258,979	0.184694	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	4,021	2,534,492	2,538,513	0.336762	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	496,898	10,656,469	11,153,367	1.198862	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	257,161	5,192,635	5,449,796	1.232392	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	434,299	63,782,404	64,216,703	0.212888	0.000000	90.05
91.00	09100	EMERGENCY	65,241,831	194,696,358	259,938,189	0.074081	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,223,128	31,583,811	37,806,939	0.339228	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	22,030,868	22,030,868			116.00
200.00		Subtotal (see instructions)	1,237,427,378	1,466,050,896	2,703,478,274			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,237,427,378	1,466,050,896	2,703,478,274			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:47 am

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		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	
32.00	03200	CORONARY CARE UNIT	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	
41.00	04100	SUBPROVIDER - IRF	
43.00	04300	NURSERY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.167584
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371
56.00	05600	RADIOISOTOPE	0.196424
59.00	05900	CARDIAC CATHETERIZATION	0.054873
60.00	06000	LABORATORY	0.114537
64.00	06400	INTRAVENOUS THERAPY	0.244561
65.00	06500	RESPIRATORY THERAPY	0.208420
66.00	06600	PHYSICAL THERAPY	0.262044
67.00	06700	OCCUPATIONAL THERAPY	0.161639
68.00	06800	SPEECH PATHOLOGY	0.177173
69.00	06900	ELECTROCARDIOLOGY	0.115295
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166571
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171
74.00	07400	RENAL DIALYSIS	0.184907
76.97	07697	CARDIAC REHABILITATION	0.336762
		OUTPATIENT SERVICE COST CENTERS	
90.00	09000	CLINIC	1.198862
90.01	09001	IBMT JOINT VENTURE	1.232392
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888
91.00	09100	EMERGENCY	0.074105
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228
		OTHER REIMBURSABLE COST CENTERS	
101.00	10100	HOME HEALTH AGENCY	
		SPECIAL PURPOSE COST CENTERS	
113.00	11300	INTEREST EXPENSE	
116.00	11600	HOSPICE	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:47 am

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	75,006,350		75,006,350	8,882	75,015,232	30.00
31.00	03100	INTENSIVE CARE UNIT	16,358,467		16,358,467	0	16,358,467	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,459,084		8,459,084	0	8,459,084	31.01
32.00	03200	CORONARY CARE UNIT	21,581,360		21,581,360	0	21,581,360	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,835,389		11,835,389	0	11,835,389	34.00
41.00	04100	SUBPROVIDER - IRF	7,340,398		7,340,398	0	7,340,398	41.00
43.00	04300	NURSERY	1,930,720		1,930,720	0	1,930,720	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,918,602		31,918,602	0	31,918,602	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,367,063		7,367,063	0	7,367,063	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,806,639		27,806,639	0	27,806,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,362,397		11,362,397	0	11,362,397	55.00
56.00	05600	RADIOISOTOPE	1,648,332		1,648,332	0	1,648,332	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,309,083		6,309,083	0	6,309,083	59.00
60.00	06000	LABORATORY	30,761,922		30,761,922	17,743	30,779,665	60.00
64.00	06400	INTRAVENOUS THERAPY	5,614,027		5,614,027	0	5,614,027	64.00
65.00	06500	RESPIRATORY THERAPY	13,532,946	0	13,532,946	5,605	13,538,551	65.00
66.00	06600	PHYSICAL THERAPY	10,115,812	0	10,115,812	0	10,115,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,986,798	0	2,986,798	0	2,986,798	67.00
68.00	06800	SPEECH PATHOLOGY	1,785,604	0	1,785,604	0	1,785,604	68.00
69.00	06900	ELECTROCARDIOLOGY	3,882,680		3,882,680	0	3,882,680	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,139,761		3,139,761	11,210	3,150,971	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,105,766		47,105,766	0	47,105,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,390,315		37,390,315	0	37,390,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,185,635		81,185,635	0	81,185,635	73.00
74.00	07400	RENAL DIALYSIS	1,525,382		1,525,382	1,764	1,527,146	74.00
76.97	07697	CARDIAC REHABILITATION	854,875		854,875	0	854,875	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,371,345		13,371,345	0	13,371,345	90.00
90.01	09001	IBMT JOINT VENTURE	6,716,284		6,716,284	0	6,716,284	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	13,670,977		13,670,977	0	13,670,977	90.05
91.00	09100	EMERGENCY	19,256,577		19,256,577	6,207	19,262,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,825,161		12,825,161		12,825,161	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,035,125		11,035,125		11,035,125	116.00
200.00		Subtotal (see instructions)	545,680,876	0	545,680,876	51,411	545,732,287	200.00
201.00		Less Observation Beds	12,825,161		12,825,161		12,825,161	201.00
202.00		Total (see instructions)	532,855,715	0	532,855,715	51,411	532,907,126	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I | Date/Time Prepared: 5/31/2019 7:47 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	128,115,589		128,115,589			30.00
31.00	03100	INTENSIVE CARE UNIT	28,867,111		28,867,111			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	23,001,709		23,001,709			31.01
32.00	03200	CORONARY CARE UNIT	27,314,375		27,314,375			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,285,917		23,285,917			34.00
41.00	04100	SUBPROVIDER - IRF	12,579,222		12,579,222			41.00
43.00	04300	NURSERY	6,024,031		6,024,031			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,788,512	80,675,201	190,463,713	0.167584	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,918,158	93,638	32,011,796	0.230136	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,900,559	222,703,770	309,604,329	0.089813	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,757,753	55,233,512	56,991,265	0.199371	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,791,073	6,600,611	8,391,684	0.196424	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	42,589,328	72,386,655	114,975,983	0.054873	0.000000	59.00
60.00	06000	LABORATORY	112,114,668	156,617,326	268,731,994	0.114471	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,380,535	20,574,957	22,955,492	0.244561	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	56,676,086	8,281,925	64,958,011	0.208334	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	17,403,430	21,200,071	38,603,501	0.262044	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,672,583	6,805,600	18,478,183	0.161639	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,334,714	5,743,590	10,078,304	0.177173	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,692,713	12,983,344	33,676,057	0.115295	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,320,992	15,595,703	18,916,695	0.165978	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	140,008,311	38,204,410	178,212,721	0.264323	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,181,804	74,613,949	165,795,753	0.225520	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,196,207	336,855,278	510,051,485	0.159171	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,854,660	404,319	8,258,979	0.184694	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	4,021	2,534,492	2,538,513	0.336762	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	496,898	10,656,469	11,153,367	1.198862	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	257,161	5,192,635	5,449,796	1.232392	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	434,299	63,782,404	64,216,703	0.212888	0.000000	90.05
91.00	09100	EMERGENCY	65,241,831	194,696,358	259,938,189	0.074081	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,223,128	31,583,811	37,806,939	0.339228	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	22,030,868	22,030,868			116.00
200.00		Subtotal (see instructions)	1,237,427,378	1,466,050,896	2,703,478,274			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,237,427,378	1,466,050,896	2,703,478,274			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 7:47 am

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		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	
32.00	03200	CORONARY CARE UNIT	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	
41.00	04100	SUBPROVIDER - IRF	
43.00	04300	NURSERY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.167584
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371
56.00	05600	RADIOISOTOPE	0.196424
59.00	05900	CARDIAC CATHETERIZATION	0.054873
60.00	06000	LABORATORY	0.114537
64.00	06400	INTRAVENOUS THERAPY	0.244561
65.00	06500	RESPIRATORY THERAPY	0.208420
66.00	06600	PHYSICAL THERAPY	0.262044
67.00	06700	OCCUPATIONAL THERAPY	0.161639
68.00	06800	SPEECH PATHOLOGY	0.177173
69.00	06900	ELECTROCARDIOLOGY	0.115295
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166571
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171
74.00	07400	RENAL DIALYSIS	0.184907
76.97	07697	CARDIAC REHABILITATION	0.336762
		OUTPATIENT SERVICE COST CENTERS	
90.00	09000	CLINIC	1.198862
90.01	09001	IBMT JOINT VENTURE	1.232392
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888
91.00	09100	EMERGENCY	0.074105
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228
		OTHER REIMBURSABLE COST CENTERS	
101.00	10100	HOME HEALTH AGENCY	
		SPECIAL PURPOSE COST CENTERS	
113.00	11300	INTEREST EXPENSE	
116.00	11600	HOSPICE	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

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

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	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	31,918,602	5,995,151	25,923,451	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,367,063	1,483,659	5,883,404	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,806,639	4,653,053	23,153,586	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,362,397	20,341	11,342,056	0	0	55.00
56.00	05600	RADIOISOTOPE	1,648,332	91,945	1,556,387	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,309,083	1,506,423	4,802,660	0	0	59.00
60.00	06000	LABORATORY	30,761,922	2,433,022	28,328,900	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,614,027	645,042	4,968,985	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,532,946	391,812	13,141,134	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,115,812	610,572	9,505,240	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,986,798	12,192	2,974,606	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,785,604	72,710	1,712,894	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,882,680	811,540	3,071,140	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,139,761	11,355	3,128,406	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,105,766	1,375,250	45,730,516	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,390,315	1,089,418	36,300,897	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,185,635	723,695	80,461,940	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,525,382	265,638	1,259,744	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	854,875	3,666	851,209	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,371,345	1,717,623	11,653,722	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	6,716,284	180,204	6,536,080	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	13,670,977	66,502	13,604,475	0	0	90.05
91.00	09100	EMERGENCY	19,256,577	3,121,904	16,134,673	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,825,161	1,841,821	10,983,340	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,035,125	37,088	10,998,037	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	403,169,108	29,161,626	374,007,482	0	0	200.00
201.00		Less Observation Beds	12,825,161	1,841,821	10,983,340	0	0	201.00
202.00		Total (line 200 minus line 201)	390,343,947	27,319,805	363,024,142	0	0	202.00

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

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	31,918,602	190,463,713	0.167584		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,367,063	32,011,796	0.230136		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,806,639	309,604,329	0.089813		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,362,397	56,991,265	0.199371		55.00
56.00	05600	RADIOISOTOPE	1,648,332	8,391,684	0.196424		56.00
59.00	05900	CARDIAC CATHETERIZATION	6,309,083	114,975,983	0.054873		59.00
60.00	06000	LABORATORY	30,761,922	268,731,994	0.114471		60.00
64.00	06400	INTRAVENOUS THERAPY	5,614,027	22,955,492	0.244561		64.00
65.00	06500	RESPIRATORY THERAPY	13,532,946	64,958,011	0.208334		65.00
66.00	06600	PHYSICAL THERAPY	10,115,812	38,603,501	0.262044		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,986,798	18,478,183	0.161639		67.00
68.00	06800	SPEECH PATHOLOGY	1,785,604	10,078,304	0.177173		68.00
69.00	06900	ELECTROCARDIOLOGY	3,882,680	33,676,057	0.115295		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,139,761	18,916,695	0.165978		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,105,766	178,212,721	0.264323		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,390,315	165,795,753	0.225520		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,185,635	510,051,485	0.159171		73.00
74.00	07400	RENAL DIALYSIS	1,525,382	8,258,979	0.184694		74.00
76.97	07697	CARDIAC REHABILITATION	854,875	2,538,513	0.336762		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	13,371,345	11,153,367	1.198862		90.00
90.01	09001	IBMT JOINT VENTURE	6,716,284	5,449,796	1.232392		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	13,670,977	64,216,703	0.212888		90.05
91.00	09100	EMERGENCY	19,256,577	259,938,189	0.074081		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,825,161	37,806,939	0.339228		92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	11,035,125	22,030,868	0.500894		116.00
200.00		Subtotal (sum of lines 50 thru 199)	403,169,108	2,454,290,320			200.00
201.00		Less Observation Beds	12,825,161	0			201.00
202.00		Total (line 200 minus line 201)	390,343,947	2,454,290,320			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part I Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,772,971	0	10,772,971	63,661	169.22	30.00
31.00	INTENSIVE CARE UNIT	1,425,950		1,425,950	17,827	79.99	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	929,215		929,215	5,445	170.65	31.01
32.00	CORONARY CARE UNIT	3,020,391		3,020,391	11,735	257.38	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,565,695		1,565,695	8,434	185.64	34.00
41.00	SUBPROVIDER - IRF	1,023,854	0	1,023,854	5,071	201.90	41.00
43.00	NURSERY	248,306		248,306	3,803	65.29	43.00
200.00	Total (lines 30 through 199)	18,986,382		18,986,382	115,976		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	23,348	3,950,949	30.00
31.00	INTENSIVE CARE UNIT	4,485	358,755	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	CORONARY CARE UNIT	5,808	1,494,863	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,415	819,601	34.00
41.00	SUBPROVIDER - IRF	2,685	542,102	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	40,741	7,166,270	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,995,151	190,463,713	0.031477	42,973,247	1,352,669	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,483,659	32,011,796	0.046347	151,251	7,010	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,053	309,604,329	0.015029	39,548,945	594,381	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,341	56,991,265	0.000357	0	0	55.00
56.00	05600	RADIOISOTOPE	91,945	8,391,684	0.010957	959,539	10,514	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,506,423	114,975,983	0.013102	18,204,384	238,514	59.00
60.00	06000	LABORATORY	2,433,022	268,731,994	0.009054	46,879,363	424,446	60.00
64.00	06400	INTRAVENOUS THERAPY	645,042	22,955,492	0.028100	933,614	26,235	64.00
65.00	06500	RESPIRATORY THERAPY	391,812	64,958,011	0.006032	23,237,460	140,168	65.00
66.00	06600	PHYSICAL THERAPY	610,572	38,603,501	0.015816	6,752,897	106,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,192	18,478,183	0.000660	4,189,176	2,765	67.00
68.00	06800	SPEECH PATHOLOGY	72,710	10,078,304	0.007215	1,506,780	10,871	68.00
69.00	06900	ELECTROCARDIOLOGY	811,540	33,676,057	0.024098	9,773,768	235,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,355	18,916,695	0.000600	1,390,697	834	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,375,250	178,212,721	0.007717	56,531,165	436,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,089,418	165,795,753	0.006571	41,196,111	270,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,695	510,051,485	0.001419	64,649,629	91,738	73.00
74.00	07400	RENAL DIALYSIS	265,638	8,258,979	0.032164	4,106,496	132,081	74.00
76.97	07697	CARDIAC REHABILITATION	3,666	2,538,513	0.001444	400	1	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,717,623	11,153,367	0.154000	82,897	12,766	90.00
90.01	09001	IBMT JOINT VENTURE	180,204	5,449,796	0.033066	16,503	546	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	66,502	64,216,703	0.001036	116,964	121	90.05
91.00	09100	EMERGENCY	3,121,904	259,938,189	0.012010	30,853,719	370,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,841,821	37,806,939	0.048716	3,139,068	152,923	92.00
200.00		Total (lines 50 through 199)	29,124,538	2,432,259,452		397,194,073	4,618,419	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part III Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	63,661	0.00	23,348	30.00
31.00	03100	INTENSIVE CARE UNIT		0	17,827	0.00	4,485	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	5,445	0.00	0	31.01
32.00	03200	CORONARY CARE UNIT		0	11,735	0.00	5,808	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	8,434	0.00	4,415	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,071	0.00	2,685	41.00
43.00	04300	NURSERY		0	3,803	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	115,976		40,741	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200	CORONARY CARE UNIT	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	335,038	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,228,147	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	155,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,719,176	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	190,463,713	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,011,796	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	309,604,329	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,991,265	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,391,684	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	114,975,983	0.000000	59.00
60.00	06000	LABORATORY	0	335,038	335,038	268,731,994	0.001247	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	22,955,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,958,011	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	38,603,501	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,478,183	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,078,304	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	33,676,057	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18,916,695	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	178,212,721	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	165,795,753	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,228,147	1,228,147	510,051,485	0.002408	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,258,979	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,538,513	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,153,367	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	5,449,796	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	64,216,703	0.000000	90.05
91.00	09100	EMERGENCY	0	155,991	155,991	259,938,189	0.000600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	37,806,939	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,719,176	1,719,176	2,432,259,452		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | 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	42,973,247	0	19,625,413	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	151,251	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	39,548,945	0	61,392,005	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	21,858,515	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	959,539	0	1,796,940	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	18,204,384	0	26,333,630	0	59.00
60.00	06000	LABORATORY	0.001247	46,879,363	58,459	19,798,615	24,689	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	933,614	0	6,385,566	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	23,237,460	0	2,081,868	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,752,897	0	190,332	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,189,176	0	94,436	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,506,780	0	57,892	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	9,773,768	0	3,845,913	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,390,697	0	2,695,606	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	56,531,165	0	22,214,347	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	41,196,111	0	12,648,865	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002408	64,649,629	155,676	132,106,187	318,112	73.00
74.00	07400	RENAL DIALYSIS	0.000000	4,106,496	0	180,314	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	400	0	968,040	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	82,897	0	3,470,608	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.000000	16,503	0	470,642	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.000000	116,964	0	23,580,725	0	90.05
91.00	09100	EMERGENCY	0.000600	30,853,719	18,512	33,165,849	19,900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,139,068	0	5,146,123	0	92.00
200.00		Total (lines 50 through 199)		397,194,073	232,647	400,108,431	362,701	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.167584	19,625,413	0	0	3,288,905	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813	61,392,005	0	0	5,513,800	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371	21,858,515	0	0	4,357,954	55.00
56.00	05600	RADIOISOTOPE	0.196424	1,796,940	0	0	352,962	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.054873	26,333,630	0	0	1,445,005	59.00
60.00	06000	LABORATORY	0.114471	19,798,615	0	0	2,266,367	60.00
64.00	06400	INTRAVENOUS THERAPY	0.244561	6,385,566	0	0	1,561,660	64.00
65.00	06500	RESPIRATORY THERAPY	0.208334	2,081,868	0	0	433,724	65.00
66.00	06600	PHYSICAL THERAPY	0.262044	190,332	0	0	49,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.161639	94,436	0	0	15,265	67.00
68.00	06800	SPEECH PATHOLOGY	0.177173	57,892	0	0	10,257	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115295	3,845,913	0	0	443,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165978	2,695,606	0	0	447,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323	22,214,347	1,104	0	5,871,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520	12,648,865	0	0	2,852,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171	132,106,187	0	166,138	21,027,474	73.00
74.00	07400	RENAL DIALYSIS	0.184694	180,314	0	0	33,303	74.00
76.97	07697	CARDIAC REHABILITATION	0.336762	968,040	0	0	325,999	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.198862	3,470,608	0	0	4,160,780	90.00
90.01	09001	IBMT JOINT VENTURE	1.232392	470,642	0	0	580,015	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888	23,580,725	0	0	5,020,053	90.05
91.00	09100	EMERGENCY	0.074081	33,165,849	0	13,950	2,456,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228	5,146,123	0	0	1,745,709	92.00
200.00		Subtotal (see instructions)		400,108,431	1,104	180,088	64,261,227	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		400,108,431	1,104	180,088	64,261,227	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	292	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,444		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	IBMT JOINT VENTURE	0	0		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0		90.05
91.00	09100	EMERGENCY	0	1,033		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	292	27,477		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	292	27,477		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,995,151	190,463,713	0.031477	41,582	1,309	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,483,659	32,011,796	0.046347	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,053	309,604,329	0.015029	456,996	6,868	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,341	56,991,265	0.000357	0	0	55.00
56.00	05600	RADIOISOTOPE	91,945	8,391,684	0.010957	5,849	64	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,506,423	114,975,983	0.013102	0	0	59.00
60.00	06000	LABORATORY	2,433,022	268,731,994	0.009054	707,778	6,408	60.00
64.00	06400	INTRAVENOUS THERAPY	645,042	22,955,492	0.028100	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	391,812	64,958,011	0.006032	492,086	2,968	65.00
66.00	06600	PHYSICAL THERAPY	610,572	38,603,501	0.015816	1,766,222	27,935	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,192	18,478,183	0.000660	1,565,025	1,033	67.00
68.00	06800	SPEECH PATHOLOGY	72,710	10,078,304	0.007215	792,676	5,719	68.00
69.00	06900	ELECTROCARDIOLOGY	811,540	33,676,057	0.024098	60,917	1,468	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,355	18,916,695	0.000600	9,348	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,375,250	178,212,721	0.007717	872,682	6,734	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,089,418	165,795,753	0.006571	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,695	510,051,485	0.001419	1,024,435	1,454	73.00
74.00	07400	RENAL DIALYSIS	265,638	8,258,979	0.032164	229,825	7,392	74.00
76.97	07697	CARDIAC REHABILITATION	3,666	2,538,513	0.001444	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,717,623	11,153,367	0.154000	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	180,204	5,449,796	0.033066	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	66,502	64,216,703	0.001036	0	0	90.05
91.00	09100	EMERGENCY	3,121,904	259,938,189	0.012010	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	37,806,939	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	27,282,717	2,432,259,452		8,025,421	69,358	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	335,038	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,228,147	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	155,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,719,176	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	190,463,713	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,011,796	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	309,604,329	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,991,265	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,391,684	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	114,975,983	0.000000	59.00
60.00	06000	LABORATORY	0	335,038	335,038	268,731,994	0.001247	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	22,955,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,958,011	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	38,603,501	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,478,183	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,078,304	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	33,676,057	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18,916,695	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	178,212,721	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	165,795,753	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,228,147	1,228,147	510,051,485	0.002408	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,258,979	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,538,513	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,153,367	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	5,449,796	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	64,216,703	0.000000	90.05
91.00	09100	EMERGENCY	0	155,991	155,991	259,938,189	0.000600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	37,806,939	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,719,176	1,719,176	2,432,259,452		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	41,582	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	456,996	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	5,849	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.001247	707,778	883	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	492,086	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,766,222	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,565,025	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	792,676	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	60,917	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	9,348	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	872,682	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	0.002408	1,024,435	2,467	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	229,825	0	0	0	74.00
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	IBMT JOINT VENTURE	0.000000	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000600	0	0	960	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		8,025,421	3,350	960	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.167584	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.196424	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.054873	0	0	0	0	59.00
60.00	06000	LABORATORY	0.114471	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.244561	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.208334	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.262044	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.161639	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.177173	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115295	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165978	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171	0	0	928	0	73.00
74.00	07400	RENAL DIALYSIS	0.184694	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.336762	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.198862	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	1.232392	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.074081	960	0	0	71	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228	0	0	0	0	92.00
200.00		Subtotal (see instructions)		960	0	928	71	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		960	0	928	71	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	148		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	IBMT JOINT VENTURE	0	0		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	148		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	148		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part I Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,772,971	0	10,772,971	63,661	169.22	30.00
31.00	INTENSIVE CARE UNIT	1,425,950		1,425,950	17,827	79.99	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	929,215		929,215	5,445	170.65	31.01
32.00	CORONARY CARE UNIT	3,020,391		3,020,391	11,735	257.38	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,565,695		1,565,695	8,434	185.64	34.00
41.00	SUBPROVIDER - IRF	1,023,854	0	1,023,854	5,071	201.90	41.00
43.00	NURSERY	248,306		248,306	3,803	65.29	43.00
200.00	Total (lines 30 through 199)	18,986,382		18,986,382	115,976		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	1,194	202,049	30.00
31.00	INTENSIVE CARE UNIT	520	41,595	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	CORONARY CARE UNIT	127	32,687	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	41	7,611	34.00
41.00	SUBPROVIDER - IRF	7	1,413	41.00
43.00	NURSERY	124	8,096	43.00
200.00	Total (lines 30 through 199)	2,013	293,451	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,995,151	190,463,713	0.031477	10,205,064	321,225	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,483,659	32,011,796	0.046347	9,557,095	442,943	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,053	309,604,329	0.015029	9,868,599	148,315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,341	56,991,265	0.000357	0	0	55.00
56.00	05600	RADIOISOTOPE	91,945	8,391,684	0.010957	114,444	1,254	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,506,423	114,975,983	0.013102	3,156,573	41,357	59.00
60.00	06000	LABORATORY	2,433,022	268,731,994	0.009054	15,376,532	139,219	60.00
64.00	06400	INTRAVENOUS THERAPY	645,042	22,955,492	0.028100	296,529	8,332	64.00
65.00	06500	RESPIRATORY THERAPY	391,812	64,958,011	0.006032	8,202,866	49,480	65.00
66.00	06600	PHYSICAL THERAPY	610,572	38,603,501	0.015816	435,562	6,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,192	18,478,183	0.000660	958,402	633	67.00
68.00	06800	SPEECH PATHOLOGY	72,710	10,078,304	0.007215	243,955	1,760	68.00
69.00	06900	ELECTROCARDIOLOGY	811,540	33,676,057	0.024098	1,966,107	47,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,355	18,916,695	0.000600	418,680	251	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,375,250	178,212,721	0.007717	15,320,705	118,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,089,418	165,795,753	0.006571	5,909,014	38,828	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,695	510,051,485	0.001419	28,185,306	39,995	73.00
74.00	07400	RENAL DIALYSIS	265,638	8,258,979	0.032164	777,208	24,998	74.00
76.97	07697	CARDIAC REHABILITATION	3,666	2,538,513	0.001444	328	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,717,623	11,153,367	0.154000	113,675	17,506	90.00
90.01	09001	IBMT JOINT VENTURE	180,204	5,449,796	0.033066	4,959	164	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	66,502	64,216,703	0.001036	9,708	10	90.05
91.00	09100	EMERGENCY	3,121,904	259,938,189	0.012010	6,969,609	83,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,841,821	37,806,939	0.048716	438,690	21,371	92.00
200.00		Total (lines 50 through 199)	29,124,538	2,432,259,452		118,529,610	1,553,844	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part III Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	63,661	0.00	1,194	30.00
31.00	03100	INTENSIVE CARE UNIT		0	17,827	0.00	520	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	5,445	0.00	0	31.01
32.00	03200	CORONARY CARE UNIT		0	11,735	0.00	127	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	8,434	0.00	41	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,071	0.00	7	41.00
43.00	04300	NURSERY		0	3,803	0.00	124	43.00
200.00		Total (lines 30 through 199)		0	115,976		2,013	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200	CORONARY CARE UNIT	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	335,038	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,228,147	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	155,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,719,176	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	190,463,713	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,011,796	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	309,604,329	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,991,265	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,391,684	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	114,975,983	0.000000	59.00
60.00	06000	LABORATORY	0	335,038	335,038	268,731,994	0.001247	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	22,955,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,958,011	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	38,603,501	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,478,183	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,078,304	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	33,676,057	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18,916,695	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	178,212,721	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	165,795,753	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,228,147	1,228,147	510,051,485	0.002408	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,258,979	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,538,513	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,153,367	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	5,449,796	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	64,216,703	0.000000	90.05
91.00	09100	EMERGENCY	0	155,991	155,991	259,938,189	0.000600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	37,806,939	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,719,176	1,719,176	2,432,259,452		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | 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	10,205,064	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	9,557,095	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,868,599	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	114,444	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,156,573	0	0	0	59.00
60.00	06000	LABORATORY	0.001247	15,376,532	19,175	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	296,529	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,202,866	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	435,562	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	958,402	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	243,955	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,966,107	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	418,680	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	15,320,705	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,909,014	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002408	28,185,306	67,870	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	777,208	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	328	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	113,675	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.000000	4,959	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.000000	9,708	0	0	0	90.05
91.00	09100	EMERGENCY	0.000600	6,969,609	4,182	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	438,690	0	0	0	92.00
200.00		Total (lines 50 through 199)		118,529,610	91,227	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.167584	0	11,548,706	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136	0	31,184	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813	0	36,689,442	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371	0	5,900,938	0	0	55.00
56.00	05600	RADIOISOTOPE	0.196424	0	696,553	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.054873	0	5,457,219	0	0	59.00
60.00	06000	LABORATORY	0.114471	0	28,098,039	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.244561	0	1,659,753	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.208334	0	1,526,648	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.262044	0	3,937,597	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.161639	0	2,576,720	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.177173	0	2,656,756	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115295	0	1,864,332	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165978	0	3,244,433	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323	0	9,464,653	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520	0	2,772,189	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171	0	30,080,135	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.184694	0	57,614	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.336762	0	60,980	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.198862	0	1,963,562	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	1.232392	0	169,277	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888	0	4,009,820	0	0	90.05
91.00	09100	EMERGENCY	0.074081	0	61,040,378	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228	0	4,714,222	0	0	92.00
200.00		Subtotal (see instructions)		0	220,221,150	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	220,221,150	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,935,378	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,177	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,295,189	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,176,476	0		55.00
56.00	05600	RADIOISOTOPE	136,820	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	299,454	0		59.00
60.00	06000	LABORATORY	3,216,411	0		60.00
64.00	06400	INTRAVENOUS THERAPY	405,911	0		64.00
65.00	06500	RESPIRATORY THERAPY	318,053	0		65.00
66.00	06600	PHYSICAL THERAPY	1,031,824	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	416,498	0		67.00
68.00	06800	SPEECH PATHOLOGY	470,705	0		68.00
69.00	06900	ELECTROCARDIOLOGY	214,948	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	538,505	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,501,725	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	625,184	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,787,885	0		73.00
74.00	07400	RENAL DIALYSIS	10,641	0		74.00
76.97	07697	CARDIAC REHABILITATION	20,536	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2,354,040	0		90.00
90.01	09001	IBMT JOINT VENTURE	208,616	0		90.01
90.05	09005	CV DIAGNOSTIC SERVICES	853,643	0		90.05
91.00	09100	EMERGENCY	4,521,932	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,599,196	0		92.00
200.00		Subtotal (see instructions)	30,946,747	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	30,946,747	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 7:47 am

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	5,995,151	190,463,713	0.031477	184,657	5,812	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,483,659	32,011,796	0.046347	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,053	309,604,329	0.015029	117,862	1,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,341	56,991,265	0.000357	0	0	55.00
56.00	05600	RADIOISOTOPE	91,945	8,391,684	0.010957	14,797	162	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,506,423	114,975,983	0.013102	0	0	59.00
60.00	06000	LABORATORY	2,433,022	268,731,994	0.009054	262,123	2,373	60.00
64.00	06400	INTRAVENOUS THERAPY	645,042	22,955,492	0.028100	18,456	519	64.00
65.00	06500	RESPIRATORY THERAPY	391,812	64,958,011	0.006032	68,266	412	65.00
66.00	06600	PHYSICAL THERAPY	610,572	38,603,501	0.015816	898,971	14,218	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,192	18,478,183	0.000660	11,220	7	67.00
68.00	06800	SPEECH PATHOLOGY	72,710	10,078,304	0.007215	11,492	83	68.00
69.00	06900	ELECTROCARDIOLOGY	811,540	33,676,057	0.024098	18,592	448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,355	18,916,695	0.000600	40,041	24	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,375,250	178,212,721	0.007717	63,757	492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,089,418	165,795,753	0.006571	232,800	1,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,695	510,051,485	0.001419	380,709	540	73.00
74.00	07400	RENAL DIALYSIS	265,638	8,258,979	0.032164	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	3,666	2,538,513	0.001444	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,717,623	11,153,367	0.154000	17,284	2,662	90.00
90.01	09001	IBMT JOINT VENTURE	180,204	5,449,796	0.033066	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	66,502	64,216,703	0.001036	0	0	90.05
91.00	09100	EMERGENCY	3,121,904	259,938,189	0.012010	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	37,806,939	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	27,282,717	2,432,259,452		2,341,027	31,053	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	335,038	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,228,147	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	155,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,719,176	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	190,463,713	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,011,796	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	309,604,329	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,991,265	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,391,684	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	114,975,983	0.000000	59.00
60.00	06000	LABORATORY	0	335,038	335,038	268,731,994	0.001247	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	22,955,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,958,011	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	38,603,501	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,478,183	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,078,304	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	33,676,057	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18,916,695	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	178,212,721	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	165,795,753	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,228,147	1,228,147	510,051,485	0.002408	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,258,979	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,538,513	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,153,367	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	5,449,796	0.000000	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	64,216,703	0.000000	90.05
91.00	09100	EMERGENCY	0	155,991	155,991	259,938,189	0.000600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	37,806,939	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,719,176	1,719,176	2,432,259,452		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/31/2019 7:47 am

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	184,657	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	117,862	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	14,797	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.001247	262,123	327	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	18,456	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	68,266	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	898,971	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	11,220	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	11,492	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	18,592	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	40,041	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	63,757	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	232,800	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002408	380,709	917	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	17,284	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.000000	0	0	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000600	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		2,341,027	1,244	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	63,661	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	63,661	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)	52,777	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)	23,348	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)	75,015,232	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)	75,015,232	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)	75,015,232	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)	1,178.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	27,512,116	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)	27,512,116	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | 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	16,358,467	17,827	917.62	4,485	4,115,526	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	8,459,084	5,445	1,553.55	0	0	43.01
44.00	CORONARY CARE UNIT	21,581,360	11,735	1,839.06	5,808	10,681,260	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	11,835,389	8,434	1,403.29	4,415	6,195,525	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	65,267,648	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	113,772,075	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)	6,624,168	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,851,066	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	11,475,234	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	102,296,841	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)	10,884	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,178.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	12,825,161	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | 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	10,772,971	75,015,232	0.143610	12,825,161	1,841,821	90.00
91.00	Nursing School cost	0	75,015,232	0.000000	12,825,161	0	91.00
92.00	Allied health cost	0	75,015,232	0.000000	12,825,161	0	92.00
93.00	All other Medical Education	0	75,015,232	0.000000	12,825,161	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:47 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,071	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,071	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,071	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)	2,685	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)	7,340,398	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)	7,340,398	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)	7,340,398	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)	1,447.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,886,591	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)	3,886,591	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
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	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,533,833	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,420,424	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)	542,102	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	72,708	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	614,810	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,805,614	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: 15-0162 Component CCN: 15-T162	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:47 am
	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	1,023,854	7,340,398	0.139482	0	0	90.00
91.00	Nursing School cost	0	7,340,398	0.000000	0	0	91.00
92.00	Allied health cost	0	7,340,398	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,340,398	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	63,661	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	63,661	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)	52,777	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)	1,194	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)	3,803	15.00
16.00	Nursery days (title V or XIX only)	124	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)	75,015,232	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)	75,015,232	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)	75,015,232	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)	1,178.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,406,950	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)	1,406,950	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | 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)	1,930,720	3,803	507.68	124	62,952	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,358,467	17,827	917.62	520	477,162	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	8,459,084	5,445	1,553.55	0	0	43.01
44.00	CORONARY CARE UNIT	21,581,360	11,735	1,839.06	127	233,561	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	11,835,389	8,434	1,403.29	41	57,535	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	19,965,771	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	22,203,931	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)	292,038	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,645,071	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,937,109	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	20,266,822	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)	10,884	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,178.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	12,825,161	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | 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	10,772,971	75,015,232	0.143610	12,825,161	1,841,821	90.00
91.00	Nursing School cost	0	75,015,232	0.000000	12,825,161	0	91.00
92.00	Allied health cost	0	75,015,232	0.000000	12,825,161	0	92.00
93.00	All other Medical Education	0	75,015,232	0.000000	12,825,161	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN:15-0162 Component CCN:15-T162	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 7:47 am
	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)	5,071	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,071	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,071	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)	7	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)	3,803	15.00
16.00	Nursery days (title V or XIX only)	124	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)	7,340,398	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)	7,340,398	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)	7,340,398	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)	1,447.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,133	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)	10,133	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | 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
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
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	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	492,109	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	502,242	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)	1,413	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	32,297	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	33,710	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	468,532	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: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 7:47 am

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	1,023,854	7,340,398	0.139482	0	0	90.00
91.00	Nursing School cost	0	7,340,398	0.000000	0	0	91.00
92.00	Allied health cost	0	7,340,398	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,340,398	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		50,858,597		30.00
31.00	03100	INTENSIVE CARE UNIT		13,021,972		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200	CORONARY CARE UNIT		13,774,452		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		10,060,031		34.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.167584	42,973,247	7,201,629	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136	151,251	34,808	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813	39,548,945	3,552,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371	0	0	55.00
56.00	05600	RADIOISOTOPE	0.196424	959,539	188,476	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.054873	18,204,384	998,929	59.00
60.00	06000	LABORATORY	0.114537	46,879,363	5,369,422	60.00
64.00	06400	INTRAVENOUS THERAPY	0.244561	933,614	228,326	64.00
65.00	06500	RESPIRATORY THERAPY	0.208420	23,237,460	4,843,151	65.00
66.00	06600	PHYSICAL THERAPY	0.262044	6,752,897	1,769,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.161639	4,189,176	677,134	67.00
68.00	06800	SPEECH PATHOLOGY	0.177173	1,506,780	266,961	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115295	9,773,768	1,126,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166571	1,390,697	231,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323	56,531,165	14,942,487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520	41,196,111	9,290,547	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171	64,649,629	10,290,346	73.00
74.00	07400	RENAL DIALYSIS	0.184907	4,106,496	759,320	74.00
76.97	07697	CARDIAC REHABILITATION	0.336762	400	135	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.198862	82,897	99,382	90.00
90.01	09001	IBMT JOINT VENTURE	1.232392	16,503	20,338	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888	116,964	24,900	90.05
91.00	09100	EMERGENCY	0.074105	30,853,719	2,286,415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228	3,139,068	1,064,860	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		397,194,073	65,267,648	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)		397,194,073		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100	SUBPROVIDER - IRF		6,604,840		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.167584	41,582	6,968	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813	456,996	41,044	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371	0	0	55.00
56.00	05600	RADIOISOTOPE	0.196424	5,849	1,149	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.054873	0	0	59.00
60.00	06000	LABORATORY	0.114537	707,778	81,067	60.00
64.00	06400	INTRAVENOUS THERAPY	0.244561	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.208420	492,086	102,561	65.00
66.00	06600	PHYSICAL THERAPY	0.262044	1,766,222	462,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.161639	1,565,025	252,969	67.00
68.00	06800	SPEECH PATHOLOGY	0.177173	792,676	140,441	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115295	60,917	7,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166571	9,348	1,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323	872,682	230,670	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171	1,024,435	163,060	73.00
74.00	07400	RENAL DIALYSIS	0.184907	229,825	42,496	74.00
76.97	07697	CARDIAC REHABILITATION	0.336762	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.198862	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	1.232392	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888	0	0	90.05
91.00	09100	EMERGENCY	0.074105	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,025,421	1,533,833	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)		8,025,421		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		18,086,463		30.00
31.00	03100	INTENSIVE CARE UNIT		4,843,207		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		10,847,650		31.01
32.00	03200	CORONARY CARE UNIT		2,114,439		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		2,265,016		34.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		2,827,566		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.167584	10,205,064	1,710,205	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136	9,557,095	2,199,432	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813	9,868,599	886,328	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371	0	0	55.00
56.00	05600	RADIOISOTOPE	0.196424	114,444	22,480	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.054873	3,156,573	173,211	59.00
60.00	06000	LABORATORY	0.114537	15,376,532	1,761,182	60.00
64.00	06400	INTRAVENOUS THERAPY	0.244561	296,529	72,519	64.00
65.00	06500	RESPIRATORY THERAPY	0.208420	8,202,866	1,709,641	65.00
66.00	06600	PHYSICAL THERAPY	0.262044	435,562	114,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.161639	958,402	154,915	67.00
68.00	06800	SPEECH PATHOLOGY	0.177173	243,955	43,222	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115295	1,966,107	226,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166571	418,680	69,740	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323	15,320,705	4,049,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520	5,909,014	1,332,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171	28,185,306	4,486,283	73.00
74.00	07400	RENAL DIALYSIS	0.184907	777,208	143,711	74.00
76.97	07697	CARDIAC REHABILITATION	0.336762	328	110	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.198862	113,675	136,281	90.00
90.01	09001	IBMT JOINT VENTURE	1.232392	4,959	6,111	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888	9,708	2,067	90.05
91.00	09100	EMERGENCY	0.074105	6,969,609	516,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228	438,690	148,816	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		118,529,610	19,965,771	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)		118,529,610		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 7:47 am

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
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100	SUBPROVIDER - IRF		1,329,533		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.167584	184,657	30,946	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230136	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089813	117,862	10,586	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199371	0	0	55.00
56.00	05600	RADIOISOTOPE	0.196424	14,797	2,906	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.054873	0	0	59.00
60.00	06000	LABORATORY	0.114537	262,123	30,023	60.00
64.00	06400	INTRAVENOUS THERAPY	0.244561	18,456	4,514	64.00
65.00	06500	RESPIRATORY THERAPY	0.208420	68,266	14,228	65.00
66.00	06600	PHYSICAL THERAPY	0.262044	898,971	235,570	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.161639	11,220	1,814	67.00
68.00	06800	SPEECH PATHOLOGY	0.177173	11,492	2,036	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115295	18,592	2,144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166571	40,041	6,670	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264323	63,757	16,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225520	232,800	52,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159171	380,709	60,598	73.00
74.00	07400	RENAL DIALYSIS	0.184907	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.336762	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.198862	17,284	20,721	90.00
90.01	09001	IBMT JOINT VENTURE	1.232392	0	0	90.01
90.05	09005	CV DIAGNOSTIC SERVICES	0.212888	0	0	90.05
91.00	09100	EMERGENCY	0.074105	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.339228	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,341,027	492,109	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)		2,341,027		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 7:47 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	60,755,331	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	20,739,809	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)	5,252,763	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	36,557,699	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	411.18	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)	16.75	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)	0.32	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).	-0.10	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.	0.81	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)	17.14	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	22.46	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)	17.14	12.00
13.00	Total allowable FTE count for the prior year.	17.14	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.	16.94	14.00
15.00	Sum of lines 12 through 14 divided by 3.	17.07	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	17.07	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.041515	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.041423	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.041423	21.00
22.00	IME payment adjustment (see instructions)	1,823,454	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	817,979	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)	5.32	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)	1,823,454	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	817,979	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)	18.48	31.00
32.00	Sum of lines 30 and 31	21.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)	7.15	33.00
34.00	Disproportionate share adjustment (see instructions)	1,456,726	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 7:47 am
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		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)	0.000597737	0.000819816	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,044,704	6,782,233	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,025,216	1,709,496	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,734,712		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	94,762,795		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)	95,580,774	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	8,336,208	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).	775,438	52.00
53.00	Nursing and Allied Health Managed Care payment	192,038	53.00
54.00	Special add-on payments for new technologies	46,095	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	232,647	58.00
59.00	Total (sum of amounts on lines 49 through 58)	105,163,200	59.00
60.00	Primary payer payments	8,643	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	105,154,557	61.00
62.00	Deductibles billed to program beneficiaries	7,236,664	62.00
63.00	Coinsurance billed to program beneficiaries	294,613	63.00
64.00	Allowable bad debts (see instructions)	637,065	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	414,092	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	112,842	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	98,037,372	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	-340,560	70.93
70.94	HRR adjustment amount (see instructions)	-111,761	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 7:47 am
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		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)		1,035,108	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		96,549,943	71.00
71.01	Sequestration adjustment (see instructions)		1,930,999	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		95,254,174	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)		-635,230	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,090,350	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.00000000000	0.00000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2019 7:47 am

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	60,755,331	60,755,331		60,755,331	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,739,809		20,739,809	20,739,809	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	5,252,763	4,215,141	1,037,622	5,252,763	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	36,557,699	27,037,802	9,519,897	36,557,699	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.041423	0.041423	0.041423		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,823,454	1,359,401	464,053	1,823,454	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	817,979	604,971	213,008	817,979	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	1,823,454	1,359,401	464,053	1,823,454	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	817,979	604,971	213,008	817,979	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0715	0.0715	0.0715		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,456,726	1,086,002	370,724	1,456,726	11.00
11.01	Uncompensated care payments	36.00	4,734,712	3,025,216	1,709,496	4,734,712	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	94,762,795	70,441,091	24,321,704	94,762,795	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	95,580,774	71,046,062	24,534,712	95,580,774	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,336,208	6,235,025	2,101,183	8,336,208	16.00
17.00	Special add-on payments for new technologies	54.00	46,095	34,477	11,618	46,095	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			77,315,564	26,647,513	103,963,077	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2019 7:47 am

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	6,636,580	4,963,797	1,672,783	6,636,580	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	1,279,533	957,020	322,513	1,279,533	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	0.0183	0.0183	0.0183		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	121,449	90,837	30,612	121,449	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0450	0.0450	0.0450		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	298,646	223,371	75,275	298,646	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,336,208	6,235,025	2,101,183	8,336,208	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	-340,560	-254,720	-85,840	-340,560	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	-111,761	-83,591	-28,170	-111,761	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		769,773	265,335	1,035,108	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/31/2019 7:47 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	27,769	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	63,898,526	2.00
3.00	OPPS payments	52,873,795	3.00
4.00	Outlier payment (see instructions)	270,389	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	362,701	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	27,769	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	181,192	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)	181,192	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	181,192	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	153,423	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)	27,769	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)	53,506,885	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	221	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	9,495,882	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)	44,038,551	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	418,223	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)	44,456,774	30.00
31.00	Primary payer payments	8,834	31.00
32.00	Subtotal (line 30 minus line 31)	44,447,940	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)	1,278,645	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	831,119	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	740,694	36.00
37.00	Subtotal (see instructions)	45,279,059	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-214	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	45,279,273	40.00
40.01	Sequestration adjustment (see instructions)	905,585	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	44,184,114	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	189,574	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part B | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	148	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	70	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	1	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	148	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	928	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)	928	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	928	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	780	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)	148	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)	1	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)	149	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)	149	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	149	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)	149	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	149	40.00
40.01	Sequestration adjustment (see instructions)	3	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	510	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-364	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: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		95,171,974		44,184,114	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	07/30/2018	52,600		0	3.01
3.02		07/30/2018	29,600		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)		82,200		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)		95,254,174		44,184,114	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		189,574	6.01
6.02	SETTLEMENT TO PROGRAM		635,230		0	6.02
7.00	Total Medicare program liability (see instructions)		94,618,944		44,373,688	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: 15-0162 | Component CCN: 15-T162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,481,583		510	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)		4,481,583		510	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		46,085		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		364	6.02
7.00	Total Medicare program liability (see instructions)		4,527,668		146	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/31/2019 7:47 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:15-0162 Component CCN:15-T162	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/31/2019 7:47 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	4,042,344	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0345	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	141,078	3.00
4.00	Outlier Payments	456,468	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)	13.893151	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)	4,639,890	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	4,639,890	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	4,639,890	19.00
20.00	Deductibles	18,760	20.00
21.00	Subtotal (line 19 minus line 20)	4,621,130	21.00
22.00	Coinsurance	23,725	22.00
23.00	Subtotal (line 21 minus line 22)	4,597,405	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,604	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,693	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,604	26.00
27.00	Subtotal (sum of lines 23 and 25)	4,599,098	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)	3,350	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS	17,621	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)	4,620,069	32.00
32.01	Sequestration adjustment (see instructions)	92,401	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	4,481,583	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)	46,085	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	456,468	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-3 Part VII | Date/Time Prepared: 5/31/2019 7:47 am

Title XIX | Hospital | PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		30,946,747	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	30,946,747	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	30,946,747	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	118,529,610	220,221,150	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	118,529,610	220,221,150	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	118,529,610	220,221,150	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	118,529,610	189,274,403	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	30,946,747	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	91,227	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	91,227	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	91,227	30,946,747	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	91,227	30,946,747	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	91,227	30,946,747	36.00
37.00	TO ZERO OUT MEDICAID	-91,227	-30,946,747	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2019 7:47 am
	Title XIX	Subprovider - IRF	PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	2,341,027	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	2,341,027	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	2,341,027	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,341,027	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	1,244	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	1,244	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	1,244	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,244	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	1,244	0	36.00
37.00	TO ZERO OUT MEDICAID	-1,244	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-4 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			19.50	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.94	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.10	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			18.46	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			22.46	6.00
7.00	Enter the lesser of line 5 or line 6			18.46	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	22.46	0.00	22.46	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	18.46	0.00	18.46	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	18.46	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.46	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.26	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.39	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	18.39	0.00		17.00
18.00	Per resident amount	115,766.11	115,766.11		18.00
19.00	Approved amount for resident costs	2,128,939	0	2,128,939	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,128,939	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	40,741	19,177		26.00
27.00	Total Inpatient Days (see instructions)	102,033	102,033		27.00
28.00	Ratio of inpatient days to total inpatient days	0.399292	0.187949		28.00
29.00	Program direct GME amount	850,068	400,132		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		56,539		30.00
31.00	Net Program direct GME amount			1,193,661	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-4 | Date/Time Prepared: 5/31/2019 7:47 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	8,258,979	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	119,192,499	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	8,643	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	119,183,856	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	64,289,215	42.00
43.00	Primary payer payments (see instructions)	8,834	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	64,280,381	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	183,464,237	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.649630	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.350370	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	1,193,661	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	775,438	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	418,223	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G | Date/Time Prepared: 5/31/2019 7:47 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	13,440,708	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	411,055,224	0	0	0	4.00
5.00	Other receivable	7,696,737	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-294,049,886	0	0	0	6.00
7.00	Inventory	13,182,272	0	0	0	7.00
8.00	Prepaid expenses	3,025,171	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	13,866,007	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	168,216,233	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	51,055,105	0	0	0	13.00
14.00	Accumulated depreciation	-21,201,144	0	0	0	14.00
15.00	Buildings	518,600,845	0	0	0	15.00
16.00	Accumulated depreciation	-189,769,614	0	0	0	16.00
17.00	Leasehold improvements	6,046,519	0	0	0	17.00
18.00	Accumulated depreciation	-4,967,937	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	165,853,691	0	0	0	23.00
24.00	Accumulated depreciation	-121,950,088	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)	403,667,377	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	21,243,066	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	19,892,432	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	41,135,498	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	613,019,108	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	42,482,980	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	17,439,627	0	0	0	39.00
40.00	Notes and loans payable (short term)	81,261	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,530,337	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	69,534,205	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	-40,015,677	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-40,015,677	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	29,518,528	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	583,500,580				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)	583,500,580	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	613,019,108	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-1 | Date/Time Prepared: 5/31/2019 7:47 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		552,371,094		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		272,461,402				2.00
3.00	Total (sum of line 1 and line 2)		824,832,496		0		3.00
4.00	FUND EQUITY CHANGES	24,992,911		0		0	4.00
5.00	PBC ADJUSTMENTS	12,859,475		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		37,852,386		0		10.00
11.00	Subtotal (line 3 plus line 10)		862,684,882		0		11.00
12.00	SHARED SERVICES	279,184,302		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		279,184,302		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		583,500,580		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	FUND EQUITY CHANGES		0		4.00
5.00	PBC ADJUSTMENTS		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	SHARED SERVICES		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/31/2019 7:47 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	160,547,761		160,547,761	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	20,224,987		20,224,987	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	180,772,748		180,772,748	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	54,209,157		54,209,157	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	0		0	11.01
12.00	CORONARY CARE UNIT	35,171,104		35,171,104	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	26,157,991		26,157,991	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	115,538,252		115,538,252	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	296,311,000		296,311,000	17.00
18.00	Ancillary services	896,205,867	1,132,164,189	2,028,370,056	18.00
19.00	Outpatient services	66,115,330	279,722,876	345,838,206	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	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	22,030,868	22,030,868	26.00
27.00	OTHER REVENUE	13,267,992	136,873,847	150,141,839	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,271,900,189	1,570,791,780	2,842,691,969	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		526,858,041		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)		526,858,041		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0162 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-3 | Date/Time Prepared: 5/31/2019 7:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,842,691,969	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,077,942,147	2.00
3.00	Net patient revenues (line 1 minus line 2)	764,749,822	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	526,858,041	4.00
5.00	Net income from service to patients (line 3 minus line 4)	237,891,781	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	18,000	6.00
7.00	Income from investments	162,404	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	4,432,346	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	370	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,810,321	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	389,692	20.00
21.00	Rental of vending machines	71,868	21.00
22.00	Rental of hospital space	2,933,578	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	23,751,042	24.00
25.00	Total other income (sum of lines 6-24)	34,569,621	25.00
26.00	Total (line 5 plus line 25)	272,461,402	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)	272,461,402	29.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,612,526	1,612,526	-1,612,526	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	3,095,182	169,633	3,264,815	-2,503,849	760,966	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	15,812	15,812	0	15,812	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	20,937	20,937	106	21,043	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	83,197	83,197	0	83,197	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	45,591	45,591	13.00
14.00	PHARMACY*	0	345,692	345,692	0	345,692	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	-8,100	-8,100	141,251	133,151	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	0	86,729	86,729	1,509,808	1,596,537	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	412	412	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	217,427	217,427	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	138,714	138,714	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	0	0	394,179	394,179	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	236,824	236,824	0	236,824	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	136,242	136,242	0	136,242	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	578,598	578,598	0	578,598	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	56,361	56,361	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	2,166,195	35,423	2,201,618	0	2,201,618	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	5,261,377	3,313,513	8,574,890	-1,612,526	6,962,364	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	760,966		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	15,812		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	21,043		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	83,197		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	45,591		13.00
14.00	PHARMACY*	0	345,692		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	133,151		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	1,596,537		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	412		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	217,427		33.00
34.00	SPIRITUAL COUNSELING**	0	138,714		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	394,179		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	236,824		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	136,242		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	578,598		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	56,361		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	2,201,618		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	6,962,364		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

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

Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-2 | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	85,141	85,141	47,096	132,237	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	412	412	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	217,427	217,427	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	138,714	138,714	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	386,199	386,199	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	236,824	236,824	0	236,824	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	133,747	133,747	0	133,747	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	563,667	563,667	0	563,667	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	1,019,379	1,019,379	789,848	1,809,227	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	132,237		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	412		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	217,427		33.00
34.00	SPIRITUAL COUNSELING	0	138,714		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	386,199		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	236,824		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	133,747		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	563,667		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,809,227		100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPITE CARE

Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-3 | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	1,271	1,271	1,168,580	1,169,851	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	6,375	6,375	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1,997	1,997	0	1,997	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	11,950	11,950	0	11,950	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	15,218	15,218	1,174,955	1,190,173	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,169,851		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	6,375		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1,997		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	11,950		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,190,173		100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE

Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-4 | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	317	317	294,132	294,449	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	1,605	1,605	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	498	498	0	498	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	2,981	2,981	0	2,981	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	3,796	3,796	295,737	299,533	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	294,449		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	1,605		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	498		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	2,981		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	299,533		100.00

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

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

Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-5 | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	1,845,396	1,845,396	3.00
4.00	ADMINISTRATIVE & GENERAL	760,966	2,212,433	2,973,399	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	15,812	0	15,812	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	21,043	0	21,043	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	12,222	12,222	10.00
11.00	MEDICAL RECORDS	0	2,710	2,710	11.00
12.00	STAFF TRANSPORTATION	83,197		83,197	12.00
13.00	VOLUNTEER SERVICE COORDINATION	45,591		45,591	13.00
14.00	PHARMACY	345,692	0	345,692	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	133,151		133,151	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,809,227		1,809,227	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,190,173		1,190,173	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	299,533		299,533	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	56,361		56,361	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	2,201,618		2,201,618	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	6,962,364	4,072,761	11,035,125	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-6 Part I | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,845,396	0	0	1,845,396		3.00
4.00	ADMINISTRATIVE & GENERAL	2,973,399	0	0	209,652	3,183,051	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	15,812	0	0	0	15,812	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	21,043	0	0	38	21,081	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,222	0	0	0	12,222	10.00
11.00	MEDICAL RECORDS	2,710	0	0	0	2,710	11.00
12.00	STAFF TRANSPORTATION	83,197	0	0	0	83,197	12.00
13.00	VOLUNTEER SERVICE COORDINATION	45,591	0	0	16,164	61,755	13.00
14.00	PHARMACY	345,692	0	0	0	345,692	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	133,151	0	0	50,079	183,230	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,809,227			280,034	2,089,261	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,190,173	0	0	416,571	1,606,744	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	299,533	0	0	104,851	404,384	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	56,361	0	0	0	56,361	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	2,201,618	0	0	768,007	2,969,625	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	11,035,125	0	0	1,845,396	11,035,125	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-6 Part I | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	3,183,051					4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00	LAUNDRY & LINEN SERVICE	6,410	0	22,222			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	8,546	0		0	29,627	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,955	0		0		10.00
11.00	MEDICAL RECORDS	1,099	0		0		11.00
12.00	STAFF TRANSPORTATION	33,726	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	25,034	0		0		13.00
14.00	PHARMACY	140,136	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	74,277	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	846,938					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	651,337	0	17,786	0	23,712	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	163,928	0	4,436	0	5,915	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	22,847	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	1,203,818	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	3,183,051	0	22,222	0	29,627	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-6 Part I | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	17,177				10.00
11.00	MEDICAL RECORDS	0		3,809			11.00
12.00	STAFF TRANSPORTATION	0			116,923		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	86,789	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	16,862	3,739	116,923	85,200	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	252	56	0	1,272	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	63	14	0	317	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	17,177	3,809	116,923	86,789	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-6 Part I | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	485,828					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	257,507				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	476,932	252,792	0		3,888,647	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,120	3,774	0	0	2,312,053	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,776	941	0	0	581,774	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		79,208	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		4,173,443	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	485,828	257,507	0	0	11,035,125	100.00

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

Provider CCN: 15-0162
Hospice CCN: 15-1523

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

Worksheet O-6
Part II
Date/Time Prepared:
5/31/2019 7:47 am

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,205,016			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	591,333	-3,183,051	7,852,074	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	15,812	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	106	0	21,081	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	12,222	10.00
11.00	MEDICAL RECORDS	0	0	0	0	2,710	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	83,197	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	45,591	0	61,755	13.00
14.00	PHARMACY	0	0	0	0	345,692	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	141,251	0	183,230	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			789,848	0	2,089,261	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	1,174,955	0	1,606,744	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	295,737	0	404,384	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	56,361	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	2,166,195	0	2,969,625	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	1,845,396		3,183,051	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.354542		0.405377	101.00

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

Provider CCN: 15-0162
Hospice CCN: 15-1523

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

Worksheet O-6
Part II
Date/Time Prepared:
5/31/2019 7:47 am

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	551				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	551		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	441	0	441	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	110	0	110	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	22,222	0	29,627	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	40.330309	0.000000	53.769510	0.000000	101.00

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

Provider CCN: 15-0162
Hospice CCN: 15-1523

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

Worksheet O-6
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	30,092					10.00
11.00	MEDICAL RECORDS		30,092				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	30,092		13.00
14.00	PHARMACY			0	0	30,092	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	29,541	29,541	100	29,541	29,541	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	441	441	0	441	441	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	110	110	0	110	110	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	17,177	3,809	116,923	86,789	485,828	100.00
101.00	UNIT COST MULTIPLIER	0.570816	0.126578	1,169.230000	2.884122	16.144756	101.00

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

Provider CCN: 15-0162
Hospice CCN: 15-1523

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

Worksheet O-6
Part II
Date/Time Prepared:
5/31/2019 7:47 am

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30,092				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	29,541	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	441	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	110	0	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	257,507	0	0		100.00
101.00	UNIT COST MULTIPLIER	8.557324	0.000000	0.000000		101.00

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

Provider CCN: 15-0162 Hospice CCN: 15-1523

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

Worksheet O-7

Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.262044	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.161639	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.177173	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.159171	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.114471	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.264323	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.199371	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.336762	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0162 | Hospice CCN: 15-1523 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-8 | Date/Time Prepared: 5/31/2019 7:47 am

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			3,888,647	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			29,541	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			131.64	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	25,139	1,291		9.00
10.00	Program cost (line 8 times line 9)	3,309,298	169,947		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			2,312,053	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			441	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			5,242.75	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	373	16		14.00
15.00	Program cost (line 13 times line 14)	1,955,546	83,884		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			581,774	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			110	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			5,288.85	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	81	5		19.00
20.00	Program cost (line 18 times line 19)	428,397	26,444		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			6,782,474	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			30,092	22.00
23.00	Average cost per diem (line 21 divided by line 22)			225.39	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0162	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/31/2019 7:47 am
	Title XVIII	Hospital	PPS

			1.00	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier		6,636,580	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,279,533	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)		265.65	3.00
4.00	Number of interns & residents (see instructions)		17.07	4.00
5.00	Indirect medical education percentage (see instructions)		1.83	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)		121,449	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.48	8.00
9.00	Sum of lines 7 and 8		21.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.50	10.00
11.00	Disproportionate share adjustment (see instructions)		298,646	11.00
12.00	Total prospective capital payments (see instructions)		8,336,208	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