

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/27/2020 7:55 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 2/27/2020 Time: 7:55 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-969,259	91,000	0	0	1.00
2.00 Subprovider - IPF	0	4,499	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	-964,760	91,000	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 7:55 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47747- County: VANDERBURGH			
1.00 Street: 600 MARY STREET		2.00 City: EVANSVILLE							
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00 Hospital and Hospital-Based Component Identification:									
3.00 Hospital	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00 Subprovider - IPF	DEACONESS PSYCHIATRIC UNIT	15S082	21780	4	10/01/2009	N	P	P	4.00
5.00 Subprovider - IRF									5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
18.00 Renal Dialysis									18.00
19.00 Other									19.00
					From:	To:			
					1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)					10/01/2018	09/30/2019		20.00	
21.00 Type of Control (see instructions)					2			21.00	
					1.00	2.00	3.00		
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.			Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			N	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.			N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,708	1,068	798	693	18,542	248		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 7:55 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.	0	0	0	0	0	0	25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
		NAHE 413.85 Y/N		Worksheet A Line #		Pass-Through Qualification Criteria Code			
		1.00		2.00		3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					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)						23.03	2	60.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 7:55 am	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.30	16.16	0.124594		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 PRACTICE	1350	3.37	16.75	0.167495		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.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 7:55 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,017,648	247,001			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HBO778		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 7:55 am			
1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001			
142.00	Street: 600 MARY STREET	PO Box:					
143.00	City: EVANSVILLE	State: IN	Zip Code: 47710				
					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	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	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
					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)					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)					170.00	
					1.00		
					2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/27/2020 7:55 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	N				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.	Y					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	02/12/2020	Y	02/12/2020		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: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/27/2020 7:55 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 relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		Y		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.		N		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.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/27/2020 7:55 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.	REIMBURSEMENT COORDINATOR		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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2020 7:55 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	456	168,904	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)		456	168,904	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		539	199,199	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		555				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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2020 7:55 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	52,430	3,799	121,164			1.00
2.00 HMO and other (see instructions)	24,975	20,167				2.00
3.00 HMO IPF Subprovider	318	1,169				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	52,430	3,799	121,164			7.00
8.00 INTENSIVE CARE UNIT	8,123	769	17,918			8.00
9.00 CORONARY CARE UNIT	1,876	322	4,418			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)	62,429	4,890	143,500	19.85	4,330.51	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,043	407	3,518	0.00	21.35	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			44			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)				19.85	4,351.86	27.00
28.00 Observation Bed Days		2,362	9,822			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	0	0			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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2020 7:55 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	13,470	1,181	32,144	1.00
2.00 HMO and other (see instructions)				4,674	3,776		2.00
3.00 HMO IPF Subprovider					147		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		13,470	1,181	32,144	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		91	46	405	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2020 7:55 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	293,976,245	-1,343,869	292,632,376	9,025,114.02	32.42	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		2,404,837	0	2,404,837	26,666.74	90.18	3.00
4.00	Physician-Part A - Administrative		4,513,885	0	4,513,885	32,333.98	139.60	4.00
4.01	Physicians - Part A - Teaching		0	1,520,850	1,520,850	13,004.50	116.95	4.01
5.00	Physician and Non-Physician-Part B		42,418,206	0	42,418,206	257,263.06	164.88	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,620,352	1,620,352	46,761.03	34.65	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		74,689,690	0	74,689,690	2,916,109.33	25.61	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		15,569,134	1,646,409	17,215,543	515,683.77	33.38	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		2,725,719	0	2,725,719	24,487.96	111.31	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		8,776,920	0	8,776,920	75,073.88	116.91	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		53,494,974	0	53,494,974	2,148,576.64	24.90	14.01
14.02	Related organization salaries		18,062,475	0	18,062,475	613,591.81	29.44	14.02
15.00	Home office: Physician Part A - Administrative		281,348	0	281,348	1,248.05	225.43	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)		66,264,771	0	66,264,771			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		16,065,069	0	16,065,069			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		325,817	0	325,817			21.00
22.00	Physician Part A - Administrative		301,594	0	301,594			22.00
22.01	Physician Part A - Teaching		193,113	0	193,113			22.01
23.00	Physician Part B		2,781,076	0	2,781,076			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		343,341	0	343,341			25.00
25.50	Home office wage-related (core)		15,331,869	0	15,331,869			25.50
25.51	Related organization wage-related (core)		3,661,444	0	3,661,444			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		49,650	0	49,650			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,992,284	80,141	2,072,425	63,743.00	32.51	26.00
27.00	Administrative & General	5.00	47,746,675	-4,314,920	43,431,755	1,411,292.00	30.77	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2020 7:55 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	
28.00	Administrative & General under contract (see inst.)		8,435,295	0	8,435,295	46,407.03	181.77	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,560,687	128,960	3,689,647	131,725.00	28.01	30.00
31.00	Laundry & Linen Service	8.00	720,731	20,266	740,997	51,889.00	14.28	31.00
32.00	Housekeeping	9.00	4,699,067	92,293	4,791,360	322,298.00	14.87	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,350,591	-2,091,729	2,258,862	141,877.00	15.92	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,337,570	1,337,570	98,327.00	13.60	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,744,388	45,447	2,789,835	114,655.00	24.33	38.00
39.00	Central Services and Supply	14.00	2,041,975	48,042	2,090,017	107,313.00	19.48	39.00
40.00	Pharmacy	15.00	9,120,351	48,285	9,168,636	255,002.00	35.96	40.00
41.00	Medical Records & Medical Records Library	16.00	2,286,984	13,146	2,300,130	125,230.00	18.37	41.00
42.00	Social Service	17.00	5,394,297	22,484	5,416,781	154,817.00	34.99	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2020 7:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	182,898,807	-4,485,071	178,413,736	5,811,716.39	30.70	1.00
2.00	Excluded area salaries (see instructions)	15,569,134	1,646,409	17,215,543	515,683.77	33.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	167,329,673	-6,131,480	161,198,193	5,296,032.62	30.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	83,341,436	0	83,341,436	2,862,978.34	29.11	4.00
5.00	Subtotal wage-related costs (see inst.)	85,609,328	0	85,609,328	0.00	53.11	5.00
6.00	Total (sum of lines 3 thru 5)	336,280,437	-6,131,480	330,148,957	8,159,010.96	40.46	6.00
7.00	Total overhead cost (see instructions)	93,093,325	-4,570,015	88,523,310	3,024,575.03	29.27	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2020 7:55 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			7,350,546 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)			6,412,853 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			11,827 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			243,909 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)			47,609,527 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			1,113,416 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			206,123 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)			3,604,320 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,439,572 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			15,486,592 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			47,065 19.00
20.00	State or Federal Unemployment Taxes			550 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			854,512 21.00
22.00	Day Care Cost and Allowances			1,048,631 22.00
23.00	Tuition Reimbursement			845,340 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			86,274,783 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S-3 Part V Date/Time Prepared: 2/27/2020 7:55 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/27/2020 7:55 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.215844	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			52,638,059	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?				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			359,183,151	6.00
7.00	Medicaid cost (line 1 times line 6)			77,527,528	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)			24,889,469	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)			24,889,469	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)	47,672,610	5,425,934	53,098,544	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,289,847	5,425,934	15,715,781	21.00
22.00	Payments received from patients for amounts previously written off as charity care	7,616	6,099	13,715	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,282,231	5,419,835	15,702,066	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)			21,212,529	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,564,357	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,406,704	27.01
28.00	Non-Medicare bad debt expense (see instructions)			18,805,825	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,901,471	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			20,603,537	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			45,493,006	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet A Date/Time Prepared: 2/27/2020 7:55 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		33,719,874	33,719,874	7,069,482	40,789,356	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	163,965	163,965	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,596,271	7,596,271	24,183,194	31,779,465	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,992,284	53,060,292	55,052,576	3,244,327	58,296,903	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	47,746,675	107,972,485	155,719,160	-18,613,115	137,106,045	5.00
7.00	00700	OPERATION OF PLANT	3,560,687	18,693,020	22,253,707	-8,072,995	14,180,712	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	720,731	787,683	1,508,414	-110,862	1,397,552	8.00
9.00	00900	HOUSEKEEPING	4,699,067	2,233,740	6,932,807	76,881	7,009,688	9.00
10.00	01000	DIETARY	4,350,591	5,024,278	9,374,869	-4,637,695	4,737,174	10.00
11.00	01100	CAFETERIA	0	0	0	2,775,943	2,775,943	11.00
13.00	01300	NURSING ADMINISTRATION	2,744,388	1,843,189	4,587,577	-577,179	4,010,398	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,041,975	2,213,568	4,255,543	-351,767	3,903,776	14.00
15.00	01500	PHARMACY	9,120,351	75,355,383	84,475,734	-73,004,709	11,471,025	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,286,984	-481,883	1,805,101	-48,342	1,756,759	16.00
17.00	01700	SOCIAL SERVICE	5,394,297	887,892	6,282,189	54,134	6,336,323	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,620,352	1,620,352	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,915,474	1,915,474	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	215,024	58,154	273,178	39,803	312,981	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	233,640	233,640	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	523,397	523,397	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,840,011	21,640,262	85,480,273	253,927	85,734,200	30.00
31.00	03100	INTENSIVE CARE UNIT	11,395,858	3,196,311	14,592,169	104,689	14,696,858	31.00
32.00	03200	CORONARY CARE UNIT	2,816,083	806,733	3,622,816	9,736	3,632,552	32.00
40.00	04000	SUBPROVIDER - IPF	1,007,664	109,105	1,116,769	58,558	1,175,327	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,004,005	100,376,903	129,380,908	-18,577,102	110,803,806	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,597,099	13,203,636	24,800,735	-13,220,601	11,580,134	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,859,178	17,980,771	19,839,949	-159,840	19,680,109	55.00
56.00	05600	RADIO SOTOPE	0	0	0	2,052,848	2,052,848	56.00
57.00	05700	CT SCAN	838	460	1,298	4,190,984	4,192,282	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	43,464	43,464	2,722,492	2,765,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,909,464	21,779,627	26,689,091	-14,906,181	11,782,910	59.00
60.00	06000	LABORATORY	14,289,398	22,546,445	36,835,843	-453,991	36,381,852	60.00
64.00	06400	INTRAVENOUS THERAPY	1,421,944	927,180	2,349,124	-222,499	2,126,625	64.00
65.00	06500	RESPIRATORY THERAPY	3,976,101	2,044,571	6,020,672	-124,046	5,896,626	65.00
65.01	06501	PULMONARY REHAB	18,101	4,337	22,438	39	22,477	65.01
66.00	06600	PHYSICAL THERAPY	0	17,267,993	17,267,993	-21,332	17,246,661	66.00
69.00	06900	ELECTROCARDIOLOGY	2,101,053	2,287,409	4,388,462	-343,862	4,044,600	69.00
69.01	06901	CARDIAC REHAB	452,511	197,219	649,730	757	650,487	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,347,052	8,347,052	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,119,835	26,119,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	72,934,740	72,934,740	73.00
74.00	07400	RENAL DIALYSIS	55,820	1,569,149	1,624,969	-9,683	1,615,286	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,990,625	464,249	2,454,874	25,116	2,479,990	90.00
90.01	09001	FAMILY PRACTICE CLINIC	3,898,005	1,010,211	4,908,216	-3,481,143	1,427,073	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	586,919	334,874	921,793	13,790	935,583	90.02
90.03	09003	CHEMO	1,093,125	551,350	1,644,475	-1,943	1,642,532	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,746,061	632,868	2,378,929	24,552	2,403,481	90.04
90.05	09005	PAIN MANAGEMENT	2,465,345	1,540,126	4,005,471	-249,224	3,756,247	90.05
90.06	09006	WOUND CARE	1,117,636	830,307	1,947,943	-281,315	1,666,628	90.06
90.07	09007	SLEEP CENTER	2,856,665	691,373	3,548,038	-13,277	3,534,761	90.07
90.08	09008	HEMATOLOGY	520,838	117,414	638,252	11,615	649,867	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	446,879	150,319	597,198	-8,445	588,753	90.09
91.00	09100	EMERGENCY	22,191,105	12,283,328	34,474,433	-287,364	34,187,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION UNIT	4,378,020	908,124	5,286,144	-748,416	4,537,728	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,720,394	7,017,609	9,738,003	-306,691	9,431,312	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	279,629,799	561,477,673	841,107,472	-62,297	841,045,175	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,741,302	1,741,302	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,267,965	1,929,823	10,197,788	-451,096	9,746,692	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	1,450,152	24,808,032	26,258,184	-1,393,644	24,864,540	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,201,435	1,522,924	2,724,359	-1,624	2,722,735	194.00
194.01	07951	OCCUPATIONAL HEALTH	69,236	17,047	86,283	561	86,844	194.01
194.02	07952	OTHER FACILITIES	590,516	2,711,119	3,301,635	113,703	3,415,338	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A
Date/Time Prepared:
2/27/2020 7:55 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	
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	822,994	792,723	1,615,717	13,983	1,629,700	194.04
194.05 07955 CHILD CARE CENTER	1,944,148	620,855	2,565,003	41,800	2,606,803	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	2,684	2,684	-2,688	-4	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	293,976,245	593,882,880	887,859,125	0	887,859,125	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A
Date/Time Prepared:
2/27/2020 7:55 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	707,398	41,496,754	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	163,965	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	31,779,465	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-20,481,410	37,815,493	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-77,016,871	60,089,174	5.00
7.00	00700	OPERATION OF PLANT	-7,191,943	6,988,769	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-432,755	964,797	8.00
9.00	00900	HOUSEKEEPING	-1,570,076	5,439,612	9.00
10.00	01000	DIETARY	-770,215	3,966,959	10.00
11.00	01100	CAFETERIA	-11,286	2,764,657	11.00
13.00	01300	NURSING ADMINISTRATION	-166,515	3,843,883	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-342,442	3,561,334	14.00
15.00	01500	PHARMACY	-3,452,161	8,018,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,228,330	528,429	16.00
17.00	01700	SOCIAL SERVICE	-1,078,701	5,257,622	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,620,352	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,915,474	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	312,981	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	233,640	23.01
23.03	02303	PARAMED PRGM-NURSING	0	523,397	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-25,466,310	60,267,890	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,696,858	31.00
32.00	03200	CORONARY CARE UNIT	0	3,632,552	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,175,327	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-36,572,698	74,231,108	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-283,921	11,296,213	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-11,334,168	8,345,941	55.00
56.00	05600	RADIOISOTOPE	0	2,052,848	56.00
57.00	05700	CT SCAN	0	4,192,282	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,765,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	-474,840	11,308,070	59.00
60.00	06000	LABORATORY	-312,295	36,069,557	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,126,625	64.00
65.00	06500	RESPIRATORY THERAPY	-36,598	5,860,028	65.00
65.01	06501	PULMONARY REHAB	0	22,477	65.01
66.00	06600	PHYSICAL THERAPY	-6,971,994	10,274,667	66.00
69.00	06900	ELECTROCARDIOLOGY	-597,483	3,447,117	69.00
69.01	06901	CARDIAC REHAB	0	650,487	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,347,052	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,119,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	72,934,740	73.00
74.00	07400	RENAL DIALYSIS	-1,189	1,614,097	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-182,015	2,297,975	90.00
90.01	09001	FAMILY PRACTICE CLINIC	-110,037	1,317,036	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	-2,090	933,493	90.02
90.03	09003	CHEMO	0	1,642,532	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,315,452	1,088,029	90.04
90.05	09005	PAIN MANAGEMENT	-699,628	3,056,619	90.05
90.06	09006	WOUND CARE	-221,780	1,444,848	90.06
90.07	09007	SLEEP CENTER	-1,300,936	2,233,825	90.07
90.08	09008	HEMATOLOGY	-9,636	640,231	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	-235,990	352,763	90.09
91.00	09100	EMERGENCY	-13,020,379	21,166,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION UNIT	0	4,537,728	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-8,425	9,422,887	96.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-212,193,171	628,852,004	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,741,302	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,746,692	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HEARTCARE	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	24,864,540	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	2,722,735	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	86,844	194.01
194.02	07952	OTHER FACILITIES	0	3,415,338	194.02
194.03	07953	THE HEART HOSPITAL	0	0	194.03
194.04	07954	PR	0	1,629,700	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet A Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.05	07955	CHILD CARE CENTER	0	2,606,803	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	-4	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	194.08
194.09	07959	HOME OFFICE	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-212,193,171	675,665,954	200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/27/2020 7:55 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,537,850	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,762	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		0	7,551,612	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,337,828	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
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
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
	0		0	23,337,828	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	394,520	1.00
2.00	OTHER FACILITIES	194.02	0	137,696	2.00
3.00		0.00	0	0	3.00
	0		0	532,216	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,337,570	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	839,035	0	2.00
3.00		0.00	0	0	3.00
4.00	CAFETERIA	11.00	0	1,438,373	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	902,267	5.00
6.00		0.00	0	0	6.00
	0		2,176,605	2,340,640	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6
Date/Time Prepared:
2/27/2020 7:55 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
E - INCENTIVE COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	71,300	0	1.00	
2.00	OPERATION OF PLANT	7.00	108,886	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	20,946	0	3.00	
4.00	HOUSEKEEPING	9.00	95,578	0	4.00	
5.00	DIETARY	10.00	91,024	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	51,738	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	49,616	0	7.00	
8.00	PHARMACY	15.00	160,939	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	2,851	0	9.00	
10.00	SOCIAL SERVICE	17.00	61,937	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	554,109	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	156,740	0	12.00	
13.00	CORONARY CARE UNIT	32.00	29,624	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	14,582	0	14.00	
15.00	OPERATING ROOM	50.00	220,445	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	160,315	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	46,959	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	94,131	0	18.00	
19.00	LABORATORY	60.00	267,128	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	13,852	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	47,094	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	19,988	0	22.00	
23.00	CARDIAC REHAB	69.01	7,070	0	23.00	
24.00	CLINIC	90.00	20,781	0	24.00	
25.00	FAMILY PRACTICE CLINIC	90.01	31,344	0	25.00	
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	11,311	0	26.00	
27.00	CHEMO	90.03	13,492	0	27.00	
28.00	PRIMARY CARE FOR SENIORS	90.04	26,745	0	28.00	
29.00	PAIN MANAGEMENT	90.05	31,079	0	29.00	
30.00	WOUND CARE	90.06	21,773	0	30.00	
31.00	SLEEP CENTER	90.07	30,681	0	31.00	
32.00	HEMATOLOGY	90.08	9,024	0	32.00	
33.00	MULTI-SPECIALTY CLINIC	90.09	1,768	0	33.00	
34.00	EMERGENCY	91.00	105,487	0	34.00	
35.00	OBSERVATION UNIT	92.01	38,122	0	35.00	
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	18,563	0	36.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	27,541	0	37.00	
38.00	FAMILY PHARMACY	192.03	28,347	0	38.00	
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	25,399	0	39.00	
40.00	OCCUPATIONAL HEALTH	194.01	177	0	40.00	
41.00	PR	194.04	16,823	0	41.00	
42.00	CHILD CARE CENTER	194.05	35,528	0	42.00	
43.00		0.00	0	0	43.00	
	0		2,840,837	0		
F - LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	488,524	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	350,056	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	
	0		0	838,580		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	72,934,740	1.00	
2.00		0.00	0	0	2.00	
	0		0	72,934,740		
H - RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,620,352	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,520,850	0	2.00	
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	394,624	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	
	0		3,141,202	394,624		

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/27/2020 7:55 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
I - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	208,996	0	1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	24,644	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		208,996	24,644	
J - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	816,233	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	5,400	2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	74	3.00
4.00	OTHER FACILITIES	194.02	0	11,767	4.00
5.00		0.00	0	0	5.00
	0		0	833,474	
K - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	198	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,413	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		198	3,413	
L - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	523,397	0	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
	0		523,397	0	
M - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,347,052	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	26,119,835	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
	0		0	34,466,887	
N - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,186,527	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	18,600	0	4.00
5.00		0.00	0	0	5.00
	0		18,600	3,186,527	
O - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	27,665	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	100,790	2.00
3.00		0.00	0	0	3.00
	0		0	128,455	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6
Date/Time Prepared:
2/27/2020 7:55 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
P - DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,405	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	136,376	2.00	
3.00	OPERATION OF PLANT	7.00	0	7,325	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	5,684	4.00	
5.00	HOUSEKEEPING	9.00	0	26,844	5.00	
6.00	DIETARY	10.00	0	27,759	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	20,358	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,002	8.00	
9.00	PHARMACY	15.00	0	138,045	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,187	10.00	
11.00	SOCIAL SERVICE	17.00	0	46,821	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	363,607	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	85,953	13.00	
14.00	CORONARY CARE UNIT	32.00	0	23,560	14.00	
15.00	SUBPROVIDER - IPF	40.00	0	7,301	15.00	
16.00	OPERATING ROOM	50.00	0	123,916	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	89,098	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,948	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	20,968	19.00	
20.00	LABORATORY	60.00	0	110,927	20.00	
21.00	INTRAVENOUS THERAPY	64.00	0	10,450	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	25,203	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	35,419	23.00	
24.00	CLINIC	90.00	0	4,326	24.00	
25.00	FAMILY PRACTICE CLINIC	90.01	0	3,502	25.00	
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	5,231	26.00	
27.00	CHEMO	90.03	0	12,350	27.00	
28.00	PRIMARY CARE FOR SENIORS	90.04	0	2,492	28.00	
29.00	PAIN MANAGEMENT	90.05	0	2,965	29.00	
30.00	WOUND CARE	90.06	0	1,800	30.00	
31.00	SLEEP CENTER	90.07	0	15,373	31.00	
32.00	HEMATOLOGY	90.08	0	340	32.00	
33.00	MULTI-SPECIALTY CLINIC	90.09	0	843	33.00	
34.00	EMERGENCY	91.00	0	136,552	34.00	
35.00	OBSERVATION UNIT	92.01	0	16,323	35.00	
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	13,428	36.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,310	37.00	
38.00	FAMILY PHARMACY	192.03	0	10,716	38.00	
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	13,307	39.00	
40.00	CHILD CARE CENTER	194.05	0	3,818	40.00	
O			0	1,600,832		
Q - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	300	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	6,249	0	2.00	
3.00	OPERATION OF PLANT	7.00	1,000	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	700	0	4.00	
5.00	HOUSEKEEPING	9.00	625	0	5.00	
6.00	DIETARY	10.00	1,675	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	500	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	100	0	8.00	
9.00	PHARMACY	15.00	1,900	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,300	0	10.00	
11.00	SOCIAL SERVICE	17.00	2,170	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	67,206	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	1,720	0	13.00	
14.00	CORONARY CARE UNIT	32.00	7,223	0	14.00	
15.00	SUBPROVIDER - IPF	40.00	495	0	15.00	
16.00	OPERATING ROOM	50.00	23,909	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	2,350	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	325	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	150	0	19.00	
20.00	LABORATORY	60.00	3,575	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	100	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	750	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	125	0	23.00	
24.00	CLINIC	90.00	650	0	24.00	
25.00	FAMILY PRACTICE CLINIC	90.01	25,340	0	25.00	
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	200	0	26.00	
27.00	CHEMO	90.03	400	0	27.00	
28.00	PRIMARY CARE FOR SENIORS	90.04	3,660	0	28.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
29.00	PAIN MANAGEMENT	90.05	1,025	0		29.00
30.00	WOUND CARE	90.06	870	0		30.00
31.00	SLEEP CENTER	90.07	864	0		31.00
32.00	HEMATOLOGY	90.08	3,000	0		32.00
33.00	MULTI-SPECIALTY CLINIC	90.09	3,205	0		33.00
34.00	EMERGENCY	91.00	9,088	0		34.00
35.00	OBSERVATION UNIT	92.01	413	0		35.00
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	100	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	10,795	0		37.00
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	325	0		38.00
39.00	OTHER FACILITIES	194.02	11,094	0		39.00
40.00	PR	194.04	135	0		40.00
41.00	CHILD CARE CENTER	194.05	100	0		41.00
	0		195,711	0		
R - PART A PHYSICIAN						
1.00	INTENSIVE CARE UNIT	31.00	178,670	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	36,480		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		178,670	36,480		
S - HSB DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	158,565		1.00
2.00		0.00	0	0		2.00
	0		0	158,565		
T - ACTIVITY THERAPY						
1.00	SUBPROVIDER - IPF	40.00	34,639	0		1.00
2.00		0.00	0	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	4,684		3.00
4.00		0.00	0	0		4.00
	0		34,639	4,684		
U - PTO ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,946	0		1.00
2.00	OPERATION OF PLANT	7.00	26,399	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	4,304	0		3.00
4.00	HOUSEKEEPING	9.00	22,934	0		4.00
5.00	DIETARY	10.00	19,936	0		5.00
6.00	NURSING ADMINISTRATION	13.00	13,567	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	9,328	0		7.00
8.00	PHARMACY	15.00	63,290	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	16,182	0		9.00
10.00	SOCIAL SERVICE	17.00	29,710	0		10.00
11.00	PARAMED ED PRGM-PHARMACY	23.00	4	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	203,292	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	54,880	0		13.00
14.00	CORONARY CARE UNIT	32.00	12,769	0		14.00
15.00	SUBPROVIDER - IPF	40.00	4,952	0		15.00
16.00	OPERATING ROOM	50.00	99,550	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	73,612	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	13,360	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	30,590	0		19.00
20.00	LABORATORY	60.00	83,041	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	5,828	0		21.00
22.00	RESPIRATORY THERAPY	65.00	18,809	0		22.00
23.00	PULMONARY REHAB	65.01	39	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	9,469	0		24.00
25.00	CARDIAC REHAB	69.01	3,955	0		25.00
26.00	RENAL DIALYSIS	74.00	69	0		26.00
27.00	CLINIC	90.00	9,456	0		27.00
28.00	FAMILY PRACTICE CLINIC	90.01	16,431	0		28.00
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	4,085	0		29.00
30.00	CHEMO	90.03	6,724	0		30.00
31.00	PRIMARY CARE FOR SENIORS	90.04	9,610	0		31.00
32.00	PAIN MANAGEMENT	90.05	19,776	0		32.00
33.00	WOUND CARE	90.06	6,751	0		33.00
34.00	SLEEP CENTER	90.07	15,563	0		34.00
35.00	HEMATOLOGY	90.08	2,896	0		35.00
36.00	MULTI-SPECIALTY CLINIC	90.09	2,048	0		36.00
37.00	EMERGENCY	91.00	102,749	0		37.00
38.00	OBSERVATION UNIT	92.01	13,759	0		38.00
39.00	DURABLE MEDICAL EQUIP-RENTED	96.00	17,055	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	20,740	0		40.00
41.00	FAMILY PHARMACY	192.03	10,512	0		41.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
42.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	9,934	0	42.00
43.00	OCCUPATIONAL HEALTH	194.01	384	0	43.00
44.00	OTHER FACILITIES	194.02	1,797	0	44.00
45.00	PR	194.04	5,644	0	45.00
46.00	CHILD CARE CENTER	194.05	10,555	0	46.00
47.00		0.00	0	0	47.00
	O		1,122,284	0	
V - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY	23.00	39,799	0	1.00
2.00		0.00	0	0	2.00
	O		39,799	0	
W - RADIOLOGY					
1.00	RADIOISOTOPE	56.00	630,942	0	1.00
2.00	CT SCAN	57.00	2,513,248	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,446,353	0	3.00
4.00		0.00	0	0	4.00
5.00	RADIOISOTOPE	56.00	0	1,447,074	5.00
6.00	CT SCAN	57.00	0	2,371,144	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,403,948	7.00
8.00		0.00	0	0	8.00
	O		4,590,543	5,222,166	
X - OBSERVATION UNIT					
1.00	ADULTS & PEDIATRICS	30.00	560,086	0	1.00
2.00		0.00	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	103,408	3.00
4.00		0.00	0	0	4.00
	O		560,086	103,408	
Y - A&G					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	659,213	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
	TOTALS		0	659,213	
500.00	Grand Total: Increases		15,631,567	154,358,988	500.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6
Date/Time Prepared:
2/27/2020 7:55 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	0.00	0	0	9		2.00
3.00	OPERATION OF PLANT	7.00	7,548,238	9		3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	3,374	9		4.00
0			7,551,612			
B - EQUIPMENT DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	1,110,009	9		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	29,446	9		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	12,112,686	9		4.00
5.00	OPERATION OF PLANT	7.00	323,986	9		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	136,112	9		6.00
7.00	HOUSEKEEPING	9.00	41,631	9		7.00
8.00	DIETARY	10.00	231,136	9		8.00
9.00	NURSING ADMINISTRATION	13.00	642,109	9		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	255,328	9		10.00
11.00	PHARMACY	15.00	124,615	9		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	67,375	9		12.00
13.00	SOCIAL SERVICE	17.00	5,901	9		13.00
14.00	ADULTS & PEDIATRICS	30.00	815,382	9		14.00
15.00	INTENSIVE CARE UNIT	31.00	157,731	9		15.00
16.00	CORONARY CARE UNIT	32.00	28,491	9		16.00
17.00	SUBPROVIDER - IPF	40.00	299	9		17.00
18.00	OPERATING ROOM	50.00	2,531,206	9		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	1,416,626	9		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	13,500	9		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	43,464	9		21.00
22.00	CARDIAC CATHETERIZATION	59.00	786,468	9		22.00
23.00	LABORATORY	60.00	804,160	9		23.00
24.00	INTRAVENOUS THERAPY	64.00	14,655	9		24.00
25.00	RESPIRATORY THERAPY	65.00	61,506	9		25.00
26.00	PHYSICAL THERAPY	66.00	21,332	9		26.00
27.00	ELECTROCARDIOLOGY	69.00	363,164	9		27.00
28.00	CARDIAC REHAB	69.01	10,268	9		28.00
29.00	RENAL DIALYSIS	74.00	9,752	9		29.00
30.00	CLINIC	90.00	5,121	9		30.00
31.00	FAMILY PRACTICE CLINIC	90.01	35,744	9		31.00
32.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	1,606	9		32.00
33.00	CHEMO	90.03	22,159	9		33.00
34.00	PRIMARY CARE FOR SENIORS	90.04	11,803	9		34.00
35.00	PAIN MANAGEMENT	90.05	80,851	9		35.00
36.00	WOUND CARE	90.06	9,052	9		36.00
37.00	SLEEP CENTER	90.07	59,521	9		37.00
38.00	HEMATOLOGY	90.08	305	9		38.00
39.00	MULTI-SPECIALTY CLINIC	90.09	12,261	9		39.00
40.00	EMERGENCY	91.00	290,679	9		40.00
41.00	OBSERVATION UNIT	92.01	99,324	9		41.00
42.00	DURABLE MEDICAL EQUIP-RENTED	96.00	290,926	9		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	134,347	9		43.00
44.00	FAMILY PHARMACY	192.03	42,733	9		44.00
45.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	33,657	9		45.00
46.00	OTHER FACILITIES	194.02	37,557	9		46.00
47.00	PR	194.04	4,873	9		47.00
48.00	CHILD CARE CENTER	194.05	4,283	9		48.00
49.00	CENTER OF LIFE BALANCE	194.06	2,688	9		49.00
0			23,337,828			
C - INTEREST EXPENSE						
1.00	0.00	0	0	11		1.00
2.00	0.00	0	0	11		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	532,216	11		3.00
0			532,216			
D - CAFETERIA						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	DIETARY	10.00	2,176,605	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	DIETARY	10.00	2,340,640	0		6.00
0			2,176,605			

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
E - INCENTIVE COMPENSATION						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	0.00	0	0	0	0	4.00
5.00	0.00	0	0	0	0	5.00
6.00	0.00	0	0	0	0	6.00
7.00	0.00	0	0	0	0	7.00
8.00	0.00	0	0	0	0	8.00
9.00	0.00	0	0	0	0	9.00
10.00	0.00	0	0	0	0	10.00
11.00	0.00	0	0	0	0	11.00
12.00	0.00	0	0	0	0	12.00
13.00	0.00	0	0	0	0	13.00
14.00	0.00	0	0	0	0	14.00
15.00	0.00	0	0	0	0	15.00
16.00	0.00	0	0	0	0	16.00
17.00	0.00	0	0	0	0	17.00
18.00	0.00	0	0	0	0	18.00
19.00	0.00	0	0	0	0	19.00
20.00	0.00	0	0	0	0	20.00
21.00	0.00	0	0	0	0	21.00
22.00	0.00	0	0	0	0	22.00
23.00	0.00	0	0	0	0	23.00
24.00	0.00	0	0	0	0	24.00
25.00	0.00	0	0	0	0	25.00
26.00	0.00	0	0	0	0	26.00
27.00	0.00	0	0	0	0	27.00
28.00	0.00	0	0	0	0	28.00
29.00	0.00	0	0	0	0	29.00
30.00	0.00	0	0	0	0	30.00
31.00	0.00	0	0	0	0	31.00
32.00	0.00	0	0	0	0	32.00
33.00	0.00	0	0	0	0	33.00
34.00	0.00	0	0	0	0	34.00
35.00	0.00	0	0	0	0	35.00
36.00	0.00	0	0	0	0	36.00
37.00	0.00	0	0	0	0	37.00
38.00	0.00	0	0	0	0	38.00
39.00	0.00	0	0	0	0	39.00
40.00	0.00	0	0	0	0	40.00
41.00	0.00	0	0	0	0	41.00
42.00	0.00	0	0	0	0	42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	2,840,837	0	0	43.00
0			2,840,837	0		
F - LEASES						
1.00	0.00	0	0	0	10	1.00
2.00	0.00	0	0	0	10	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	147,442	10	3.00
4.00	DIETARY	10.00	0	274	10	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	492,936	10	5.00
6.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	10	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	149,880	10	7.00
0			0	838,580		
G - DRUGS						
1.00	0.00	0	0	0	0	1.00
2.00	PHARMACY	15.00	0	72,934,740	0	2.00
0			0	72,934,740		
H - RESIDENTS						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	FAMILY PRACTICE CLINIC	90.01	3,098,550	0	0	4.00
5.00	FAMILY PRACTICE CLINIC	90.01	0	394,624	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	42,652	0	6.00
0			3,098,550	437,276		
I - PASTORAL EDUCATION						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	208,996	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	24,644	0	4.00
0			208,996	24,644		

RECLASSIFICATIONS

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Period:
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To 09/30/2019

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - INSURANCE						
1.00	0.00	0	0	12	1.00	
2.00	0.00	0	0	12	2.00	
3.00	0.00	0	0	12	3.00	
4.00	0.00	0	0	12	4.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	833,474	12	5.00	
	O		833,474			
K - PUBLIC RELATIONS						
1.00	0.00	0	0	0	1.00	
2.00	0.00	0	0	0	2.00	
3.00	PR	194.04	198	0	3.00	
4.00	PR	194.04	3,413	0	4.00	
	O		198	3,413		
L - NURSING EDUCATION						
1.00	0.00	0	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	31,474	0	2.00	
3.00	SOCIAL SERVICE	17.00	24,512	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	203,266	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	134,281	0	5.00	
6.00	OPERATING ROOM	50.00	41,859	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	25,101	0	7.00	
8.00	INTRAVENOUS THERAPY	64.00	50	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	902	0	9.00	
10.00	PAIN MANAGEMENT	90.05	2,228	0	10.00	
11.00	WOUND CARE	90.06	12,787	0	11.00	
12.00	EMERGENCY	91.00	15,989	0	12.00	
13.00	OBSERVATION UNIT	92.01	30,948	0	13.00	
	O		523,397	0		
M - MEDICAL SUPPLIES CHARGED						
1.00	0.00	0	0	0	1.00	
2.00	0.00	0	0	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	375	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	155,383	4.00	
5.00	PHARMACY	15.00	0	129,784	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	108,997	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	30,069	7.00	
8.00	CORONARY CARE UNIT	32.00	0	4,166	8.00	
9.00	OPERATING ROOM	50.00	0	16,324,032	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,666,257	10.00	
11.00	RADIOISOTOPE	56.00	0	25,168	11.00	
12.00	CT SCAN	57.00	0	693,408	12.00	
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	84,345	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	14,179,270	14.00	
15.00	INTRAVENOUS THERAPY	64.00	0	227,474	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	128,443	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	9,253	17.00	
18.00	PAIN MANAGEMENT	90.05	0	217,000	18.00	
19.00	WOUND CARE	90.06	0	288,000	19.00	
20.00	EMERGENCY	91.00	0	188,932	20.00	
21.00	OBSERVATION UNIT	92.01	0	6,531	21.00	
	O		0	34,466,887		
N - BENEFITS						
1.00	0.00	0	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,796,757	2.00	
3.00	FAMILY PHARMACY	192.03	0	1,389,770	3.00	
4.00	0.00	0	0	0	4.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	0	18,600	5.00	
	O		0	3,205,127		
O - PROPERTY TAXES						
1.00	0.00	0	0	13	1.00	
2.00	0.00	0	0	13	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	128,455	3.00	
	O		0	128,455		
P - DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,405	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	136,376	0	2.00	
3.00	OPERATION OF PLANT	7.00	7,325	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	5,684	0	4.00	
5.00	HOUSEKEEPING	9.00	26,844	0	5.00	
6.00	DIETARY	10.00	27,759	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	20,358	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	11,002	0	8.00	
9.00	PHARMACY	15.00	138,045	0	9.00	

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
10.00	MEDICAL RECORDS & LIBRARY	16.00	7,187	0	0	10.00
11.00	SOCIAL SERVICE	17.00	46,821	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	363,607	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	85,953	0	0	13.00
14.00	CORONARY CARE UNIT	32.00	23,560	0	0	14.00
15.00	SUBPROVIDER - IPF	40.00	7,301	0	0	15.00
16.00	OPERATING ROOM	50.00	123,916	0	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	89,098	0	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	4,948	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	20,968	0	0	19.00
20.00	LABORATORY	60.00	110,927	0	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	10,450	0	0	21.00
22.00	RESPIRATORY THERAPY	65.00	25,203	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	35,419	0	0	23.00
24.00	CLINIC	90.00	4,326	0	0	24.00
25.00	FAMILY PRACTICE CLINIC	90.01	3,502	0	0	25.00
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	5,231	0	0	26.00
27.00	CHEMO	90.03	12,350	0	0	27.00
28.00	PRIMARY CARE FOR SENIORS	90.04	2,492	0	0	28.00
29.00	PAIN MANAGEMENT	90.05	2,965	0	0	29.00
30.00	WOUND CARE	90.06	1,800	0	0	30.00
31.00	SLEEP CENTER	90.07	15,373	0	0	31.00
32.00	HEMATOLOGY	90.08	340	0	0	32.00
33.00	MULTI-SPECIALTY CLINIC	90.09	843	0	0	33.00
34.00	EMERGENCY	91.00	136,552	0	0	34.00
35.00	OBSERVATION UNIT	92.01	16,323	0	0	35.00
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	13,428	0	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	21,310	0	0	37.00
38.00	FAMILY PHARMACY	192.03	10,716	0	0	38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	13,307	0	0	39.00
40.00	CHILD CARE CENTER	194.05	3,818	0	0	40.00
			1,600,832	0		
Q - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	300	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,249	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1,000	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	700	0	4.00
5.00	HOUSEKEEPING	9.00	0	625	0	5.00
6.00	DIETARY	10.00	0	1,675	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	500	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	100	0	8.00
9.00	PHARMACY	15.00	0	1,900	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,300	0	10.00
11.00	SOCIAL SERVICE	17.00	0	2,170	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	67,206	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	1,720	0	13.00
14.00	CORONARY CARE UNIT	32.00	0	7,223	0	14.00
15.00	SUBPROVIDER - IPF	40.00	0	495	0	15.00
16.00	OPERATING ROOM	50.00	0	23,909	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,350	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	325	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	150	0	19.00
20.00	LABORATORY	60.00	0	3,575	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	0	100	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	750	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	125	0	23.00
24.00	CLINIC	90.00	0	650	0	24.00
25.00	FAMILY PRACTICE CLINIC	90.01	0	25,340	0	25.00
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	200	0	26.00
27.00	CHEMO	90.03	0	400	0	27.00
28.00	PRIMARY CARE FOR SENIORS	90.04	0	3,660	0	28.00
29.00	PAIN MANAGEMENT	90.05	0	1,025	0	29.00
30.00	WOUND CARE	90.06	0	870	0	30.00
31.00	SLEEP CENTER	90.07	0	864	0	31.00
32.00	HEMATOLOGY	90.08	0	3,000	0	32.00
33.00	MULTI-SPECIALTY CLINIC	90.09	0	3,205	0	33.00
34.00	EMERGENCY	91.00	0	9,088	0	34.00
35.00	OBSERVATION UNIT	92.01	0	413	0	35.00
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	100	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,795	0	37.00

RECLASSIFICATIONS

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To 09/30/2019

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	325	0	38.00
39.00	OTHER FACILITIES	194.02	0	11,094	0	39.00
40.00	PR	194.04	0	135	0	40.00
41.00	CHILD CARE CENTER	194.05	0	100	0	41.00
			0	195,711		
R - PART A PHYSICIAN						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	178,670	0	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	36,480	0	4.00
			178,670	36,480		
S - HSB DEPRECIATION						
1.00		0.00	0	0	9	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	158,565	9	2.00
			0	158,565		
T - ACTIVITY THERAPY						
1.00		0.00	0	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	34,639	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4,684	0	4.00
			34,639	4,684		
U - PTO ACCRUAL						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00	ADMINISTRATIVE & GENERAL	5.00	1,122,284	0	0	47.00
			1,122,284	0		

RECLASSIFICATIONS

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Period:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
V - PHARMACY RESIDENCY						
1.00		0.00	0	0	0	1.00
2.00	PHARMACY	15.00	39,799	0	0	2.00
	0		39,799	0		
W - RADIOLOGY						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	4,590,543	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,222,166	0	8.00
	0		4,590,543	5,222,166		
X - OBSERVATION UNIT						
1.00		0.00	0	0	0	1.00
2.00	OBSERVATION UNIT	92.01	560,086	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00	OBSERVATION UNIT	92.01	0	103,408	0	4.00
	0		560,086	103,408		
Y - A&G						
1.00		0.00	0	0	0	1.00
2.00	OPERATION OF PLANT	7.00	0	336,056	0	2.00
3.00	SOCIAL SERVICE	17.00	0	7,100	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	66,000	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	206,659	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	40,063	0	6.00
7.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	3,335	0	7.00
	TOTALS		0	659,213		
500.00	Grand Total : Decreases		16,975,436	153,015,119		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	24,872,125	1,699,851	0	1,699,851	245,712	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	721,973,760	21,167,424	0	21,167,424	32,205,412	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	271,758,711	84,012,589	0	84,012,589	52,729,351	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,018,604,596	106,879,864	0	106,879,864	85,180,475	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,018,604,596	106,879,864	0	106,879,864	85,180,475	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	26,326,264	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	710,935,772	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	303,041,949	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,040,303,985	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,040,303,985	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-7
Part II
Date/Time Prepared:
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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	21,637,486	0	12,082,388	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,596,271	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,637,486	7,596,271	12,082,388	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	33,719,874				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,596,271				2.00
3.00	Total (sum of lines 1-2)	0	41,316,145				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
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Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	737,262,036	0	737,262,036	0.708699	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	303,041,949	0	303,041,949	0.291301	0	2.00
3.00	Total (sum of lines 1-2)	1,040,303,985	0	1,040,303,985	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	27,908,080	488,524	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	158,565	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,337,828	7,946,327	2.00
3.00	Total (sum of lines 1-2)	0	0	0	51,404,473	8,434,851	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	12,256,252	816,233	27,665	0	41,496,754	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	5,400	0	0	163,965	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	394,520	0	100,790	0	31,779,465	2.00
3.00	Total (sum of lines 1-2)	12,650,772	821,633	128,455	0	73,440,184	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/27/2020 7:55 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	-1,313,033	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.01		1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-29,924	ADMINISTRATIVE & GENERAL		5.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	ADMINISTRATIVE & GENERAL		5.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)	B	-26,200	CAP REL COSTS-BLDG & FIXT		1.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-57,605,024					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-117,065,626					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests	B	-11,286	CAFETERIA		11.00		14.00
15.00 Rental of quarters to employee and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts		0			0.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
20.00 Vending machines		0			0.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-5,194	ADMINISTRATIVE & GENERAL		5.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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	OCAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT		0	OCAP REL COSTS-BLDG & FIXT		1.01		26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	OCAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	OADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
31.00	A-8-3	0	*** Cost Center Deleted ***		31.00
32.00		0			0 32.00
33.00		0			0 33.00
33.01	B	-26,250	PRIMARY CARE FOR SENIORS	90.04	0 33.01
33.02	B	-330	PRIMARY CARE FOR SENIORS	90.04	0 33.02
33.03	B	-255	PRIMARY CARE FOR SENIORS	90.04	0 33.03
33.04	B	-948	CAP REL COSTS-BLDG & FIXT	1.00	9 33.04
33.05	B	-15,955	CLINIC	90.00	0 33.05
33.06	B	-572	CAP REL COSTS-BLDG & FIXT	1.00	9 33.06
33.07	B	-2,090	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0 33.07
33.08	A	-1,021,771	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	A	62,795	FAMILY PRACTICE CLINIC	90.01	0 33.09
33.10	A	-679,965	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11	B	-4,275	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12	A	20,350	CAP REL COSTS-BLDG & FIXT	1.00	9 33.12
33.13	A	6,463	CAP REL COSTS-BLDG & FIXT	1.00	9 33.13
33.14	A	2,225	CAP REL COSTS-BLDG & FIXT	1.00	9 33.14
33.15	A	-195,000	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16	A	-55,000	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17	A	-2,957	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18	A	2,019,113	CAP REL COSTS-BLDG & FIXT	1.00	11 33.18
33.19		0			0 33.19
33.20	A	-37,503,663	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21		0			0 33.21
33.22		0			0 33.22
33.23	A	-404,622	ADULTS & PEDIATRICS	30.00	0 33.23
33.24	A	-130,521	OPERATING ROOM	50.00	0 33.24
33.25	A	-5,056	EMERGENCY	91.00	0 33.25
33.26	A	-46,672	PRIMARY CARE FOR SENIORS	90.04	0 33.26
33.27	A	-31,334	PAIN MANAGEMENT	90.05	0 33.27
33.28	A	-7,045	WOUND CARE	90.06	0 33.28
33.29	A	-47,545	SLEEP CENTER	90.07	0 33.29
33.30	A	-5,760	MULTI-SPECIALTY CLINIC	90.09	0 33.30
33.31	A	-201,873	EMERGENCY	91.00	0 33.31
33.32	A	2,150,054	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.32
43.01		0			0 43.01
43.02		0			0 43.02
43.03	A	-8,425	DURABLE MEDICAL EQUIP-RENTED	96.00	0 43.03
50.00		-212,193,171			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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/27/2020 7:55 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	FACILITY RENT	2,102	0
2.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	110,250	70,276
3.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	15,580	4,674
4.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	184,118	142,688
4.01	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	6,566	0
4.02	60.00	LABORATORY	FACILITY RENT	51,832	62,007
4.03	66.00	PHYSICAL THERAPY	FACILITY RENT	112,398	219,954
4.04	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	34,483	71,310
4.05	90.05	PAIN MANAGEMENT	FACILITY RENT	93,776	134,448
4.06	50.00	OPERATING ROOM	CONTRACT SERVICES	14,768,181	31,885,814
4.07	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	9,423,286	16,287,724
4.08	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	89,112	89,112
4.09	15.00	PHARMACY	FACILITY RENT	2,264	2,264
4.10	50.00	OPERATING ROOM	FACILITY RENT	234,881	234,881
4.11	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	399,943	399,943
4.12	60.00	LABORATORY	FACILITY RENT	105,462	105,462
4.13	66.00	PHYSICAL THERAPY	FACILITY RENT	71,922	71,922
4.14	90.00	CLINIC	FACILITY RENT	12,771	12,771
4.15	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	4,713,037	16,053,771
4.16	50.00	OPERATING ROOM	CONTRACT SERVICES	4,113,678	5,563,418
4.17	50.00	OPERATING ROOM	CONTRACT SERVICES	3,610,591	4,361,920
4.18	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	2,281,889	2,756,729
4.19	50.00	OPERATING ROOM	CONTRACT SERVICES	12,491,818	15,027,772
4.20	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	2,302,168	2,329,712
4.21	4.00	EMPLOYEE BENEFITS DEPARTMENT	DC LIVE	206,713	0
4.22	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	33,180,882	56,016,886
4.23	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	65,374,435	102,910,262
4.24	7.00	OPERATION OF PLANT	HOME OFFICE	18,702,855	25,894,798
4.25	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	1,808,828	2,241,583
4.26	9.00	HOUSEKEEPING	HOME OFFICE	5,105,548	6,675,624
4.27	10.00	DIETARY	HOME OFFICE	2,806,726	3,576,941
4.28	13.00	NURSING ADMINISTRATION	HOME OFFICE	2,501,796	2,668,311
4.29	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	3,343,598	3,686,040
4.30	15.00	PHARMACY	HOME OFFICE	8,679,327	12,131,488
4.31	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	3,818,416	5,057,652
4.32	17.00	SOCIAL SERVICE	HOME OFFICE	4,878,248	5,956,949
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			205,639,480	322,705,106

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

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	C		0.00	EVANSVILLE SURG	50.00	10.05
10.06	C		0.00	PROGRESSIVE HEA	51.00	10.06
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.07

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

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/27/2020 7:55 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.08
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	C		0.00	TROC	51.00	10.15
10.16	C		0.00	MAI NSPRI NG MANA	51.00	10.16
10.17	C		0.00	VASC MED, LLC	51.00	10.17
10.18	C		0.00	VASC MED, LLC	51.00	10.18
10.19	C		0.00	ORTHO ALI GN	51.00	10.19
10.20	C		0.00	HRS	95.00	10.20
10.21	B		100.00	DEACONESS HEALT	0.00	10.21
10.22	B		100.00	DEACONESS HEALT	0.00	10.22
10.23	B		100.00	DEACONESS HEALT	0.00	10.23
10.24	B		100.00	DEACONESS HEALT	0.00	10.24
10.25	B		100.00	DEACONESS HEALT	0.00	10.25
10.26	B		100.00	DEACONESS HEALT	0.00	10.26
10.27	B		100.00	DEACONESS HEALT	0.00	10.27
10.28	B		100.00	DEACONESS HEALT	0.00	10.28
10.29	B		100.00	DEACONESS HEALT	0.00	10.29
10.30	B		100.00	DEACONESS HEALT	0.00	10.30
10.31	B		100.00	DEACONESS HEALT	0.00	10.31
10.32	B		100.00	DEACONESS HEALT	0.00	10.32
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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/27/2020 7:55 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	2,102	0		1.00
2.00	39,974	0		2.00
3.00	10,906	0		3.00
4.00	41,430	0		4.00
4.01	6,566	0		4.01
4.02	-10,175	0		4.02
4.03	-107,556	0		4.03
4.04	-36,827	0		4.04
4.05	-40,672	0		4.05
4.06	-17,117,633	0		4.06
4.07	-6,864,438	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	-11,340,734	0		4.15
4.16	-1,449,740	0		4.16
4.17	-751,329	0		4.17
4.18	-474,840	0		4.18
4.19	-2,535,954	0		4.19
4.20	-27,544	0		4.20
4.21	206,713	0		4.21
4.22	-22,836,004	0		4.22
4.23	-37,535,827	0		4.23
4.24	-7,191,943	0		4.24
4.25	-432,755	0		4.25
4.26	-1,570,076	0		4.26
4.27	-770,215	0		4.27
4.28	-166,515	0		4.28
4.29	-342,442	0		4.29
4.30	-3,452,161	0		4.30
4.31	-1,239,236	0		4.31
4.32	-1,078,701	0		4.32
5.00	-117,065,626	0		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	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00	HEALTH SYSTEM		8.00
9.00	HEALTH SYSTEM		9.00
10.00	HEALTH SYSTEM		10.00
10.01	HEALTH SYSTEM		10.01
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	SURGERY		10.05
10.06	THERAPY SERVICE		10.06
10.07	CLINIC		10.07
10.08	CLINIC		10.08
10.09	CLINIC		10.09
10.10	CLINIC		10.10

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

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/27/2020 7:55 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	RADIATION THERA		10.15
10.16	SURGERY		10.16
10.17	SURGERY		10.17
10.18	SURGERY		10.18
10.19	SURGERY		10.19
10.20	REV CYCLE BILLI		10.20
10.21	HEALTH SYSTEM		10.21
10.22	HEALTH SYSTEM		10.22
10.23	HEALTH SYSTEM		10.23
10.24	HEALTH SYSTEM		10.24
10.25	HEALTH SYSTEM		10.25
10.26	HEALTH SYSTEM		10.26
10.27	HEALTH SYSTEM		10.27
10.28	HEALTH SYSTEM		10.28
10.29	HEALTH SYSTEM		10.29
10.30	HEALTH SYSTEM		10.30
10.31	HEALTH SYSTEM		10.31
10.32	HEALTH SYSTEM		10.32
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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/27/2020 7:55 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	141,068	0	141,068	179,000	1,643	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	27,081,615	24,616,649	2,464,966	211,500	19,865	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	15,096,787	13,960,170	1,136,617	246,400	4,299	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	681,958	0	681,958	271,900	2,728	4.00
5.00	60.00	AGGREGATE-LABORATORY	751,263	142,592	608,671	260,300	3,589	5.00
6.00	65.00	AGGREGATE-RESPIRATORY THERAPY	44,936	35,096	9,840	211,500	82	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	597,483	597,483	0	211,500	0	7.00
8.00	74.00	AGGREGATE-RENAL DIALYSIS	3,731	0	3,731	211,500	25	8.00
9.00	90.00	AGGREGATE-CLINIC	179,279	152,954	26,325	211,500	130	9.00
10.00	90.01	AGGREGATE-FAMILY PRACTICE CLINIC	172,832	172,832	0	179,000	0	10.00
11.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	1,288,884	1,205,118	83,766	211,500	1,020	11.00
12.00	90.05	AGGREGATE-PAIN MANAGEMENT	655,154	627,622	27,532	211,500	452	12.00
13.00	90.06	AGGREGATE-WOUND CARE	217,145	214,735	2,410	211,500	52	13.00
14.00	90.07	AGGREGATE-SLEEP CENTER	1,267,525	1,252,514	15,011	211,500	139	14.00
15.00	90.08	AGGREGATE-HEMATOLOGY	10,707	9,636	1,071	211,500	24	15.00
16.00	90.09	AGGREGATE-MULTI-SPECIALTY CLINIC	252,804	228,384	24,420	211,500	222	16.00
17.00	91.00	AGGREGATE-EMERGENCY	20,038,107	12,189,837	7,848,270	211,500	71,051	17.00
200.00			68,481,278	55,405,622	13,075,656		105,321	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	141,393	7,070	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,019,927	100,996	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	509,266	25,463	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	356,607	17,830	0	0	0	4.00
5.00	60.00	AGGREGATE-LABORATORY	449,143	22,457	0	0	0	5.00
6.00	65.00	AGGREGATE-RESPIRATORY THERAPY	8,338	417	0	0	0	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	74.00	AGGREGATE-RENAL DIALYSIS	2,542	127	0	0	0	8.00
9.00	90.00	AGGREGATE-CLINIC	13,219	661	0	0	0	9.00
10.00	90.01	AGGREGATE-FAMILY PRACTICE CLINIC	0	0	0	0	0	10.00
11.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	103,716	5,186	0	0	0	11.00
12.00	90.05	AGGREGATE-PAIN MANAGEMENT	45,961	2,298	0	0	0	12.00
13.00	90.06	AGGREGATE-WOUND CARE	5,288	264	0	0	0	13.00
14.00	90.07	AGGREGATE-SLEEP CENTER	14,134	707	0	0	0	14.00
15.00	90.08	AGGREGATE-HEMATOLOGY	2,440	122	0	0	0	15.00
16.00	90.09	AGGREGATE-MULTI-SPECIALTY CLINIC	22,574	1,129	0	0	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	7,224,657	361,233	0	0	0	17.00
200.00			10,919,205	545,960	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	141,393	0	0	1.00	
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	2,019,927	445,039	25,061,688	2.00	
3.00	50.00	AGGREGATE-OPERATING ROOM	0	509,266	627,351	14,587,521	3.00	
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	356,607	325,351	325,351	4.00	
5.00	60.00	AGGREGATE-LABORATORY	0	449,143	159,528	302,120	5.00	
6.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	8,338	1,502	36,598	6.00	
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	597,483	7.00	
8.00	74.00	AGGREGATE-RENAL DIALYSIS	0	2,542	1,189	1,189	8.00	
9.00	90.00	AGGREGATE-CLINIC	0	13,219	13,106	166,060	9.00	

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

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Date/Time Prepared:
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	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		
10.00	90.01	AGGREGATE-FAMILY PRACTICE CLINIC	0	0	0	172,832		10.00
11.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	0	103,716	0	1,205,118		11.00
12.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	45,961	0	627,622		12.00
13.00	90.06	AGGREGATE-WOUND CARE	0	5,288	0	214,735		13.00
14.00	90.07	AGGREGATE-SLEEP CENTER	0	14,134	877	1,253,391		14.00
15.00	90.08	AGGREGATE-HEMATOLOGY	0	2,440	0	9,636		15.00
16.00	90.09	AGGREGATE-MULTI-SPECIALTY CLINIC	0	22,574	1,846	230,230		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	7,224,657	623,613	12,813,450		17.00
200.00			0	10,919,205	2,199,402	57,605,024		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	41,496,754	41,496,754			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	163,965	0	163,965		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	31,779,465			31,779,465	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	37,815,493	120,869	11,737	30,956	37,979,055
5.00 00500	ADMINISTRATIVE & GENERAL	60,089,174	805,944	59,639	12,828,962	5,676,965
7.00 00700	OPERATION OF PLANT	6,988,769	30,001	0	340,600	482,274
8.00 00800	LAUNDRY & LINEN SERVICE	964,797	0	0	143,092	96,856
9.00 00900	HOUSEKEEPING	5,439,612	10,745	0	43,766	626,279
10.00 01000	DIETARY	3,966,959	85,956	0	113,319	295,256
11.00 01100	CAFETERIA	2,764,657	683,052	0	79,868	174,834
13.00 01300	NURSING ADMINISTRATION	3,843,883	0	0	675,037	364,659
14.00 01400	CENTRAL SERVICES & SUPPLY	3,561,334	12,084	0	550,308	273,186
15.00 01500	PHARMACY	8,018,864	0	0	800,809	1,198,432
16.00 01600	MEDICAL RECORDS & LIBRARY	528,429	13,450	0	70,830	300,650
17.00 01700	SOCIAL SERVICE	5,257,622	0	0	6,204	708,027
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,620,352	114,801	0	0	211,796
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,915,474	36,778	0	0	198,790
23.00 02300	PARAMED ED PRGM-PHARMACY	312,981	9,983	0	18,459	33,308
23.01 02301	PARAMED ED PRGM-CHAPLAIN	233,640	43,766	2,824	9,349	27,318
23.03 02303	PARAMED ED PRGM-NURSING	523,397	57,768	0	8,967	68,413
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	60,267,890	9,285,124	0	1,508,218	8,446,864
31.00 03100	INTENSIVE CARE UNIT	14,696,858	1,509,433	0	164,358	1,512,005
32.00 03200	CORONARY CARE UNIT	3,632,552	227,579	0	29,812	371,496
40.00 04000	SUBPROVIDER - IPF	1,175,327	135,633	0	314	137,903
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	74,231,108	3,540,067	0	4,858,507	3,814,397
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,296,213	842,853	0	1,555,146	935,065
55.00 05500	RADIOLOGY-THERAPEUTIC	8,345,941	440,761	0	14,192	250,293
56.00 05600	RADIOISOTOPE	2,052,848	148,821	0	321,608	82,470
57.00 05700	CT SCAN	4,192,282	230,495	0	1,562,374	328,616
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,765,956	283,823	0	1,210,296	189,053
59.00 05900	CARDIAC CATHETERIZATION	11,308,070	913,179	0	1,237,466	652,016
60.00 06000	LABORATORY	36,069,557	1,390,955	0	1,579,466	1,899,506
64.00 06400	INTRAVENOUS THERAPY	2,126,625	33,495	0	15,407	187,075
65.00 06500	RESPIRATORY THERAPY	5,860,028	200,415	0	128,885	525,134
65.01 06501	PULMONARY REHAB	22,477	0	0	0	2,371
66.00 06600	PHYSICAL THERAPY	10,274,667	203,279	0	22,426	0
69.00 06900	ELECTROCARDIOLOGY	3,447,117	549,625	0	381,787	273,748
69.01 06901	CARDIAC REHAB	650,487	132,192	0	10,795	60,589
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,347,052	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	26,119,835	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	72,934,740	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,614,097	15,447	0	10,252	7,305
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,297,975	240,977	0	5,384	263,666
90.01 09001	FAMILY PRACTICE CLINIC	1,317,036	97,699	0	37,577	113,596
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	933,493	0	0	1,688	78,071
90.03 09003	CHEMO	1,642,532	364,657	0	23,295	143,963
90.04 09004	PRIMARY CARE FOR SENIORS	1,088,029	0	0	12,408	233,132
90.05 09005	PAIN MANAGEMENT	3,056,619	235,460	0	84,997	328,348
90.06 09006	WOUND CARE	1,444,848	94,415	0	9,516	148,022
90.07 09007	SLEEP CENTER	2,233,825	89,765	0	62,573	377,543
90.08 09008	HEMATOLOGY	640,231	88,504	0	321	69,984
90.09 09009	MULTI-SPECIALTY CLINIC	352,763	188,541	0	12,890	59,219
91.00 09100	EMERGENCY	21,166,690	1,249,963	0	305,585	2,909,067
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION UNIT	4,537,728	852,888	0	104,417	499,699
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	9,422,887	129,959	0	305,845	358,496
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	628,852,004	25,741,201	74,200	31,298,331	35,995,755
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,741,302	291,310	0	50,090	109,670
192.00 19200	PHYSICIANS' PRIVATE OFFICES	9,746,692	1,628,043	0	298,802	1,062,288
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	0	0	0
192.03 19203	FAMILY PHARMACY	24,864,540	100,904	0	44,924	193,228

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	2,722,735	280,251	58,779	35,383	159,961	194.00
194.01 07951 OCCUPATIONAL HEALTH	86,844	0	0	0	9,123	194.01
194.02 07952 OTHER FACILITIES	3,415,338	1,621,738	0	39,483	78,871	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	1,629,700	121,316	0	5,123	110,502	194.04
194.05 07955 CHILD CARE CENTER	2,606,803	0	0	4,503	259,657	194.05
194.06 07956 CENTER OF LIFE BALANCE	-4	0	0	2,826	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	9,195	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	345,322	0	0	0	194.08
194.09 07959 HOME OFFICE	0	11,357,474	30,986	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	675,665,954	41,496,754	163,965	31,779,465	37,979,055	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	79,460,684				5.00
7.00	00700	OPERATION OF PLANT	1,807,520	9,649,164			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	250,848	199,609	1,655,202		8.00
9.00	00900	HOUSEKEEPING	889,724	119,113	0	7,129,239	9.00
10.00	01000	DIETARY	643,122	134,920	15,158	103,090	5,357,780
11.00	01100	CAFETERIA	496,092	202,065	7,712	154,394	0
13.00	01300	NURSING ADMINISTRATION	668,469	50,001	0	38,205	0
14.00	01400	CENTRAL SERVICES & SUPPLY	667,666	180,250	0	137,726	0
15.00	01500	PHARMACY	1,433,579	109,989	0	84,041	0
16.00	01600	MEDICAL RECORDS & LIBRARY	167,659	67,386	0	51,489	0
17.00	01700	SOCIAL SERVICE	845,972	47,009	0	35,919	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	267,733	33,961	0	25,949	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	293,309	10,880	0	8,313	0
23.00	02300	PARAMED PRGM-PHARMACY	51,004	2,953	0	2,256	0
23.01	02301	PARAMED PRGM-CHAPLAIN	43,072	19,553	0	14,940	0
23.03	02303	PARAMED PRGM-NURSING	90,331	17,089	0	13,058	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,919,189	2,746,788	907,163	2,098,779	3,831,661
31.00	03100	INTENSIVE CARE UNIT	2,428,475	446,531	75,075	341,187	543,556
32.00	03200	CORONARY CARE UNIT	579,497	67,324	75,402	51,441	133,038
40.00	04000	SUBPROVIDER - IPF	197,886	40,124	4,450	30,658	103,439
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,492,250	1,047,246	164,737	800,184	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,965,320	249,388	52,188	190,515	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,192,741	130,389	0	99,628	0
56.00	05600	RADIOISOTOPE	344,115	44,025	1,860	33,639	0
57.00	05700	CT SCAN	842,902	68,186	18,601	52,100	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	590,962	83,962	20,047	64,154	0
59.00	05900	CARDIAC CATHETERIZATION	1,877,987	270,143	41,265	206,411	0
60.00	06000	LABORATORY	5,449,159	411,481	1,854	314,406	0
64.00	06400	INTRAVENOUS THERAPY	319,946	9,909	0	7,571	0
65.00	06500	RESPIRATORY THERAPY	908,817	59,288	242	45,301	0
65.01	06501	PULMONARY REHAB	3,394	0	16,037	0	0
66.00	06600	PHYSICAL THERAPY	1,363,179	60,135	0	45,948	0
69.00	06900	ELECTROCARDIOLOGY	623,324	162,594	15,650	124,235	0
69.01	06901	CARDIAC REHAB	115,160	39,106	386	29,880	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,083,631	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,390,929	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,468,534	0	0	0	0
74.00	07400	RENAL DIALYSIS	214,347	4,570	0	3,492	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	383,184	71,287	623	54,469	0
90.01	09001	FAMILY PRACTICE CLINIC	211,322	28,902	736	22,083	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	137,063	0	0	0	0
90.03	09003	CHEMO	292,471	107,875	6,228	82,426	0
90.04	09004	PRIMARY CARE FOR SENIORS	319,062	0	167	0	0
90.05	09005	PAIN MANAGEMENT	504,263	69,655	11,934	53,222	0
90.06	09006	WOUND CARE	230,749	27,931	3,104	21,341	0
90.07	09007	SLEEP CENTER	385,486	26,555	0	20,290	0
90.08	09008	HEMATOLOGY	108,682	26,182	0	20,005	0
90.09	09009	MULTI-SPECIALTY CLINIC	83,822	55,776	0	42,617	0
91.00	09100	EMERGENCY	3,533,206	369,772	183,209	282,537	44,433
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION UNIT	813,581	252,307	543	192,784	358,090
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,351,765	38,445	0	29,375	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,342,500	8,210,604	1,624,371	6,030,058	5,014,217
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	294,302	86,177	1,428	65,847	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,728,504	481,619	84	367,997	0
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02	19202	HEARTCARE	0	0	0	0	0
192.03	19203	FAMILY PHARMACY	3,285,644	29,850	0	22,808	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	434,155	220,398	22,525	168,402	343,563
194.01	07951	OCCUPATIONAL HEALTH	13,104	0	0	0	0
194.02	07952	OTHER FACILITIES	674,865	479,753	0	366,572	0
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0
194.04	07954	PR	250,145	35,888	0	27,422	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.05	07955 CHILD CARE CENTER	391,074	0	6,794	0	0	194.05
194.06	07956 CENTER OF LIFE BALANCE	367	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	1,194	2,720	0	2,078	0	194.07
194.08	07958 HEALTHSOUTH	44,830	102,155	0	78,055	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	79,460,684	9,649,164	1,655,202	7,129,239	5,357,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	4,562,674					11.00
13.00	01300	76,930	5,717,184				13.00
14.00	01400	71,949	0	5,454,503			14.00
15.00	01500	171,017	0	62,880	11,879,611		15.00
16.00	01600	83,987	0	25	0	1,283,905	16.00
17.00	01700	103,773	0	40	0	0	17.00
21.00	02100	31,132	0	0	0	0	21.00
22.00	02200	8,717	0	0	0	0	22.00
23.00	02300	4,566	0	0	0	0	23.00
23.01	02301	8,302	0	0	0	0	23.01
23.03	02303	10,931	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,203,346	2,546,077	203,417	1,309	91,432	30.00
31.00	03100	251,406	531,933	107,773	454	31,576	31.00
32.00	03200	61,018	129,104	28,695	83	8,190	32.00
40.00	04000	29,471	62,357	0	0	4,005	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	401,254	848,985	960,196	2,822	215,622	50.00
54.00	05400	170,879	0	163,505	1,303	66,121	54.00
55.00	05500	42,616	0	0	41,073	30,308	55.00
56.00	05600	12,314	0	81,812	44	13,149	56.00
57.00	05700	56,729	0	92,715	288	75,689	57.00
58.00	05800	30,302	0	31,286	155	23,180	58.00
59.00	05900	86,339	182,678	157,536	339	52,231	59.00
60.00	06000	448,436	0	803,968	175	107,676	60.00
64.00	06400	25,321	53,574	36,474	12	3,556	64.00
65.00	06500	89,936	0	62,548	52	42,245	65.00
65.01	06501	415	0	48	4	1	65.01
66.00	06600	0	0	21,274	299	37,062	66.00
69.00	06900	44,276	0	50,697	612	31,296	69.00
69.01	06901	13,283	0	274	11	1,801	69.01
71.00	07100	0	0	581,581	0	18,332	71.00
72.00	07200	0	0	1,819,914	0	42,070	72.00
73.00	07300	0	0	0	9,004,725	173,868	73.00
74.00	07400	830	0	716	549	4,982	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	41,232	87,241	7,099	0	2,303	90.00
90.01	09001	25,459	53,867	1,562	12,355	2,083	90.01
90.02	09002	18,679	39,522	63	36	2,282	90.02
90.03	09003	25,182	53,281	23,033	7	12,169	90.03
90.04	09004	25,874	54,745	1,793	9,469	1,052	90.04
90.05	09005	59,358	125,591	22,450	1,646	17,853	90.05
90.06	09006	24,629	52,110	22,790	419	4,888	90.06
90.07	09007	48,704	103,049	2,437	0	4,555	90.07
90.08	09008	17,434	36,887	222	63	1,857	90.08
90.09	09009	10,101	21,371	462	0	591	90.09
91.00	09100	246,149	520,809	68,012	1,301	120,818	91.00
92.00	09200						92.00
92.01	09201	101,144	214,003	19,902	2	7,369	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	85,785	0	0	1,684	15,480	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		4,269,205	5,717,184	5,437,199	9,081,291	1,267,692	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	41,371	0	0	0	0	190.00
192.00	19200	76,238	0	1,719	20,755	1,254	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	29,748	0	14,836	2,775,565	14,959	192.03
194.00	07950	34,591	0	674	2,000	0	194.00
194.01	07951	1,384	0	43	0	0	194.01
194.02	07952	3,597	0	13	0	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.04 07954 PR	17,987	0	19	0	0	194.04
194.05 07955 CHILD CARE CENTER	88,553	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,562,674	5,717,184	5,454,503	11,879,611	1,283,905	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED PRGM-PHARMACY	PARAMED PRGM-CHAPLAIN	
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	7,004,566					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,305,724				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,472,261			22.00
23.00 02300 PARAMED PRGM-PHARMACY	0			435,510		23.00
23.01 02301 PARAMED PRGM-CHAPLAIN	0				402,764	23.01
23.03 02303 PARAMED PRGM-NURSING	31,839					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,731,009	1,091,132	1,169,943	0	402,764	30.00
31.00 03100 INTENSIVE CARE UNIT	445,745	35,631	38,205	0	0	31.00
32.00 03200 CORONARY CARE UNIT	286,550	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	189,409	203,089	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	15,985	17,140	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	32,104	34,423	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 PULMONARY REHAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	435,510	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	754,376	808,862	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 CHEMO	0	0	0	0	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	35,899	38,492	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	11,788	12,639	0	0	90.05
90.06 09006 WOUND CARE	0	0	0	0	0	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	509,423	139,400	149,468	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	7,004,566	2,305,724	2,472,261	435,510	402,764	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	0	0	0	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HEARTCARE	0	0	0	0	0	192.02
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	192.03
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
		SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	7,004,566	2,305,724	2,472,261	435,510	402,764	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-PHARMACY					23.00
23.01	02301	PARAMED PRGM-CHAPLAIN					23.01
23.03	02303	PARAMED PRGM-NURSING	821,793				23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	357,055	112,809,160	-2,261,075	110,548,085	30.00
31.00	03100	INTENSIVE CARE UNIT	237,463	23,397,664	-73,836	23,323,828	31.00
32.00	03200	CORONARY CARE UNIT	0	5,681,781	0	5,681,781	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,921,567	0	1,921,567	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	72,806	102,842,679	-392,498	102,450,181	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,521,571	-33,125	17,488,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,587,942	0	10,587,942	55.00
56.00	05600	RADIOISOTOPE	0	3,136,705	0	3,136,705	56.00
57.00	05700	CT SCAN	0	7,520,977	0	7,520,977	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,293,176	0	5,293,176	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,126	17,096,313	-66,527	17,029,786	59.00
60.00	06000	LABORATORY	0	48,476,639	0	48,476,639	60.00
64.00	06400	INTRAVENOUS THERAPY	111	2,819,076	0	2,819,076	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,922,891	0	7,922,891	65.00
65.01	06501	PULMONARY REHAB	0	44,747	0	44,747	65.01
66.00	06600	PHYSICAL THERAPY	0	12,028,269	0	12,028,269	66.00
69.00	06900	ELECTROCARDIOLOGY	1,163	5,706,124	0	5,706,124	69.00
69.01	06901	CARDIAC REHAB	0	1,053,964	0	1,053,964	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,030,596	0	10,030,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,372,748	0	31,372,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	92,017,377	0	92,017,377	73.00
74.00	07400	RENAL DIALYSIS	0	1,876,587	0	1,876,587	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,455,440	0	3,455,440	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	3,487,515	-1,563,238	1,924,277	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,210,897	0	1,210,897	90.02
90.03	09003	CHEMO	0	2,777,119	0	2,777,119	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,820,122	-74,391	1,745,731	90.04
90.05	09005	PAIN MANAGEMENT	3,986	4,599,809	-24,427	4,575,382	90.05
90.06	09006	WOUND CARE	22,146	2,106,908	0	2,106,908	90.06
90.07	09007	SLEEP CENTER	0	3,354,782	0	3,354,782	90.07
90.08	09008	HEMATOLOGY	0	1,010,372	0	1,010,372	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	828,153	0	828,153	90.09
91.00	09100	EMERGENCY	28,070	31,827,912	-288,868	31,539,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION UNIT	54,867	8,009,324	0	8,009,324	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	11,739,721	0	11,739,721	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	821,793	597,386,627	-4,777,985	592,608,642	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,681,497	0	2,681,497	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,413,995	0	15,413,995	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	31,377,006	0	31,377,006	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	4,483,417	0	4,483,417	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	110,498	0	110,498	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

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Cost Center Description		PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
194.02	07952 OTHER FACILITIES	0	6,680,230	0	6,680,230	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	194.03
194.04	07954 PR	0	2,198,102	0	2,198,102	194.04
194.05	07955 CHILD CARE CENTER	0	3,357,384	0	3,357,384	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	3,189	0	3,189	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	15,187	0	15,187	194.07
194.08	07958 HEALTHSOUTH	0	570,362	0	570,362	194.08
194.09	07959 HOME OFFICE	0	11,388,460	0	11,388,460	194.09
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	821,793	675,665,954	-4,777,985	670,887,969	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet B Part II Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	120,869	11,737	30,956	163,562 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	805,944	59,639	12,828,962	13,694,545 5.00
7.00 00700	OPERATION OF PLANT	0	30,001	0	340,600	370,601 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	143,092	143,092 8.00
9.00 00900	HOUSEKEEPING	0	10,745	0	43,766	54,511 9.00
10.00 01000	DIETARY	0	85,956	0	113,319	199,275 10.00
11.00 01100	CAFETERIA	0	683,052	0	79,868	762,920 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	675,037	675,037 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	12,084	0	550,308	562,392 14.00
15.00 01500	PHARMACY	0	0	0	800,809	800,809 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	13,450	0	70,830	84,280 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	6,204	6,204 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	114,801	0	0	114,801 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	36,778	0	0	36,778 22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	9,983	0	18,459	28,442 23.00
23.01 02301	PARAMED ED PRGM-CHAPLAIN	0	43,766	2,824	9,349	55,939 23.01
23.03 02303	PARAMED ED PRGM-NURSING	0	57,768	0	8,967	66,735 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	9,285,124	0	1,508,218	10,793,342 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,509,433	0	164,358	1,673,791 31.00
32.00 03200	CORONARY CARE UNIT	0	227,579	0	29,812	257,391 32.00
40.00 04000	SUBPROVIDER - IPF	0	135,633	0	314	135,947 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,540,067	0	4,858,507	8,398,574 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	842,853	0	1,555,146	2,397,999 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	440,761	0	14,192	454,953 55.00
56.00 05600	RADIOISOTOPE	0	148,821	0	321,608	470,429 56.00
57.00 05700	CT SCAN	0	230,495	0	1,562,374	1,792,869 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	283,823	0	1,210,296	1,494,119 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	913,179	0	1,237,466	2,150,645 59.00
60.00 06000	LABORATORY	0	1,390,955	0	1,579,466	2,970,421 60.00
64.00 06400	INTRAVENOUS THERAPY	0	33,495	0	15,407	48,902 64.00
65.00 06500	RESPIRATORY THERAPY	0	200,415	0	128,885	329,300 65.00
65.01 06501	PULMONARY REHAB	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	203,279	0	22,426	225,705 66.00
69.00 06900	ELECTROCARDIOLOGY	0	549,625	0	381,787	931,412 69.00
69.01 06901	CARDIAC REHAB	0	132,192	0	10,795	142,987 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	15,447	0	10,252	25,699 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	240,977	0	5,384	246,361 90.00
90.01 09001	FAMILY PRACTICE CLINIC	0	97,699	0	37,577	135,276 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	1,688	1,688 90.02
90.03 09003	CHEMO	0	364,657	0	23,295	387,952 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	0	12,408	12,408 90.04
90.05 09005	PAIN MANAGEMENT	0	235,460	0	84,997	320,457 90.05
90.06 09006	WOUND CARE	0	94,415	0	9,516	103,931 90.06
90.07 09007	SLEEP CENTER	0	89,765	0	62,573	152,338 90.07
90.08 09008	HEMATOLOGY	0	88,504	0	321	88,825 90.08
90.09 09009	MULTI-SPECIALTY CLINIC	0	188,541	0	12,890	201,431 90.09
91.00 09100	EMERGENCY	0	1,249,963	0	305,585	1,555,548 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION UNIT	0	852,888	0	104,417	957,305 92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	129,959	0	305,845	435,804 96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	25,741,201	74,200	31,298,331	57,113,732 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	291,310	0	50,090	341,400 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,628,043	0	298,802	1,926,845 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HEARTCARE	0	0	0	0	0 192.02
192.03 19203	FAMILY PHARMACY	0	100,904	0	44,924	145,828 192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	280,251	58,779	35,383	374,413 194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	1,621,738	0	39,483	1,661,221	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	121,316	0	5,123	126,439	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	4,503	4,503	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	2,826	2,826	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	9,195	0	0	9,195	194.07
194.08 07958 HEALTHSOUTH	0	345,322	0	0	345,322	194.08
194.09 07959 HOME OFFICE	0	11,357,474	30,986	0	11,388,460	194.09
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	41,496,754	163,965	31,779,465	73,440,184	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet B Part II Date/Time Prepared: 2/27/2020 7:55 am	
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	163,562				4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,452	13,718,997			5.00
7.00 00700	OPERATION OF PLANT	2,077	312,072	684,750		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	417	43,309	14,165	200,983	8.00
9.00 00900	HOUSEKEEPING	2,698	153,612	8,453	0	219,274
10.00 01000	DIETARY	1,272	111,036	9,575	1,841	3,171
11.00 01100	CAFETERIA	753	85,651	14,339	936	4,749
13.00 01300	NURSING ADMINISTRATION	1,571	115,412	3,548	0	1,175
14.00 01400	CENTRAL SERVICES & SUPPLY	1,177	115,274	12,791	0	4,236
15.00 01500	PHARMACY	5,162	247,510	7,805	0	2,585
16.00 01600	MEDICAL RECORDS & LIBRARY	1,295	28,947	4,782	0	1,584
17.00 01700	SOCIAL SERVICE	3,050	146,059	3,336	0	1,105
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	912	46,225	2,410	0	798
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	856	50,640	772	0	256
23.00 02300	PARAMED ED PRGM-PHARMACY	143	8,806	210	0	69
23.01 02301	PARAMED ED PRGM-CHAPLAIN	118	7,436	1,388	0	460
23.03 02303	PARAMED ED PRGM-NURSING	295	15,596	1,213	0	402
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	36,361	1,885,217	194,927	110,154	64,551
31.00 03100	INTENSIVE CARE UNIT	6,513	419,281	31,688	9,116	10,494
32.00 03200	CORONARY CARE UNIT	1,600	100,051	4,778	9,156	1,582
40.00 04000	SUBPROVIDER - I/PF	594	34,165	2,847	540	943
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,430	1,984,126	74,318	20,003	24,611
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,028	339,316	17,694	6,337	5,860
55.00 05500	RADIOLOGY-THERAPEUTIC	1,078	205,929	9,253	0	3,064
56.00 05600	RADIOISOTOPE	355	59,412	3,124	226	1,035
57.00 05700	CT SCAN	1,415	145,529	4,839	2,259	1,602
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	814	102,031	5,958	2,434	1,973
59.00 05900	CARDIAC CATHETERIZATION	2,808	324,238	19,171	5,011	6,349
60.00 06000	LABORATORY	8,182	940,807	29,201	225	9,670
64.00 06400	INTRAVENOUS THERAPY	806	55,239	703	0	233
65.00 06500	RESPIRATORY THERAPY	2,262	156,909	4,207	29	1,393
65.01 06501	PULMONARY REHAB	10	586	0	1,947	0
66.00 06600	PHYSICAL THERAPY	0	235,355	4,267	0	1,413
69.00 06900	ELECTROCARDIOLOGY	1,179	107,618	11,538	1,900	3,821
69.01 06901	CARDIAC REHAB	261	19,883	2,775	47	919
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	187,091	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	585,450	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,634,759	0	0	0
74.00 07400	RENAL DIALYSIS	31	37,007	324	0	107
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,136	66,157	5,059	76	1,675
90.01 09001	FAMILY PRACTICE CLINIC	489	36,485	2,051	89	679
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	336	23,664	0	0	0
90.03 09003	CHEMO	620	50,496	7,655	756	2,535
90.04 09004	PRIMARY CARE FOR SENIORS	1,004	55,087	0	20	0
90.05 09005	PAIN MANAGEMENT	1,414	87,062	4,943	1,449	1,637
90.06 09006	WOUND CARE	638	39,839	1,982	377	656
90.07 09007	SLEEP CENTER	1,626	66,555	1,884	0	624
90.08 09008	HEMATOLOGY	301	18,764	1,858	0	615
90.09 09009	MULTI-SPECIALTY CLINIC	255	14,472	3,958	0	1,311
91.00 09100	EMERGENCY	12,530	610,014	26,241	22,246	8,690
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION UNIT	2,152	140,466	17,905	66	5,929
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	1,544	233,385	2,728	0	904
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	155,020	12,490,030	582,663	197,240	185,465
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	472	50,812	6,116	173	2,025
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,576	298,429	34,178	10	11,319
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	0	0	0
192.03 19203	FAMILY PHARMACY	832	567,272	2,118	0	702
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	689	74,958	15,640	2,735	5,180
194.01 07951	OCCUPATIONAL HEALTH	39	2,262	0	0	0
194.02 07952	OTHER FACILITIES	340	116,517	34,046	0	11,275
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	4.00	5.00	7.00	8.00	9.00	
194.04 07954 PR	476	43,188	2,547	0	843	194.04
194.05 07955 CHILD CARE CENTER	1,118	67,520	0	825	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	63	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	206	193	0	64	194.07
194.08 07958 HEALTHSOUTH	0	7,740	7,249	0	2,401	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	163,562	13,718,997	684,750	200,983	219,274	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2018 To 09/30/2019		Worksheet B Part II Date/Time Prepared: 2/27/2020 7:55 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	326,170					10.00
11.00	01100	CAFETERIA	0	869,348				11.00
13.00	01300	NURSING ADMINISTRATION	0	14,658	811,401			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,709	0	709,579		14.00
15.00	01500	PHARMACY	0	32,585	0	8,180	1,104,636	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,002	0	3	0	16.00
17.00	01700	SOCIAL SERVICE	0	19,772	0	5	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,932	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,661	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	870	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	1,582	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	2,083	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	233,263	229,277	361,347	26,462	122	30.00
31.00	03100	INTENSIVE CARE UNIT	33,091	47,902	75,494	14,020	42	31.00
32.00	03200	CORONARY CARE UNIT	8,099	11,626	18,323	3,733	8	32.00
40.00	04000	SUBPROVIDER - I/PF	6,297	5,615	8,850	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76,453	120,491	124,912	262	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,558	0	21,270	121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,120	0	0	3,819	55.00
56.00	05600	RADIOISOTOPE	0	2,346	0	10,643	4	56.00
57.00	05700	CT SCAN	0	10,809	0	12,061	27	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,774	0	4,070	14	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,451	25,926	20,494	32	59.00
60.00	06000	LABORATORY	0	85,443	0	104,588	16	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,824	7,603	4,745	1	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,136	0	8,137	5	65.00
65.01	06501	PULMONARY REHAB	0	79	0	6	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,767	28	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,436	0	6,595	57	69.00
69.01	06901	CARDIAC REHAB	0	2,531	0	36	1	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75,658	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	236,757	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	837,320	73.00
74.00	07400	RENAL DIALYSIS	0	158	0	93	51	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,856	12,381	923	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	4,851	7,645	203	1,149	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	3,559	5,609	8	3	90.02
90.03	09003	CHEMO	0	4,798	7,562	2,996	1	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	4,930	7,770	233	880	90.04
90.05	09005	PAIN MANAGEMENT	0	11,310	17,824	2,920	153	90.05
90.06	09006	WOUND CARE	0	4,693	7,396	2,965	39	90.06
90.07	09007	SLEEP CENTER	0	9,280	14,625	317	0	90.07
90.08	09008	HEMATOLOGY	0	3,322	5,235	29	6	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	1,925	3,033	60	0	90.09
91.00	09100	EMERGENCY	2,705	46,900	73,915	8,848	121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION UNIT	21,800	19,271	30,372	2,589	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	16,345	0	0	157	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	305,255	813,432	811,401	707,326	844,439	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,883	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,526	0	224	1,930	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	5,668	0	1,930	258,081	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	20,915	6,591	0	88	186	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	264	0	6	0	194.01
194.02	07952	OTHER FACILITIES	0	685	0	2	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.04 07954 PR	0	3,427	0	3	0	194.04
194.05 07955 CHILD CARE CENTER	0	16,872	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	326,170	869,348	811,401	709,579	1,104,636	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	136,893				16.00
17.00 01700	SOCIAL SERVICE	0	179,531			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	171,078		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	90,963	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	816	0	0	23.03
38,540						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,697	146,889			30.00
31.00 03100	INTENSIVE CARE UNIT	3,349	11,425			31.00
32.00 03200	CORONARY CARE UNIT	869	7,344			32.00
40.00 04000	SUBPROVIDER - IPF	425	0			40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,586	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,013	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,215	0			55.00
56.00 05600	RADIO SOTOPE	1,395	0			56.00
57.00 05700	CT SCAN	8,028	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,459	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	5,540	0			59.00
60.00 06000	LABORATORY	11,420	0			60.00
64.00 06400	INTRAVENOUS THERAPY	377	0			64.00
65.00 06500	RESPIRATORY THERAPY	4,481	0			65.00
65.01 06501	PULMONARY REHAB	0	0			65.01
66.00 06600	PHYSICAL THERAPY	3,931	0			66.00
69.00 06900	ELECTROCARDIOLOGY	3,319	0			69.00
69.01 06901	CARDIAC REHAB	191	0			69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,944	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,462	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	18,441	0			73.00
74.00 07400	RENAL DIALYSIS	528	0			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	244	0			90.00
90.01 09001	FAMILY PRACTICE CLINIC	221	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	242	0			90.02
90.03 09003	CHEMO	1,291	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	112	0			90.04
90.05 09005	PAIN MANAGEMENT	1,894	0			90.05
90.06 09006	WOUND CARE	518	0			90.06
90.07 09007	SLEEP CENTER	483	0			90.07
90.08 09008	HEMATOLOGY	197	0			90.08
90.09 09009	MULTI-SPECIALTY CLINIC	63	0			90.09
91.00 09100	EMERGENCY	12,814	13,057			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION UNIT	782	0			92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	1,642	0			96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	135,173	179,531	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	133	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01
192.02 19202	HEARTCARE	0	0			192.02
192.03 19203	FAMILY PHARMACY	1,587	0			192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0			194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.02 07952 OTHER FACILITIES	0	0				194.02
194.03 07953 THE HEART HOSPITAL	0	0				194.03
194.04 07954 PR	0	0				194.04
194.05 07955 CHILD CARE CENTER	0	0				194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0				194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0				194.07
194.08 07958 HEALTHSOUTH	0	0				194.08
194.09 07959 HOME OFFICE	0	0				194.09
200.00 Cross Foot Adjustments			171,078	90,963	38,540	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	136,893	179,531	171,078	90,963	38,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-PHARMACY						23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	66,923					23.01
23.03	02303	PARAMED ED PRGM-NURSING		87,140				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			14,091,609	0	14,091,609	30.00
31.00	03100	INTENSIVE CARE UNIT			2,336,206	0	2,336,206	31.00
32.00	03200	CORONARY CARE UNIT			424,560	0	424,560	32.00
40.00	04000	SUBPROVIDER - IPF			196,223	0	196,223	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			10,863,766	0	10,863,766	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,832,196	0	2,832,196	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			689,431	0	689,431	55.00
56.00	05600	RADIOISOTOPE			548,969	0	548,969	56.00
57.00	05700	CT SCAN			1,979,438	0	1,979,438	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			1,619,646	0	1,619,646	58.00
59.00	05900	CARDIAC CATHETERIZATION			2,576,665	0	2,576,665	59.00
60.00	06000	LABORATORY			4,159,973	0	4,159,973	60.00
64.00	06400	INTRAVENOUS THERAPY			123,433	0	123,433	64.00
65.00	06500	RESPIRATORY THERAPY			523,859	0	523,859	65.00
65.01	06501	PULMONARY REHAB			2,628	0	2,628	65.01
66.00	06600	PHYSICAL THERAPY			473,466	0	473,466	66.00
69.00	06900	ELECTROCARDIOLOGY			1,075,875	0	1,075,875	69.00
69.01	06901	CARDIAC REHAB			169,631	0	169,631	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			264,693	0	264,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			826,669	0	826,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,490,520	0	2,490,520	73.00
74.00	07400	RENAL DIALYSIS			63,998	0	63,998	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			341,868	0	341,868	90.00
90.01	09001	FAMILY PRACTICE CLINIC			189,138	0	189,138	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			35,109	0	35,109	90.02
90.03	09003	CHEMO			466,662	0	466,662	90.03
90.04	09004	PRIMARY CARE FOR SENIORS			82,444	0	82,444	90.04
90.05	09005	PAIN MANAGEMENT			451,063	0	451,063	90.05
90.06	09006	WOUND CARE			163,034	0	163,034	90.06
90.07	09007	SLEEP CENTER			247,732	0	247,732	90.07
90.08	09008	HEMATOLOGY			119,152	0	119,152	90.08
90.09	09009	MULTI-SPECIALTY CLINIC			226,508	0	226,508	90.09
91.00	09100	EMERGENCY			2,393,629	0	2,393,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION UNIT			1,198,637	0	1,198,637	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			692,509	0	692,509	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	54,940,939	0	54,940,939	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			408,881	0	408,881	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,292,170	0	2,292,170	192.00
192.01	19201	DEACONESS URGENT CARE			0	0	0	192.01
192.02	19202	HEARTCARE			0	0	0	192.02
192.03	19203	FAMILY PHARMACY			984,018	0	984,018	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			501,395	0	501,395	194.00
194.01	07951	OCCUPATIONAL HEALTH			2,571	0	2,571	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
194.02	07952 OTHER FACILITIES			1,824,086	0	1,824,086	194.02
194.03	07953 THE HEART HOSPITAL			0	0	0	194.03
194.04	07954 PR			176,923	0	176,923	194.04
194.05	07955 CHILD CARE CENTER			90,838	0	90,838	194.05
194.06	07956 CENTER OF LIFE BALANCE			2,889	0	2,889	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA			9,658	0	9,658	194.07
194.08	07958 HEALTHSOUTH			362,712	0	362,712	194.08
194.09	07959 HOME OFFICE			11,388,460	0	11,388,460	194.09
200.00	Cross Foot Adjustments	66,923	87,140	454,644	0	454,644	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	66,923	87,140	73,440,184	0	73,440,184	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,579,613				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			30,229,273		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,601	3,533	29,446	290,559,951	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	30,679	17,952	12,203,165	43,431,755	5.00
7.00 00700	OPERATION OF PLANT	1,142	0	323,986	3,689,647	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	136,112	740,997	8.00
9.00 00900	HOUSEKEEPING	409	0	41,631	4,791,360	9.00
10.00 01000	DIETARY	3,272	0	107,791	2,258,862	10.00
11.00 01100	CAFETERIA	26,001	0	75,972	1,337,570	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	642,109	2,789,835	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	460	0	523,464	2,090,017	14.00
15.00 01500	PHARMACY	0	0	761,746	9,168,636	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	512	0	67,375	2,300,130	16.00
17.00 01700	SOCIAL SERVICE	0	0	5,901	5,416,781	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,370	0	0	1,620,352	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	0	1,520,850	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	380	0	17,559	254,827	23.00
23.01 02301	PARAMED ED PRGM-CHAPLAIN	1,666	850	8,893	208,996	23.01
23.03 02303	PARAMED ED PRGM-NURSING	2,199	0	8,530	523,397	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	353,447	0	1,434,648	64,623,192	30.00
31.00 03100	INTENSIVE CARE UNIT	57,458	0	156,341	11,567,634	31.00
32.00 03200	CORONARY CARE UNIT	8,663	0	28,358	2,842,139	32.00
40.00 04000	SUBPROVIDER - I/PF	5,163	0	299	1,055,031	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	134,756	0	4,621,511	29,182,134	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,084	0	1,479,287	7,153,735	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	16,778	0	13,500	1,914,874	55.00
56.00 05600	RADIOISOTOPE	5,665	0	305,920	630,942	56.00
57.00 05700	CT SCAN	8,774	0	1,486,162	2,514,086	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,804	0	1,151,258	1,446,353	58.00
59.00 05900	CARDIAC CATHETERIZATION	34,761	0	1,177,103	4,988,266	59.00
60.00 06000	LABORATORY	52,948	0	1,502,420	14,532,215	60.00
64.00 06400	INTRAVENOUS THERAPY	1,275	0	14,655	1,431,224	64.00
65.00 06500	RESPIRATORY THERAPY	7,629	0	122,598	4,017,551	65.00
65.01 06501	PULMONARY REHAB	0	0	0	18,140	65.01
66.00 06600	PHYSICAL THERAPY	7,738	0	21,332	0	66.00
69.00 06900	ELECTROCARDIOLOGY	20,922	0	363,164	2,094,314	69.00
69.01 06901	CARDIAC REHAB	5,032	0	10,268	463,536	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	588	0	9,752	55,889	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,173	0	5,121	2,017,186	90.00
90.01 09001	FAMILY PRACTICE CLINIC	3,719	0	35,744	869,068	90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	1,606	597,284	90.02
90.03 09003	CHEMO	13,881	0	22,159	1,101,391	90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	11,803	1,783,584	90.04
90.05 09005	PAIN MANAGEMENT	8,963	0	80,851	2,512,032	90.05
90.06 09006	WOUND CARE	3,594	0	9,052	1,132,443	90.06
90.07 09007	SLEEP CENTER	3,417	0	59,521	2,888,400	90.07
90.08 09008	HEMATOLOGY	3,369	0	305	535,418	90.08
90.09 09009	MULTI-SPECIALTY CLINIC	7,177	0	12,261	453,057	90.09
91.00 09100	EMERGENCY	47,581	0	290,679	22,255,888	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION UNIT	32,466	0	99,324	3,822,957	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	290,926	2,742,684	96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	979,863	22,335	29,771,608	275,386,659	557,242,245
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,089	0	47,647	839,035	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	61,973	0	284,227	8,127,061	192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	192.01
192.02 19202	HEARTCARE	0	0	0	0	192.02
192.03 19203	FAMILY PHARMACY	3,841	0	42,733	1,478,295	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	10,668	17,693	33,657	1,223,786	3,344,234	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	69,797	100,936	194.01
194.02 07952 OTHER FACILITIES	61,733	0	37,557	603,407	5,198,389	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	4,618	0	4,873	845,398	1,926,827	194.04
194.05 07955 CHILD CARE CENTER	0	0	4,283	1,986,513	3,012,389	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	2,688	0	2,826	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	0	0	9,195	194.07
194.08 07958 HEALTHSOUTH	13,145	0	0	0	345,322	194.08
194.09 07959 HOME OFFICE	432,333	9,327	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	41,496,754	163,965	31,779,465	37,979,055	79,460,684	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.270203	3.322156	1.051281	0.130710	0.129822	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				163,562	13,718,997	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000563	0.022414	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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,241,621				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,685	4,999,228			8.00
9.00	00900	HOUSEKEEPING	15,327	0	1,200,609		9.00
10.00	01000	DIETARY	17,361	45,781	17,361	473,161	10.00
11.00	01100	CAFETERIA	26,001	23,293	26,001	0	32,976
13.00	01300	NURSING ADMINISTRATION	6,434	0	6,434	0	556
14.00	01400	CENTRAL SERVICES & SUPPLY	23,194	0	23,194	0	520
15.00	01500	PHARMACY	14,153	0	14,153	0	1,236
16.00	01600	MEDICAL RECORDS & LIBRARY	8,671	0	8,671	0	607
17.00	01700	SOCIAL SERVICE	6,049	0	6,049	0	750
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,370	0	4,370	0	225
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	1,400	0	63
23.00	02300	PARAMED ED PRGM-PHARMACY	380	0	380	0	33
23.01	02301	PARAMED ED PRGM-CHAPLAIN	2,516	0	2,516	0	60
23.03	02303	PARAMED ED PRGM-NURSING	2,199	0	2,199	0	79
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	353,447	2,739,923	353,447	338,385	8,697
31.00	03100	INTENSIVE CARE UNIT	57,458	226,749	57,458	48,003	1,817
32.00	03200	CORONARY CARE UNIT	8,663	227,736	8,663	11,749	441
40.00	04000	SUBPROVIDER - IPF	5,163	13,440	5,163	9,135	213
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	134,756	497,557	134,756	0	2,900
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,084	157,625	32,084	0	1,235
55.00	05500	RADIOLOGY-THERAPEUTIC	16,778	0	16,778	0	308
56.00	05600	RADIOISOTOPE	5,665	5,618	5,665	0	89
57.00	05700	CT SCAN	8,774	56,181	8,774	0	410
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,804	60,549	10,804	0	219
59.00	05900	CARDIAC CATHETERIZATION	34,761	124,633	34,761	0	624
60.00	06000	LABORATORY	52,948	5,599	52,948	0	3,241
64.00	06400	INTRAVENOUS THERAPY	1,275	0	1,275	0	183
65.00	06500	RESPIRATORY THERAPY	7,629	731	7,629	0	650
65.01	06501	PULMONARY REHAB	0	48,436	0	0	3
66.00	06600	PHYSICAL THERAPY	7,738	0	7,738	0	0
69.00	06900	ELECTROCARDIOLOGY	20,922	47,267	20,922	0	320
69.01	06901	CARDIAC REHAB	5,032	1,166	5,032	0	96
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	588	0	588	0	6
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,173	1,881	9,173	0	298
90.01	09001	FAMILY PRACTICE CLINIC	3,719	2,222	3,719	0	184
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	135
90.03	09003	CHEMO	13,881	18,811	13,881	0	182
90.04	09004	PRIMARY CARE FOR SENIORS	0	505	0	0	187
90.05	09005	PAIN MANAGEMENT	8,963	36,043	8,963	0	429
90.06	09006	WOUND CARE	3,594	9,376	3,594	0	178
90.07	09007	SLEEP CENTER	3,417	0	3,417	0	352
90.08	09008	HEMATOLOGY	3,369	0	3,369	0	126
90.09	09009	MULTI-SPECIALTY CLINIC	7,177	0	7,177	0	73
91.00	09100	EMERGENCY	47,581	553,347	47,581	3,924	1,779
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION UNIT	32,466	1,639	32,466	31,624	731
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	4,947	0	620
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,056,512	4,906,108	1,015,500	442,820	30,855
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,089	4,312	11,089	0	299
192.00	19200	PHYSICIANS' PRIVATE OFFICES	61,973	254	61,973	0	551
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02	19202	HEARTCARE	0	0	0	0	0
192.03	19203	FAMILY PHARMACY	3,841	0	3,841	0	215
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	28,360	68,033	28,360	30,341	250
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	10
194.02	07952	OTHER FACILITIES	61,733	0	61,733	0	26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	4,618	0	4,618	0	130	194.04
194.05 07955 CHILD CARE CENTER	0	20,521	0	0	640	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194.07
194.08 07958 HEALTHSOUTH	13,145	0	13,145	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,649,164	1,655,202	7,129,239	5,357,780	4,562,674	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.771425	0.331092	5.938019	11.323376	138.363476	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	684,750	200,983	219,274	326,170	869,348	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.551497	0.040203	0.182636	0.689343	26.363052	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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description			NURSING ADMINISTRATION (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	19,529					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	78,284,688				14.00
15.00	01500	PHARMACY	0	902,472	96,220,130			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	365	0	2,780,638,796		16.00
17.00	01700	SOCIAL SERVICE	0	569	0	0	220	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	0	1	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,697	2,919,512	10,600	197,905,083	180	30.00
31.00	03100	INTENSIVE CARE UNIT	1,817	1,546,794	3,679	68,345,538	14	31.00
32.00	03200	CORONARY CARE UNIT	441	411,842	669	17,727,921	9	32.00
40.00	04000	SUBPROVIDER - I/PF	213	0	0	8,668,860	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,900	13,781,065	22,859	468,339,955	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,346,681	10,551	143,119,766	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	332,672	65,602,811	0	55.00
56.00	05600	RADIOISOTOPE	0	1,174,193	360	28,460,894	0	56.00
57.00	05700	CT SCAN	0	1,330,681	2,336	163,828,483	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	449,023	1,253	50,173,494	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	624	2,261,005	2,745	113,053,352	0	59.00
60.00	06000	LABORATORY	0	11,538,836	1,418	233,064,665	0	60.00
64.00	06400	INTRAVENOUS THERAPY	183	523,481	99	7,696,236	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	897,717	419	91,439,236	0	65.00
65.01	06501	PULMONARY REHAB	0	682	32	1,310	0	65.01
66.00	06600	PHYSICAL THERAPY	0	305,326	2,421	80,221,615	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	727,620	4,953	67,740,970	0	69.00
69.01	06901	CARDIAC REHAB	0	3,936	86	3,897,511	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,347,052	0	39,680,538	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,119,835	0	91,059,721	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	72,934,740	376,337,818	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,272	4,444	10,782,765	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	298	101,883	0	4,985,038	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	184	22,425	100,069	4,507,595	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	135	906	292	4,939,070	0	90.02
90.03	09003	CHEMO	182	330,572	58	26,340,525	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	187	25,733	76,694	2,276,141	0	90.04
90.05	09005	PAIN MANAGEMENT	429	322,204	13,330	38,643,255	0	90.05
90.06	09006	WOUND CARE	178	327,087	3,395	10,581,025	0	90.06
90.07	09007	SLEEP CENTER	352	34,972	0	9,860,355	0	90.07
90.08	09008	HEMATOLOGY	126	3,184	508	4,018,588	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	73	6,636	0	1,280,241	0	90.09
91.00	09100	EMERGENCY	1,779	976,131	10,534	261,509,858	16	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION UNIT	731	285,639	16	15,949,846	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	13,643	33,506,008	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,529	78,036,331	73,554,875	2,745,546,087	220	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	24,665	168,110	2,714,063	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	212,929	22,480,949	32,378,646	0	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	9,680	16,196	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	616	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description		NURSING ADMINISTRATION (FTE'S NURSING) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	
194.02	07952 OTHER FACILITIES	0	189	0	0	0	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	0	278	0	0	0	194.04
194.05	07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,717,184	5,454,503	11,879,611	1,283,905	7,004,566	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	292.753546	0.069675	0.123463	0.000462	31,838.936364	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	811,401	709,579	1,104,636	136,893	179,531	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	41.548518	0.009064	0.011480	0.000049	816.050000	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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	51,639				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		51,639			22.00
23.00 02300	PARAMED PRGM-PHARMACY			100		23.00
23.01 02301	PARAMED PRGM-CHAPLAIN				100	23.01
23.03 02303	PARAMED PRGM-NURSING					14,843
23.03						23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,437	24,437	0	100	6,449
31.00 03100	INTENSIVE CARE UNIT	798	798	0	0	4,289
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,242	4,242	0	0	1,315
54.00 05400	RADIOLOGY-DIAGNOSTIC	358	358	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	719	719	0	0	797
60.00 06000	LABORATORY	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	2
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
65.01 06501	PULMONARY REHAB	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	21
69.01 06901	CARDIAC REHAB	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	FAMILY PRACTICE CLINIC	16,895	16,895	0	0	0
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0
90.03 09003	CHEMO	0	0	0	0	0
90.04 09004	PRIMARY CARE FOR SENIORS	804	804	0	0	0
90.05 09005	PAIN MANAGEMENT	264	264	0	0	72
90.06 09006	WOUND CARE	0	0	0	0	400
90.07 09007	SLEEP CENTER	0	0	0	0	0
90.08 09008	HEMATOLOGY	0	0	0	0	0
90.09 09009	MULTI-SPECIALTY CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	3,122	3,122	0	0	507
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION UNIT	0	0	0	0	991
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51,639	51,639	100	100	14,843
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	0	0	0
192.03 19203	FAMILY PHARMACY	0	0	0	0	0
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.03	
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	0 194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	0 194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	0 194.03
194.04 07954 PR	0	0	0	0	0	0 194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	0 194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0 194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0 194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0 194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0 194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,305,724	2,472,261	435,510	402,764	821,793	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	44.650826	47.875850	4,355.100000	4,027.640000	55.365694	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	171,078	90,963	38,540	66,923	87,140	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.312961	1.761517	385.400000	669.230000	5.870781	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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet C
Part I
Date/Time Prepared:
2/27/2020 7:55 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Diallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	110,548,085	110,548,085	445,039	110,993,124	30.00
31.00	03100 INTENSIVE CARE UNIT	23,323,828	23,323,828	0	23,323,828	31.00
32.00	03200 CORONARY CARE UNIT	5,681,781	5,681,781	0	5,681,781	32.00
40.00	04000 SUBPROVIDER - I/PF	1,921,567	1,921,567	0	1,921,567	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	102,450,181	102,450,181	627,351	103,077,532	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,488,446	17,488,446	325,351	17,813,797	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,587,942	10,587,942	0	10,587,942	55.00
56.00	05600 RADIOISOTOPE	3,136,705	3,136,705	0	3,136,705	56.00
57.00	05700 CT SCAN	7,520,977	7,520,977	0	7,520,977	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,293,176	5,293,176	0	5,293,176	58.00
59.00	05900 CARDIAC CATHETERIZATION	17,029,786	17,029,786	0	17,029,786	59.00
60.00	06000 LABORATORY	48,476,639	48,476,639	159,528	48,636,167	60.00
64.00	06400 INTRAVENOUS THERAPY	2,819,076	2,819,076	0	2,819,076	64.00
65.00	06500 RESPIRATORY THERAPY	7,922,891	7,922,891	1,502	7,924,393	65.00
65.01	06501 PULMONARY REHAB	44,747	44,747	0	44,747	65.01
66.00	06600 PHYSICAL THERAPY	12,028,269	12,028,269	0	12,028,269	66.00
69.00	06900 ELECTROCARDIOLOGY	5,706,124	5,706,124	0	5,706,124	69.00
69.01	06901 CARDIAC REHAB	1,053,964	1,053,964	0	1,053,964	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,030,596	10,030,596	0	10,030,596	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,372,748	31,372,748	0	31,372,748	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,017,377	92,017,377	0	92,017,377	73.00
74.00	07400 RENAL DIALYSIS	1,876,587	1,876,587	1,189	1,877,776	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,455,440	3,455,440	13,106	3,468,546	90.00
90.01	09001 FAMILY PRACTICE CLINIC	1,924,277	1,924,277	0	1,924,277	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,210,897	1,210,897	0	1,210,897	90.02
90.03	09003 CHEMO	2,777,119	2,777,119	0	2,777,119	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,745,731	1,745,731	0	1,745,731	90.04
90.05	09005 PAIN MANAGEMENT	4,575,382	4,575,382	0	4,575,382	90.05
90.06	09006 WOUND CARE	2,106,908	2,106,908	0	2,106,908	90.06
90.07	09007 SLEEP CENTER	3,354,782	3,354,782	877	3,355,659	90.07
90.08	09008 HEMATOLOGY	1,010,372	1,010,372	0	1,010,372	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	828,153	828,153	1,846	829,999	90.09
91.00	09100 EMERGENCY	31,539,044	31,539,044	623,613	32,162,657	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,322,868	8,322,868	0	8,322,868	92.00
92.01	09201 OBSERVATION UNIT	8,009,324	8,009,324	0	8,009,324	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,739,721	11,739,721	0	11,739,721	96.00
200.00	Subtotal (see instructions)	600,931,510	600,931,510	2,199,402	603,130,912	200.00
201.00	Less Observation Beds	8,322,868	8,322,868	0	8,322,868	201.00
202.00	Total (see instructions)	592,608,642	592,608,642	2,199,402	594,808,044	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet C
Part I
Date/Time Prepared:
2/27/2020 7:55 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,429,582		183,429,582		30.00
31.00	03100	INTENSIVE CARE UNIT	66,369,919		66,369,919		31.00
32.00	03200	CORONARY CARE UNIT	17,347,015		17,347,015		32.00
40.00	04000	SUBPROVIDER - IPF	8,668,860		8,668,860		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,966,117	266,373,838	468,339,955	0.218752	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,314,719	102,805,047	143,119,766	0.122194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,824,449	63,778,362	65,602,811	0.161395	55.00
56.00	05600	RADIOISOTOPE	5,574,086	22,886,808	28,460,894	0.110211	56.00
57.00	05700	CT SCAN	50,075,200	113,753,283	163,828,483	0.045908	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,355,888	39,817,606	50,173,494	0.105497	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,033,063	47,020,289	113,053,352	0.150635	59.00
60.00	06000	LABORATORY	83,497,975	149,566,690	233,064,665	0.207997	60.00
64.00	06400	INTRAVENOUS THERAPY	7,426,706	269,530	7,696,236	0.366293	64.00
65.00	06500	RESPIRATORY THERAPY	83,268,052	8,171,184	91,439,236	0.086647	65.00
65.01	06501	PULMONARY REHAB	0	1,310	1,310	34.158015	65.01
66.00	06600	PHYSICAL THERAPY	50,072,688	30,148,927	80,221,615	0.149938	66.00
69.00	06900	ELECTROCARDIOLOGY	25,868,566	41,872,405	67,740,971	0.084234	69.00
69.01	06901	CARDIAC REHAB	5,090	3,892,421	3,897,511	0.270420	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,108,452	14,572,086	39,680,538	0.252784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,574,972	25,484,749	91,059,721	0.344529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,428,570	217,909,249	376,337,819	0.244507	73.00
74.00	07400	RENAL DIALYSIS	9,695,708	1,087,057	10,782,765	0.174036	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,008	4,970,030	4,985,038	0.693162	90.00
90.01	09001	FAMILY PRACTICE CLINIC	17,184	4,490,411	4,507,595	0.426897	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	4,939,070	4,939,070	0.245167	90.02
90.03	09003	CHEMO	199,101	26,141,424	26,340,525	0.105431	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	13,950	2,262,192	2,276,142	0.766969	90.04
90.05	09005	PAIN MANAGEMENT	34,036	38,609,219	38,643,255	0.118401	90.05
90.06	09006	WOUND CARE	687,881	9,893,144	10,581,025	0.199121	90.06
90.07	09007	SLEEP CENTER	9,121	9,851,234	9,860,355	0.340229	90.07
90.08	09008	HEMATOLOGY	17,563	4,001,025	4,018,588	0.251425	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	618	1,279,623	1,280,241	0.646873	90.09
91.00	09100	EMERGENCY	94,465,186	167,044,672	261,509,858	0.120604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,460,234	13,371,791	16,832,025	0.494466	92.00
92.01	09201	OBSERVATION UNIT	6,950,630	8,999,216	15,949,846	0.502157	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	33,506,008	33,506,008	0.350377	96.00
200.00		Subtotal (see instructions)	1,266,776,189	1,478,769,900	2,745,546,089		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,266,776,189	1,478,769,900	2,745,546,089		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/27/2020 7:55 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220091		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124468		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161395		55.00
56.00	05600	RADIOISOTOPE	0.110211		56.00
57.00	05700	CT SCAN	0.045908		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105497		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150635		59.00
60.00	06000	LABORATORY	0.208681		60.00
64.00	06400	INTRAVENOUS THERAPY	0.366293		64.00
65.00	06500	RESPIRATORY THERAPY	0.086663		65.00
65.01	06501	PULMONARY REHAB	34.158015		65.01
66.00	06600	PHYSICAL THERAPY	0.149938		66.00
69.00	06900	ELECTROCARDIOLOGY	0.084234		69.00
69.01	06901	CARDIAC REHAB	0.270420		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344529		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244507		73.00
74.00	07400	RENAL DIALYSIS	0.174146		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.695791		90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.426897		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.245167		90.02
90.03	09003	CHEMO	0.105431		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.766969		90.04
90.05	09005	PAIN MANAGEMENT	0.118401		90.05
90.06	09006	WOUND CARE	0.199121		90.06
90.07	09007	SLEEP CENTER	0.340318		90.07
90.08	09008	HEMATOLOGY	0.251425		90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0.648315		90.09
91.00	09100	EMERGENCY	0.122988		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494466		92.00
92.01	09201	OBSERVATION UNIT	0.502157		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.350377		96.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet C
Part I
Date/Time Prepared:
2/27/2020 7:55 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Diallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	110,548,085	110,548,085	445,039	110,993,124	30.00	
31.00	03100 INTENSIVE CARE UNIT	23,323,828	23,323,828	0	23,323,828	31.00	
32.00	03200 CORONARY CARE UNIT	5,681,781	5,681,781	0	5,681,781	32.00	
40.00	04000 SUBPROVIDER - I/PF	1,921,567	1,921,567	0	1,921,567	40.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	102,450,181	102,450,181	627,351	103,077,532	50.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,488,446	17,488,446	325,351	17,813,797	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	10,587,942	10,587,942	0	10,587,942	55.00	
56.00	05600 RADIOISOTOPE	3,136,705	3,136,705	0	3,136,705	56.00	
57.00	05700 CT SCAN	7,520,977	7,520,977	0	7,520,977	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,293,176	5,293,176	0	5,293,176	58.00	
59.00	05900 CARDIAC CATHETERIZATION	17,029,786	17,029,786	0	17,029,786	59.00	
60.00	06000 LABORATORY	48,476,639	48,476,639	159,528	48,636,167	60.00	
64.00	06400 INTRAVENOUS THERAPY	2,819,076	2,819,076	0	2,819,076	64.00	
65.00	06500 RESPIRATORY THERAPY	7,922,891	7,922,891	1,502	7,924,393	65.00	
65.01	06501 PULMONARY REHAB	44,747	44,747	0	44,747	65.01	
66.00	06600 PHYSICAL THERAPY	12,028,269	12,028,269	0	12,028,269	66.00	
69.00	06900 ELECTROCARDIOLOGY	5,706,124	5,706,124	0	5,706,124	69.00	
69.01	06901 CARDIAC REHAB	1,053,964	1,053,964	0	1,053,964	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,030,596	10,030,596	0	10,030,596	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,372,748	31,372,748	0	31,372,748	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	92,017,377	92,017,377	0	92,017,377	73.00	
74.00	07400 RENAL DIALYSIS	1,876,587	1,876,587	1,189	1,877,776	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,455,440	3,455,440	13,106	3,468,546	90.00	
90.01	09001 FAMILY PRACTICE CLINIC	1,924,277	1,924,277	0	1,924,277	90.01	
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,210,897	1,210,897	0	1,210,897	90.02	
90.03	09003 CHEMO	2,777,119	2,777,119	0	2,777,119	90.03	
90.04	09004 PRIMARY CARE FOR SENIORS	1,745,731	1,745,731	0	1,745,731	90.04	
90.05	09005 PAIN MANAGEMENT	4,575,382	4,575,382	0	4,575,382	90.05	
90.06	09006 WOUND CARE	2,106,908	2,106,908	0	2,106,908	90.06	
90.07	09007 SLEEP CENTER	3,354,782	3,354,782	877	3,355,659	90.07	
90.08	09008 HEMATOLOGY	1,010,372	1,010,372	0	1,010,372	90.08	
90.09	09009 MULTI-SPECIALTY CLINIC	828,153	828,153	1,846	829,999	90.09	
91.00	09100 EMERGENCY	31,539,044	31,539,044	623,613	32,162,657	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,322,868	8,322,868	0	8,322,868	92.00	
92.01	09201 OBSERVATION UNIT	8,009,324	8,009,324	0	8,009,324	92.01	
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,739,721	11,739,721	0	11,739,721	96.00	
200.00	Subtotal (see instructions)	600,931,510	600,931,510	2,199,402	603,130,912	200.00	
201.00	Less Observation Beds	8,322,868	8,322,868	0	8,322,868	201.00	
202.00	Total (see instructions)	592,608,642	592,608,642	2,199,402	594,808,044	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet C
Part I
Date/Time Prepared:
2/27/2020 7:55 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,429,582		183,429,582		30.00
31.00	03100	INTENSIVE CARE UNIT	66,369,919		66,369,919		31.00
32.00	03200	CORONARY CARE UNIT	17,347,015		17,347,015		32.00
40.00	04000	SUBPROVIDER - IPF	8,668,860		8,668,860		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,966,117	266,373,838	468,339,955	0.218752	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,314,719	102,805,047	143,119,766	0.122194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,824,449	63,778,362	65,602,811	0.161395	55.00
56.00	05600	RADIOISOTOPE	5,574,086	22,886,808	28,460,894	0.110211	56.00
57.00	05700	CT SCAN	50,075,200	113,753,283	163,828,483	0.045908	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,355,888	39,817,606	50,173,494	0.105497	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,033,063	47,020,289	113,053,352	0.150635	59.00
60.00	06000	LABORATORY	83,497,975	149,566,690	233,064,665	0.207997	60.00
64.00	06400	INTRAVENOUS THERAPY	7,426,706	269,530	7,696,236	0.366293	64.00
65.00	06500	RESPIRATORY THERAPY	83,268,052	8,171,184	91,439,236	0.086647	65.00
65.01	06501	PULMONARY REHAB	0	1,310	1,310	34.158015	65.01
66.00	06600	PHYSICAL THERAPY	50,072,688	30,148,927	80,221,615	0.149938	66.00
69.00	06900	ELECTROCARDIOLOGY	25,868,566	41,872,405	67,740,971	0.084234	69.00
69.01	06901	CARDIAC REHAB	5,090	3,892,421	3,897,511	0.270420	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,108,452	14,572,086	39,680,538	0.252784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,574,972	25,484,749	91,059,721	0.344529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,428,570	217,909,249	376,337,819	0.244507	73.00
74.00	07400	RENAL DIALYSIS	9,695,708	1,087,057	10,782,765	0.174036	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,008	4,970,030	4,985,038	0.693162	90.00
90.01	09001	FAMILY PRACTICE CLINIC	17,184	4,490,411	4,507,595	0.426897	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	4,939,070	4,939,070	0.245167	90.02
90.03	09003	CHEMO	199,101	26,141,424	26,340,525	0.105431	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	13,950	2,262,192	2,276,142	0.766969	90.04
90.05	09005	PAIN MANAGEMENT	34,036	38,609,219	38,643,255	0.118401	90.05
90.06	09006	WOUND CARE	687,881	9,893,144	10,581,025	0.199121	90.06
90.07	09007	SLEEP CENTER	9,121	9,851,234	9,860,355	0.340229	90.07
90.08	09008	HEMATOLOGY	17,563	4,001,025	4,018,588	0.251425	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	618	1,279,623	1,280,241	0.646873	90.09
91.00	09100	EMERGENCY	94,465,186	167,044,672	261,509,858	0.120604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,460,234	13,371,791	16,832,025	0.494466	92.00
92.01	09201	OBSERVATION UNIT	6,950,630	8,999,216	15,949,846	0.502157	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	33,506,008	33,506,008	0.350377	96.00
200.00		Subtotal (see instructions)	1,266,776,189	1,478,769,900	2,745,546,089		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,266,776,189	1,478,769,900	2,745,546,089		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/27/2020 7:55 am
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220091		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124468		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161395		55.00
56.00	05600	RADIOISOTOPE	0.110211		56.00
57.00	05700	CT SCAN	0.045908		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105497		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150635		59.00
60.00	06000	LABORATORY	0.208681		60.00
64.00	06400	INTRAVENOUS THERAPY	0.366293		64.00
65.00	06500	RESPIRATORY THERAPY	0.086663		65.00
65.01	06501	PULMONARY REHAB	34.158015		65.01
66.00	06600	PHYSICAL THERAPY	0.149938		66.00
69.00	06900	ELECTROCARDIOLOGY	0.084234		69.00
69.01	06901	CARDIAC REHAB	0.270420		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344529		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244507		73.00
74.00	07400	RENAL DIALYSIS	0.174146		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.695791		90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.426897		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.245167		90.02
90.03	09003	CHEMO	0.105431		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.766969		90.04
90.05	09005	PAIN MANAGEMENT	0.118401		90.05
90.06	09006	WOUND CARE	0.199121		90.06
90.07	09007	SLEEP CENTER	0.340318		90.07
90.08	09008	HEMATOLOGY	0.251425		90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0.648315		90.09
91.00	09100	EMERGENCY	0.122988		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494466		92.00
92.01	09201	OBSERVATION UNIT	0.502157		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.350377		96.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0082

Period: From 10/01/2018 To 09/30/2019

Worksheet C Part II Date/Time Prepared: 2/27/2020 7:55 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,450,181	10,863,766	91,586,415	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,488,446	2,832,196	14,656,250	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,587,942	689,431	9,898,511	0	0	55.00
56.00	05600	RADIOISOTOPE	3,136,705	548,969	2,587,736	0	0	56.00
57.00	05700	CT SCAN	7,520,977	1,979,438	5,541,539	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,293,176	1,619,646	3,673,530	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,029,786	2,576,665	14,453,121	0	0	59.00
60.00	06000	LABORATORY	48,476,639	4,159,973	44,316,666	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,819,076	123,433	2,695,643	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,922,891	523,859	7,399,032	0	0	65.00
65.01	06501	PULMONARY REHAB	44,747	2,628	42,119	0	0	65.01
66.00	06600	PHYSICAL THERAPY	12,028,269	473,466	11,554,803	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,706,124	1,075,875	4,630,249	0	0	69.00
69.01	06901	CARDIAC REHAB	1,053,964	169,631	884,333	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,030,596	264,693	9,765,903	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,372,748	826,669	30,546,079	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,017,377	2,490,520	89,526,857	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,876,587	63,998	1,812,589	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,455,440	341,868	3,113,572	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1,924,277	189,138	1,735,139	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,210,897	35,109	1,175,788	0	0	90.02
90.03	09003	CHEMO	2,777,119	466,662	2,310,457	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,745,731	82,444	1,663,287	0	0	90.04
90.05	09005	PAIN MANAGEMENT	4,575,382	451,063	4,124,319	0	0	90.05
90.06	09006	WOUND CARE	2,106,908	163,034	1,943,874	0	0	90.06
90.07	09007	SLEEP CENTER	3,354,782	247,732	3,107,050	0	0	90.07
90.08	09008	HEMATOLOGY	1,010,372	119,152	891,220	0	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	828,153	226,508	601,645	0	0	90.09
91.00	09100	EMERGENCY	31,539,044	2,393,629	29,145,415	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,322,868	1,056,663	7,266,205	0	0	92.00
92.01	09201	OBSERVATION UNIT	8,009,324	1,198,637	6,810,687	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,739,721	692,509	11,047,212	0	0	96.00
200.00		Subtotal (sum of lines 50 thru 199)	459,456,249	38,949,004	420,507,245	0	0	200.00
201.00		Less Observation Beds	8,322,868	1,056,663	7,266,205	0	0	201.00
202.00		Total (line 200 minus line 201)	451,133,381	37,892,341	413,241,040	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part II Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	102,450,181	468,339,955	0.218752		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,488,446	143,119,766	0.122194		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,587,942	65,602,811	0.161395		55.00
56.00	05600 RADIOISOTOPE	3,136,705	28,460,894	0.110211		56.00
57.00	05700 CT SCAN	7,520,977	163,828,483	0.045908		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,293,176	50,173,494	0.105497		58.00
59.00	05900 CARDIAC CATHETERIZATION	17,029,786	113,053,352	0.150635		59.00
60.00	06000 LABORATORY	48,476,639	233,064,665	0.207997		60.00
64.00	06400 INTRAVENOUS THERAPY	2,819,076	7,696,236	0.366293		64.00
65.00	06500 RESPIRATORY THERAPY	7,922,891	91,439,236	0.086647		65.00
65.01	06501 PULMONARY REHAB	44,747	1,310	34.158015		65.01
66.00	06600 PHYSICAL THERAPY	12,028,269	80,221,615	0.149938		66.00
69.00	06900 ELECTROCARDIOLOGY	5,706,124	67,740,971	0.084234		69.00
69.01	06901 CARDIAC REHAB	1,053,964	3,897,511	0.270420		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,030,596	39,680,538	0.252784		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,372,748	91,059,721	0.344529		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,017,377	376,337,819	0.244507		73.00
74.00	07400 RENAL DIALYSIS	1,876,587	10,782,765	0.174036		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,455,440	4,985,038	0.693162		90.00
90.01	09001 FAMILY PRACTICE CLINIC	1,924,277	4,507,595	0.426897		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,210,897	4,939,070	0.245167		90.02
90.03	09003 CHEMO	2,777,119	26,340,525	0.105431		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,745,731	2,276,142	0.766969		90.04
90.05	09005 PAIN MANAGEMENT	4,575,382	38,643,255	0.118401		90.05
90.06	09006 WOUND CARE	2,106,908	10,581,025	0.199121		90.06
90.07	09007 SLEEP CENTER	3,354,782	9,860,355	0.340229		90.07
90.08	09008 HEMATOLOGY	1,010,372	4,018,588	0.251425		90.08
90.09	09009 MULTI-SPECIALTY CLINIC	828,153	1,280,241	0.646873		90.09
91.00	09100 EMERGENCY	31,539,044	261,509,858	0.120604		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,322,868	16,832,025	0.494466		92.00
92.01	09201 OBSERVATION UNIT	8,009,324	15,949,846	0.502157		92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,739,721	33,506,008	0.350377		96.00
200.00	Subtotal (sum of lines 50 thru 199)	459,456,249	2,469,730,713			200.00
201.00	Less Observation Beds	8,322,868	0			201.00
202.00	Total (line 200 minus line 201)	451,133,381	2,469,730,713			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part I Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	14,091,609	0	14,091,609	130,986	107.58	30.00
31.00	INTENSIVE CARE UNIT	2,336,206		2,336,206	17,918	130.38	31.00
32.00	CORONARY CARE UNIT	424,560		424,560	4,418	96.10	32.00
40.00	SUBPROVIDER - IPF	196,223	0	196,223	3,518	55.78	40.00
200.00	Total (lines 30 through 199)	17,048,598		17,048,598	156,840		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	52,430	5,640,419				
31.00	INTENSIVE CARE UNIT	8,123	1,059,077				
32.00	CORONARY CARE UNIT	1,876	180,284				
40.00	SUBPROVIDER - IPF	1,043	58,179				
200.00	Total (lines 30 through 199)	63,472	6,937,959				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,863,766	468,339,955	0.023196	78,150,716	1,812,784	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,832,196	143,119,766	0.019789	18,173,564	359,637	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	689,431	65,602,811	0.010509	680,374	7,150	55.00
56.00	05600 RADIOISOTOPE	548,969	28,460,894	0.019289	3,058,969	59,004	56.00
57.00	05700 CT SCAN	1,979,438	163,828,483	0.012082	20,835,368	251,733	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,619,646	50,173,494	0.032281	4,292,310	138,560	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,576,665	113,053,352	0.022792	30,143,532	687,031	59.00
60.00	06000 LABORATORY	4,159,973	233,064,665	0.017849	35,939,730	641,488	60.00
64.00	06400 INTRAVENOUS THERAPY	123,433	7,696,236	0.016038	3,447,521	55,291	64.00
65.00	06500 RESPIRATORY THERAPY	523,859	91,439,236	0.005729	39,906,213	228,623	65.00
65.01	06501 PULMONARY REHAB	2,628	1,310	2.006107	0	0	65.01
66.00	06600 PHYSICAL THERAPY	473,466	80,221,615	0.005902	25,008,153	147,598	66.00
69.00	06900 ELECTROCARDIOLOGY	1,075,875	67,740,971	0.015882	12,050,986	191,394	69.00
69.01	06901 CARDIAC REHAB	169,631	3,897,511	0.043523	2,030	88	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264,693	39,680,538	0.006671	9,932,927	66,263	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	826,669	91,059,721	0.009078	29,061,564	263,821	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,490,520	376,337,819	0.006618	69,193,163	457,920	73.00
74.00	07400 RENAL DIALYSIS	63,998	10,782,765	0.005935	5,703,227	33,849	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	341,868	4,985,038	0.068579	7,294	500	90.00
90.01	09001 FAMILY PRACTICE CLINIC	189,138	4,507,595	0.041960	4,722	198	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	35,109	4,939,070	0.007108	0	0	90.02
90.03	09003 CHEMO	466,662	26,340,525	0.017717	73,727	1,306	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	82,444	2,276,142	0.036221	9,175	332	90.04
90.05	09005 PAIN MANAGEMENT	451,063	38,643,255	0.011672	1,766	21	90.05
90.06	09006 WOUND CARE	163,034	10,581,025	0.015408	306,486	4,722	90.06
90.07	09007 SLEEP CENTER	247,732	9,860,355	0.025124	1,358	34	90.07
90.08	09008 HEMATOLOGY	119,152	4,018,588	0.029650	8,061	239	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	226,508	1,280,241	0.176926	0	0	90.09
91.00	09100 EMERGENCY	2,393,629	261,509,858	0.009153	39,383,389	360,476	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,056,663	16,832,025	0.062777	2,449,732	153,787	92.00
92.01	09201 OBSERVATION UNIT	1,198,637	15,949,846	0.075150	3,522,682	264,730	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	692,509	33,506,008	0.020668	0	0	96.00
200.00	Total (lines 50 through 199)	38,949,004	2,469,730,713		431,348,739	6,188,579	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part III Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	759,819	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	237,463	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	997,282	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	759,819	130,986	5.80	52,430	30.00	
31.00	03100	INTENSIVE CARE UNIT		237,463	17,918	13.25	8,123	31.00	
32.00	03200	CORONARY CARE UNIT		0	4,418	0.00	1,876	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,518	0.00	1,043	40.00	
200.00		Total (lines 30 through 199)		997,282	156,840		63,472	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	304,094						30.00
31.00	03100	INTENSIVE CARE UNIT	107,630						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	411,724						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description	Title XVIII				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	72,806	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	44,126	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	111	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	PULMONARY REHAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,163	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	435,510	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	3,986	90.05
90.06	09006	WOUND CARE	0	0	0	0	22,146	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	0	0	28,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	56,978	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	0	54,867	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	719,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
		4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	72,806	72,806	468,339,955	0.000155	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	143,119,766	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	65,602,811	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	28,460,894	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	163,828,483	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	50,173,494	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	44,126	44,126	113,053,352	0.000390	59.00	
60.00	06000	LABORATORY	0	0	0	233,064,665	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	111	111	7,696,236	0.000014	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	91,439,236	0.000000	65.00	
65.01	06501	PULMONARY REHAB	0	0	0	1,310	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	80,221,615	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	1,163	1,163	67,740,971	0.000017	69.00	
69.01	06901	CARDIAC REHAB	0	0	0	3,897,511	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,680,538	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,059,721	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	435,510	435,510	376,337,819	0.001157	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	10,782,765	0.000000	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	4,985,038	0.000000	90.00	
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,507,595	0.000000	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,939,070	0.000000	90.02	
90.03	09003	CHEMO	0	0	0	26,340,525	0.000000	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,276,142	0.000000	90.04	
90.05	09005	PAIN MANAGEMENT	0	3,986	3,986	38,643,255	0.000103	90.05	
90.06	09006	WOUND CARE	0	22,146	22,146	10,581,025	0.002093	90.06	
90.07	09007	SLEEP CENTER	0	0	0	9,860,355	0.000000	90.07	
90.08	09008	HEMATOLOGY	0	0	0	4,018,588	0.000000	90.08	
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	1,280,241	0.000000	90.09	
91.00	09100	EMERGENCY	0	28,070	28,070	261,509,858	0.000107	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	56,978	56,978	16,832,025	0.003385	92.00	
92.01	09201	OBSERVATION UNIT	0	54,867	54,867	15,949,846	0.003440	92.01	
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	33,506,008	0.000000	96.00	
200.00		Total (lines 50 through 199)	0	719,763	719,763	2,469,730,713		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000155	78,150,716	12,113	52,263,230	8,101	50.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	18,173,564	0	27,256,276	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	680,374	0	25,123,699	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	3,058,969	0	7,828,121	0	56.00	
57.00	05700 CT SCAN	0.000000	20,835,368	0	32,949,908	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,292,310	0	9,794,423	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000390	30,143,532	11,756	20,615,511	8,040	59.00	
60.00	06000 LABORATORY	0.000000	35,939,730	0	15,655,371	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000014	3,447,521	48	84,266	1	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	39,906,213	0	2,089,727	0	65.00	
65.01	06501 PULMONARY REHAB	0.000000	0	0	0	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	25,008,153	0	816,673	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000017	12,050,986	205	15,996,016	272	69.00	
69.01	06901 CARDIAC REHAB	0.000000	2,030	0	1,675,787	0	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,932,927	0	4,219,087	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	29,061,564	0	9,816,626	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001157	69,193,163	80,056	83,444,944	96,546	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	5,703,227	0	41,178	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	7,294	0	2,029,959	0	90.00	
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	4,722	0	397,766	0	90.01	
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	185,713	0	90.02	
90.03	09003 CHEMO	0.000000	73,727	0	10,306,730	0	90.03	
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	9,175	0	1,427,955	0	90.04	
90.05	09005 PAIN MANAGEMENT	0.000103	1,766	0	15,578,835	1,605	90.05	
90.06	09006 WOUND CARE	0.002093	306,486	641	5,332,036	11,160	90.06	
90.07	09007 SLEEP CENTER	0.000000	1,358	0	2,839,171	0	90.07	
90.08	09008 HEMATOLOGY	0.000000	8,061	0	1,605,273	0	90.08	
90.09	09009 MULTI-SPECIALTY CLINIC	0.000000	0	0	470,701	0	90.09	
91.00	09100 EMERGENCY	0.000107	39,383,389	4,214	32,382,115	3,465	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.003385	2,449,732	8,292	2,479,561	8,393	92.00	
92.01	09201 OBSERVATION UNIT	0.003440	3,522,682	12,118	2,376,784	8,176	92.01	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
200.00	Total (lines 50 through 199)		431,348,739	129,443	387,083,442	145,759	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/27/2020 7:55 am
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		Title XVIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.218752	52,263,230	0	13	11,432,686	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122194	27,256,276	18	14,835	3,330,553	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161395	25,123,699	4	3,532	4,054,839	55.00
56.00	05600	RADIOISOTOPE	0.110211	7,828,121	0	0	862,745	56.00
57.00	05700	CT SCAN	0.045908	32,949,908	0	0	1,512,664	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105497	9,794,423	0	0	1,033,282	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150635	20,615,511	0	10	3,105,417	59.00
60.00	06000	LABORATORY	0.207997	15,655,371	0	0	3,256,270	60.00
64.00	06400	INTRAVENOUS THERAPY	0.366293	84,266	0	0	30,866	64.00
65.00	06500	RESPIRATORY THERAPY	0.086647	2,089,727	0	0	181,069	65.00
65.01	06501	PULMONARY REHAB	34.158015	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.149938	816,673	0	0	122,450	66.00
69.00	06900	ELECTROCARDIOLOGY	0.084234	15,996,016	0	0	1,347,408	69.00
69.01	06901	CARDIAC REHAB	0.270420	1,675,787	0	0	453,166	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784	4,219,087	0	0	1,066,518	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344529	9,816,626	0	0	3,382,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244507	83,444,944	388	328,833	20,402,873	73.00
74.00	07400	RENAL DIALYSIS	0.174036	41,178	0	0	7,166	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.693162	2,029,959	0	0	1,407,090	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.426897	397,766	0	80	169,805	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.245167	185,713	0	0	45,531	90.02
90.03	09003	CHEMO	0.105431	10,306,730	0	0	1,086,649	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.766969	1,427,955	1	1,023	1,095,197	90.04
90.05	09005	PAIN MANAGEMENT	0.118401	15,578,835	0	0	1,844,550	90.05
90.06	09006	WOUND CARE	0.199121	5,332,036	6	5,298	1,061,720	90.06
90.07	09007	SLEEP CENTER	0.340229	2,839,171	0	0	965,968	90.07
90.08	09008	HEMATOLOGY	0.251425	1,605,273	0	0	403,606	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0.646873	470,701	0	0	304,484	90.09
91.00	09100	EMERGENCY	0.120604	32,382,115	0	124	3,905,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494466	2,479,561	0	43	1,226,059	92.00
92.01	09201	OBSERVATION UNIT	0.502157	2,376,784	0	58	1,193,519	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.350377	0	0	0	0	96.00
200.00		Subtotal (see instructions)		387,083,442	417	353,849	70,291,675	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		387,083,442	417	353,849	70,291,675	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	3		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	1,813		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1	570		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2		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
65.01 06501 PULMONARY REHAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	95	80,402		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	34		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		90.02
90.03 09003 CHEMO	0	0		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	1	785		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
90.06 09006 WOUND CARE	1	1,055		90.06
90.07 09007 SLEEP CENTER	0	0		90.07
90.08 09008 HEMATOLOGY	0	0		90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0	0		90.09
91.00 09100 EMERGENCY	0	15		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21		92.00
92.01 09201 OBSERVATION UNIT	0	29		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	100	84,729		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	100	84,729		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part II Date/Time Prepared: 2/27/2020 7:55 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,863,766	468,339,955	0.023196	44,392	1,030	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,832,196	143,119,766	0.019789	3,818	76	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	689,431	65,602,811	0.010509	0	0	55.00
56.00	05600	RADIOISOTOPE	548,969	28,460,894	0.019289	0	0	56.00
57.00	05700	CT SCAN	1,979,438	163,828,483	0.012082	9,940	120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,619,646	50,173,494	0.032281	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,576,665	113,053,352	0.022792	0	0	59.00
60.00	06000	LABORATORY	4,159,973	233,064,665	0.017849	87,557	1,563	60.00
64.00	06400	INTRAVENOUS THERAPY	123,433	7,696,236	0.016038	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	523,859	91,439,236	0.005729	0	0	65.00
65.01	06501	PULMONARY REHAB	2,628	1,310	2.006107	0	0	65.01
66.00	06600	PHYSICAL THERAPY	473,466	80,221,615	0.005902	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,075,875	67,740,971	0.015882	0	0	69.00
69.01	06901	CARDIAC REHAB	169,631	3,897,511	0.043523	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,693	39,680,538	0.006671	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	826,669	91,059,721	0.009078	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,490,520	376,337,819	0.006618	192,617	1,275	73.00
74.00	07400	RENAL DIALYSIS	63,998	10,782,765	0.005935	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	341,868	4,985,038	0.068579	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	189,138	4,507,595	0.041960	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	35,109	4,939,070	0.007108	0	0	90.02
90.03	09003	CHEMO	466,662	26,340,525	0.017717	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	82,444	2,276,142	0.036221	0	0	90.04
90.05	09005	PAIN MANAGEMENT	451,063	38,643,255	0.011672	0	0	90.05
90.06	09006	WOUND CARE	163,034	10,581,025	0.015408	0	0	90.06
90.07	09007	SLEEP CENTER	247,732	9,860,355	0.025124	0	0	90.07
90.08	09008	HEMATOLOGY	119,152	4,018,588	0.029650	0	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	226,508	1,280,241	0.176926	0	0	90.09
91.00	09100	EMERGENCY	2,393,629	261,509,858	0.009153	203,504	1,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,832,025	0.000000	1,341	0	92.00
92.01	09201	OBSERVATION UNIT	1,198,637	15,949,846	0.075150	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	692,509	33,506,008	0.020668	0	0	96.00
200.00		Total (lines 50 through 199)	37,892,341	2,469,730,713		543,169	5,927	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
Title XVIII		Subprovider - IPF	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	72,806	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	44,126	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	111	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	1,163	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	435,510	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 CHEMO	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	3,986	90.05
90.06	09006 WOUND CARE	0	0	0	0	22,146	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	28,070	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0	0	0	0	54,867	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (Lines 50 through 199)	0	0	0	0	662,785	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	72,806	72,806	468,339,955	0.000155	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	143,119,766	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	65,602,811	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	28,460,894	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	163,828,483	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	50,173,494	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	44,126	44,126	113,053,352	0.000390	59.00
60.00 06000 LABORATORY	0	0	0	233,064,665	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	111	111	7,696,236	0.000014	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	91,439,236	0.000000	65.00
65.01 06501 PULMONARY REHAB	0	0	0	1,310	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	80,221,615	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	1,163	1,163	67,740,971	0.000017	69.00
69.01 06901 CARDIAC REHAB	0	0	0	3,897,511	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,680,538	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,059,721	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	435,510	435,510	376,337,819	0.001157	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	10,782,765	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,985,038	0.000000	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	4,507,595	0.000000	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,939,070	0.000000	90.02
90.03 09003 CHEMO	0	0	0	26,340,525	0.000000	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	2,276,142	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	0	3,986	3,986	38,643,255	0.000103	90.05
90.06 09006 WOUND CARE	0	22,146	22,146	10,581,025	0.002093	90.06
90.07 09007 SLEEP CENTER	0	0	0	9,860,355	0.000000	90.07
90.08 09008 HEMATOLOGY	0	0	0	4,018,588	0.000000	90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0	0	0	1,280,241	0.000000	90.09
91.00 09100 EMERGENCY	0	28,070	28,070	261,509,858	0.000107	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,832,025	0.000000	92.00
92.01 09201 OBSERVATION UNIT	0	54,867	54,867	15,949,846	0.003440	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	33,506,008	0.000000	96.00
200.00 Total (lines 50 through 199)	0	662,785	662,785	2,469,730,713		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am		
Title XVIII			Subprovider - IPF	PPS		
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000155	44,392	7	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,818	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	9,940	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000390	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	87,557	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000014	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01 06501 PULMONARY REHAB	0.000000	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000017	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	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	0.001157	192,617	223	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03 09003 CHEMO	0.000000	0	0	0	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.000103	0	0	0	0	90.05
90.06 09006 WOUND CARE	0.002093	0	0	0	0	90.06
90.07 09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0.000000	0	0	0	0	90.09
91.00 09100 EMERGENCY	0.000107	203,504	22	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,341	0	0	0	92.00
92.01 09201 OBSERVATION UNIT	0.003440	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00 Total (lines 50 through 199)		543,169	252	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part I Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XIX Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	14,091,609	0	14,091,609	130,986	107.58	30.00	
31.00	INTENSIVE CARE UNIT	2,336,206		2,336,206	17,918	130.38	31.00	
32.00	CORONARY CARE UNIT	424,560		424,560	4,418	96.10	32.00	
40.00	SUBPROVIDER - IPF	196,223	0	196,223	3,518	55.78	40.00	
200.00	Total (lines 30 through 199)	17,048,598		17,048,598	156,840		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,799	408,696					30.00
31.00	INTENSIVE CARE UNIT	769	100,262					31.00
32.00	CORONARY CARE UNIT	322	30,944					32.00
40.00	SUBPROVIDER - IPF	407	22,702					40.00
200.00	Total (lines 30 through 199)	5,297	562,604					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,863,766	468,339,955	0.023196	3,227,693	74,870	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,832,196	143,119,766	0.019789	1,167,213	23,098	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	689,431	65,602,811	0.010509	60,835	639	55.00
56.00	05600	RADIOISOTOPE	548,969	28,460,894	0.019289	134,254	2,590	56.00
57.00	05700	CT SCAN	1,979,438	163,828,483	0.012082	1,389,674	16,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,619,646	50,173,494	0.032281	253,667	8,189	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,576,665	113,053,352	0.022792	861,235	19,629	59.00
60.00	06000	LABORATORY	4,159,973	233,064,665	0.017849	2,448,808	43,709	60.00
64.00	06400	INTRAVENOUS THERAPY	123,433	7,696,236	0.016038	277,420	4,449	64.00
65.00	06500	RESPIRATORY THERAPY	523,859	91,439,236	0.005729	2,984,109	17,096	65.00
65.01	06501	PULMONARY REHAB	2,628	1,310	2.006107	0	0	65.01
66.00	06600	PHYSICAL THERAPY	473,466	80,221,615	0.005902	1,084,883	6,403	66.00
69.00	06900	ELECTROCARDIOLOGY	1,075,875	67,740,971	0.015882	434,615	6,903	69.00
69.01	06901	CARDIAC REHAB	169,631	3,897,511	0.043523	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,693	39,680,538	0.006671	425,739	2,840	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	826,669	91,059,721	0.009078	864,799	7,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,490,520	376,337,819	0.006618	4,705,641	31,142	73.00
74.00	07400	RENAL DIALYSIS	63,998	10,782,765	0.005935	344,550	2,045	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	341,868	4,985,038	0.068579	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	189,138	4,507,595	0.041960	1,246	52	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	35,109	4,939,070	0.007108	0	0	90.02
90.03	09003	CHEMO	466,662	26,340,525	0.017717	1,124	20	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	82,444	2,276,142	0.036221	0	0	90.04
90.05	09005	PAIN MANAGEMENT	451,063	38,643,255	0.011672	234	3	90.05
90.06	09006	WOUND CARE	163,034	10,581,025	0.015408	12,528	193	90.06
90.07	09007	SLEEP CENTER	247,732	9,860,355	0.025124	0	0	90.07
90.08	09008	HEMATOLOGY	119,152	4,018,588	0.029650	0	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	226,508	1,280,241	0.176926	0	0	90.09
91.00	09100	EMERGENCY	2,393,629	261,509,858	0.009153	3,054,791	27,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,056,663	16,832,025	0.062777	92,977	5,837	92.00
92.01	09201	OBSERVATION UNIT	1,198,637	15,949,846	0.075150	194,749	14,635	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	692,509	33,506,008	0.020668	0	0	96.00
200.00		Total (lines 50 through 199)	38,949,004	2,469,730,713		24,022,784	316,944	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part III Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description			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	759,819	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	237,463	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	997,282	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	759,819	130,986	5.80	3,799	30.00	
31.00	03100	INTENSIVE CARE UNIT		237,463	17,918	13.25	769	31.00	
32.00	03200	CORONARY CARE UNIT		0	4,418	0.00	322	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,518	0.00	407	40.00	
200.00		Total (lines 30 through 199)		997,282	156,840		5,297	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	22,034						30.00
31.00	03100	INTENSIVE CARE UNIT	10,189						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	32,223						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description	Title XIX			Hospital		PPS		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	72,806	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	44,126	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	111	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	PULMONARY REHAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,163	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	435,510	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	3,986	90.05
90.06	09006	WOUND CARE	0	0	0	0	22,146	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	0	0	28,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	0	54,867	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	662,785	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet D
Part IV
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	72,806	72,806	468,339,955	0.000155	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	143,119,766	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	65,602,811	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	28,460,894	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	163,828,483	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	50,173,494	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,126	44,126	113,053,352	0.000390	59.00
60.00	06000	LABORATORY	0	0	0	233,064,665	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	111	111	7,696,236	0.000014	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	91,439,236	0.000000	65.00
65.01	06501	PULMONARY REHAB	0	0	0	1,310	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	80,221,615	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,163	1,163	67,740,971	0.000017	69.00
69.01	06901	CARDIAC REHAB	0	0	0	3,897,511	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,680,538	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,059,721	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	435,510	435,510	376,337,819	0.001157	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,782,765	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,985,038	0.000000	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,507,595	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,939,070	0.000000	90.02
90.03	09003	CHEMO	0	0	0	26,340,525	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,276,142	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	3,986	3,986	38,643,255	0.000103	90.05
90.06	09006	WOUND CARE	0	22,146	22,146	10,581,025	0.002093	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,860,355	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	4,018,588	0.000000	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	1,280,241	0.000000	90.09
91.00	09100	EMERGENCY	0	28,070	28,070	261,509,858	0.000107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,832,025	0.000000	92.00
92.01	09201	OBSERVATION UNIT	0	54,867	54,867	15,949,846	0.003440	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	33,506,008	0.000000	96.00
200.00		Total (lines 50 through 199)	0	662,785	662,785	2,469,730,713		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000155	3,227,693	500	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,167,213	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	60,835	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	134,254	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,389,674	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	253,667	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000390	861,235	336	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,448,808	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000014	277,420	4	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,984,109	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,084,883	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000017	434,615	7	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	425,739	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	864,799	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001157	4,705,641	5,444	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	344,550	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	1,246	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000000	1,124	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000103	234	0	0	0	90.05
90.06	09006 WOUND CARE	0.002093	12,528	26	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000107	3,054,791	327	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92,977	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0.003440	194,749	670	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		24,022,784	7,314	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/27/2020 7:55 am
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		Title XIX		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.218752	0	0	2,173,429	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122194	0	0	1,725,710	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161395	0	0	623,858	0	55.00
56.00	05600	RADIOISOTOPE	0.110211	0	0	266,862	0	56.00
57.00	05700	CT SCAN	0.045908	0	0	1,949,562	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105497	0	0	289,961	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150635	0	0	331,916	0	59.00
60.00	06000	LABORATORY	0.207997	0	0	2,759,078	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.366293	0	0	4,374	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.086647	0	0	165,697	0	65.00
65.01	06501	PULMONARY REHAB	34.158015	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.149938	0	0	118,507	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.084234	0	0	228,458	0	69.00
69.01	06901	CARDIAC REHAB	0.270420	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784	0	0	163,675	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344529	0	0	247,657	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244507	0	0	2,032,645	0	73.00
74.00	07400	RENAL DIALYSIS	0.174036	0	0	39,066	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.693162	0	0	32,884	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.426897	0	0	255,589	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.245167	0	0	0	0	90.02
90.03	09003	CHEMO	0.105431	0	0	163,665	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.766969	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.118401	0	0	203,086	0	90.05
90.06	09006	WOUND CARE	0.199121	0	0	168,245	0	90.06
90.07	09007	SLEEP CENTER	0.340229	0	0	111,129	0	90.07
90.08	09008	HEMATOLOGY	0.251425	0	0	32,761	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0.646873	0	0	8,164	0	90.09
91.00	09100	EMERGENCY	0.120604	0	0	6,452,190	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494466	0	0	411,600	0	92.00
92.01	09201	OBSERVATION UNIT	0.502157	0	0	257,042	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.350377	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	0	21,216,810	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	21,216,810	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/27/2020 7:55 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	475,442		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	210,871		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	100,688		55.00
56.00 05600 RADIOISOTOPE	0	29,411		56.00
57.00 05700 CT SCAN	0	89,500		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	30,590		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	49,998		59.00
60.00 06000 LABORATORY	0	573,880		60.00
64.00 06400 INTRAVENOUS THERAPY	0	1,602		64.00
65.00 06500 RESPIRATORY THERAPY	0	14,357		65.00
65.01 06501 PULMONARY REHAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	17,769		66.00
69.00 06900 ELECTROCARDIOLOGY	0	19,244		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,374		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	85,325		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	496,996		73.00
74.00 07400 RENAL DIALYSIS	0	6,799		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	22,794		90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	109,110		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		90.02
90.03 09003 CHEMO	0	17,255		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	24,046		90.05
90.06 09006 WOUND CARE	0	33,501		90.06
90.07 09007 SLEEP CENTER	0	37,809		90.07
90.08 09008 HEMATOLOGY	0	8,237		90.08
90.09 09009 MULTI-SPECIALTY CLINIC	0	5,281		90.09
91.00 09100 EMERGENCY	0	778,160		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	203,522		92.00
92.01 09201 OBSERVATION UNIT	0	129,075		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00	Subtotal (see instructions)	0	3,612,636	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	3,612,636	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part II Date/Time Prepared: 2/27/2020 7:55 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,863,766	468,339,955	0.023196	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,832,196	143,119,766	0.019789	1,177	23	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	689,431	65,602,811	0.010509	0	0	55.00
56.00	05600	RADIOISOTOPE	548,969	28,460,894	0.019289	0	0	56.00
57.00	05700	CT SCAN	1,979,438	163,828,483	0.012082	2,206	27	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,619,646	50,173,494	0.032281	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,576,665	113,053,352	0.022792	0	0	59.00
60.00	06000	LABORATORY	4,159,973	233,064,665	0.017849	42,130	752	60.00
64.00	06400	INTRAVENOUS THERAPY	123,433	7,696,236	0.016038	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	523,859	91,439,236	0.005729	0	0	65.00
65.01	06501	PULMONARY REHAB	2,628	1,310	2.006107	0	0	65.01
66.00	06600	PHYSICAL THERAPY	473,466	80,221,615	0.005902	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,075,875	67,740,971	0.015882	300	5	69.00
69.01	06901	CARDIAC REHAB	169,631	3,897,511	0.043523	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,693	39,680,538	0.006671	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	826,669	91,059,721	0.009078	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,490,520	376,337,819	0.006618	34,697	230	73.00
74.00	07400	RENAL DIALYSIS	63,998	10,782,765	0.005935	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	341,868	4,985,038	0.068579	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	189,138	4,507,595	0.041960	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	35,109	4,939,070	0.007108	0	0	90.02
90.03	09003	CHEMO	466,662	26,340,525	0.017717	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	82,444	2,276,142	0.036221	0	0	90.04
90.05	09005	PAIN MANAGEMENT	451,063	38,643,255	0.011672	0	0	90.05
90.06	09006	WOUND CARE	163,034	10,581,025	0.015408	0	0	90.06
90.07	09007	SLEEP CENTER	247,732	9,860,355	0.025124	0	0	90.07
90.08	09008	HEMATOLOGY	119,152	4,018,588	0.029650	0	0	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	226,508	1,280,241	0.176926	0	0	90.09
91.00	09100	EMERGENCY	2,393,629	261,509,858	0.009153	83,945	768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,832,025	0.000000	2,533	0	92.00
92.01	09201	OBSERVATION UNIT	1,198,637	15,949,846	0.075150	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	692,509	33,506,008	0.020668	0	0	96.00
200.00		Total (lines 50 through 199)	37,892,341	2,469,730,713		166,988	1,805	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
	Title XIX	Subprovider - IPF	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	72,806	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	44,126	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	111	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	1,163	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	435,510	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 CHEMO	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	3,986	90.05
90.06	09006 WOUND CARE	0	0	0	0	22,146	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	28,070	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0	0	0	0	54,867	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (Lines 50 through 199)	0	0	0	0	662,785	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	72,806	72,806	468,339,955	0.000155	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	143,119,766	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	65,602,811	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	28,460,894	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	163,828,483	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	50,173,494	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,126	44,126	113,053,352	0.000390	59.00
60.00	06000	LABORATORY	0	0	0	233,064,665	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	111	111	7,696,236	0.000014	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	91,439,236	0.000000	65.00
65.01	06501	PULMONARY REHAB	0	0	0	1,310	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	80,221,615	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,163	1,163	67,740,971	0.000017	69.00
69.01	06901	CARDIAC REHAB	0	0	0	3,897,511	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,680,538	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,059,721	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	435,510	435,510	376,337,819	0.001157	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,782,765	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,985,038	0.000000	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,507,595	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,939,070	0.000000	90.02
90.03	09003	CHEMO	0	0	0	26,340,525	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,276,142	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	3,986	3,986	38,643,255	0.000103	90.05
90.06	09006	WOUND CARE	0	22,146	22,146	10,581,025	0.002093	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,860,355	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	4,018,588	0.000000	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0	0	0	1,280,241	0.000000	90.09
91.00	09100	EMERGENCY	0	28,070	28,070	261,509,858	0.000107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,832,025	0.000000	92.00
92.01	09201	OBSERVATION UNIT	0	54,867	54,867	15,949,846	0.003440	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	33,506,008	0.000000	96.00
200.00		Total (lines 50 through 199)	0	662,785	662,785	2,469,730,713		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/27/2020 7:55 am
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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	0.000155	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,177	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	2,206	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000390	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	42,130	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000014	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000017	300	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	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	0.001157	34,697	40	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000000	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000103	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.002093	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000107	83,945	9	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,533	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0.003440	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		166,988	49	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		130,986	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		130,986	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)		121,164	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)		52,430	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)		110,993,124	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)		110,993,124	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)		110,993,124	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)		847.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		44,427,609	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)		44,427,609	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	23,323,828	17,918	1,301.70	8,123	10,573,709	43.00
44.00	5,681,781	4,418	1,286.05	1,876	2,412,630	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				81,190,105	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				138,604,053	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)				7,291,504	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				6,318,022	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				13,609,526	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				124,994,527	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)				9,822	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				847.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				8,322,868	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	14,091,609	110,993,124	0.126959	8,322,868	1,056,663	90.00
91.00	Nursing School cost	0	110,993,124	0.000000	8,322,868	0	91.00
92.00	Allied health cost	759,819	110,993,124	0.006846	8,322,868	56,978	92.00
93.00	All other Medical Education	0	110,993,124	0.000000	8,322,868	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,518	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,518	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)		3,518	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)		1,043	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,921,567	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,921,567	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,921,567	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)		546.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		569,697	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)		569,697	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					101,760	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					671,457	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)					58,179	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,179	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					64,358	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					607,099	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: 15-0082 Component CCN: 15-S082		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	196,223	1,921,567	0.102116	0	0	90.00
91.00	Nursing School cost	0	1,921,567	0.000000	0	0	91.00
92.00	Allied health cost	0	1,921,567	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,921,567	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 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)		130,986	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		130,986	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)		121,164	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,799	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)		110,993,124	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)		110,993,124	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)		110,993,124	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)		847.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,219,159	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)		3,219,159	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	23,323,828	17,918	1,301.70	769	1,001,007	43.00	
44.00	5,681,781	4,418	1,286.05	322	414,108	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,309,872	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,944,146	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)					572,125	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					324,258	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					896,383	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,047,763	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)					9,822	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					847.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,322,868	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	14,091,609	110,993,124	0.126959	8,322,868	1,056,663	90.00
91.00	Nursing School cost	0	110,993,124	0.000000	8,322,868	0	91.00
92.00	Allied health cost	759,819	110,993,124	0.006846	8,322,868	56,978	92.00
93.00	All other Medical Education	0	110,993,124	0.000000	8,322,868	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,518	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,518	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)		3,518	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)		407	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,921,567	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,921,567	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,921,567	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)		546.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		222,307	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)		222,307	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,124	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					251,431	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)					22,702	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,854	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					24,556	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					226,875	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					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: 15-0082 Component CCN: 15-S082		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	196,223	1,921,567	0.102116	0	0	90.00
91.00	Nursing School cost	0	1,921,567	0.000000	0	0	91.00
92.00	Allied health cost	0	1,921,567	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,921,567	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/27/2020 7:55 am	
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		72,640,129	30.00
31.00	03100	INTENSIVE CARE UNIT		29,727,474	31.00
32.00	03200	CORONARY CARE UNIT		7,224,885	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220091	78,150,716	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124468	18,173,564	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161395	680,374	55.00
56.00	05600	RADIOISOTOPE	0.110211	3,058,969	56.00
57.00	05700	CT SCAN	0.045908	20,835,368	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105497	4,292,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150635	30,143,532	59.00
60.00	06000	LABORATORY	0.208681	35,939,730	60.00
64.00	06400	INTRAVENOUS THERAPY	0.366293	3,447,521	64.00
65.00	06500	RESPIRATORY THERAPY	0.086663	39,906,213	65.00
65.01	06501	PULMONARY REHAB	34.158015	0	65.01
66.00	06600	PHYSICAL THERAPY	0.149938	25,008,153	66.00
69.00	06900	ELECTROCARDIOLOGY	0.084234	12,050,986	69.00
69.01	06901	CARDIAC REHAB	0.270420	2,030	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784	9,932,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344529	29,061,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244507	69,193,163	73.00
74.00	07400	RENAL DIALYSIS	0.174146	5,703,227	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.695791	7,294	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.426897	4,722	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.245167	0	90.02
90.03	09003	CHEMO	0.105431	73,727	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.766969	9,175	90.04
90.05	09005	PAIN MANAGEMENT	0.118401	1,766	90.05
90.06	09006	WOUND CARE	0.199121	306,486	90.06
90.07	09007	SLEEP CENTER	0.340318	1,358	90.07
90.08	09008	HEMATOLOGY	0.251425	8,061	90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0.648315	0	90.09
91.00	09100	EMERGENCY	0.122988	39,383,389	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494466	2,449,732	92.00
92.01	09201	OBSERVATION UNIT	0.502157	3,522,682	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.350377	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		431,348,739	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)		431,348,739	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		2,564,666	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.220091	44,392	9,770 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124468	3,818	475 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.161395	0	0 55.00
56.00	05600 RADIOISOTOPE	0.110211	0	0 56.00
57.00	05700 CT SCAN	0.045908	9,940	456 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105497	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150635	0	0 59.00
60.00	06000 LABORATORY	0.208681	87,557	18,271 60.00
64.00	06400 INTRAVENOUS THERAPY	0.366293	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.086663	0	0 65.00
65.01	06501 PULMONARY REHAB	34.158015	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.149938	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.084234	0	0 69.00
69.01	06901 CARDIAC REHAB	0.270420	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.344529	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244507	192,617	47,096 73.00
74.00	07400 RENAL DIALYSIS	0.174146	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.695791	0	0 90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.426897	0	0 90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.245167	0	0 90.02
90.03	09003 CHEMO	0.105431	0	0 90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.766969	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.118401	0	0 90.05
90.06	09006 WOUND CARE	0.199121	0	0 90.06
90.07	09007 SLEEP CENTER	0.340318	0	0 90.07
90.08	09008 HEMATOLOGY	0.251425	0	0 90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0.648315	0	0 90.09
91.00	09100 EMERGENCY	0.122988	203,504	25,029 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.494466	1,341	663 92.00
92.01	09201 OBSERVATION UNIT	0.502157	0	0 92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.350377	0	0 96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		543,169	101,760 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		543,169	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/27/2020 7:55 am	
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		6,415,808	30.00
31.00	03100	INTENSIVE CARE UNIT		2,884,941	31.00
32.00	03200	CORONARY CARE UNIT		1,154,711	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220091	3,227,693	710,386 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124468	1,167,213	145,281 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161395	60,835	9,818 55.00
56.00	05600	RADIOISOTOPE	0.110211	134,254	14,796 56.00
57.00	05700	CT SCAN	0.045908	1,389,674	63,797 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105497	253,667	26,761 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150635	861,235	129,732 59.00
60.00	06000	LABORATORY	0.208681	2,448,808	511,020 60.00
64.00	06400	INTRAVENOUS THERAPY	0.366293	277,420	101,617 64.00
65.00	06500	RESPIRATORY THERAPY	0.086663	2,984,109	258,612 65.00
65.01	06501	PULMONARY REHAB	34.158015	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.149938	1,084,883	162,665 66.00
69.00	06900	ELECTROCARDIOLOGY	0.084234	434,615	36,609 69.00
69.01	06901	CARDIAC REHAB	0.270420	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784	425,739	107,620 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344529	864,799	297,948 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244507	4,705,641	1,150,562 73.00
74.00	07400	RENAL DIALYSIS	0.174146	344,550	60,002 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.695791	0	0 90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.426897	1,246	532 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.245167	0	0 90.02
90.03	09003	CHEMO	0.105431	1,124	119 90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.766969	0	0 90.04
90.05	09005	PAIN MANAGEMENT	0.118401	234	28 90.05
90.06	09006	WOUND CARE	0.199121	12,528	2,495 90.06
90.07	09007	SLEEP CENTER	0.340318	0	0 90.07
90.08	09008	HEMATOLOGY	0.251425	0	0 90.08
90.09	09009	MULTI-SPECIALTY CLINIC	0.648315	0	0 90.09
91.00	09100	EMERGENCY	0.122988	3,054,791	375,703 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494466	92,977	45,974 92.00
92.01	09201	OBSERVATION UNIT	0.502157	194,749	97,795 92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.350377	0	0 96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		24,022,784	4,309,872 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		24,022,784	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/27/2020 7:55 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		1,001,442	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.220091	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124468	1,177	146 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.161395	0	0 55.00
56.00	05600 RADIOISOTOPE	0.110211	0	0 56.00
57.00	05700 CT SCAN	0.045908	2,206	101 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105497	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150635	0	0 59.00
60.00	06000 LABORATORY	0.208681	42,130	8,792 60.00
64.00	06400 INTRAVENOUS THERAPY	0.366293	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.086663	0	0 65.00
65.01	06501 PULMONARY REHAB	34.158015	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.149938	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.084234	300	25 69.00
69.01	06901 CARDIAC REHAB	0.270420	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252784	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.344529	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244507	34,697	8,484 73.00
74.00	07400 RENAL DIALYSIS	0.174146	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.695791	0	0 90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.426897	0	0 90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.245167	0	0 90.02
90.03	09003 CHEMO	0.105431	0	0 90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.766969	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.118401	0	0 90.05
90.06	09006 WOUND CARE	0.199121	0	0 90.06
90.07	09007 SLEEP CENTER	0.340318	0	0 90.07
90.08	09008 HEMATOLOGY	0.251425	0	0 90.08
90.09	09009 MULTI-SPECIALTY CLINIC	0.648315	0	0 90.09
91.00	09100 EMERGENCY	0.122988	83,945	10,324 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.494466	2,533	1,252 92.00
92.01	09201 OBSERVATION UNIT	0.502157	0	0 92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.350377	0	0 96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		166,988	29,124 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		166,988	29,124 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 7:55 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	125,329,371		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)			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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	2,499,837		2.04
3.00	Managed Care Simulated Payments	45,141,977		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	518.72		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)		15.30	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.89	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		16.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.85	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)		16.19	12.00
13.00	Total allowable FTE count for the prior year.		15.30	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.		15.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		15.60	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		15.60	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.030074	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.032774	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030074	21.00
22.00	IME payment adjustment (see instructions)		2,042,743	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		735,769	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).		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.66	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)		2.22	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004280	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001142	27.00
28.00	IME add-on adjustment amount (see instructions)		143,126	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		51,552	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,185,869	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		787,321	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.46	31.00
32.00	Sum of lines 30 and 31		22.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.42	33.00
34.00	Disproportionate share adjustment (see instructions)		2,324,860	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	8,272,872,447 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000704238	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	5,826,075	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	5,826,075	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,826,075		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	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)	138,166,012		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)		138,953,333	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,987,669	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).		859,150	52.00
53.00	Nursing and Allied Health Managed Care payment		509,593	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		411,724	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		129,443	58.00
59.00	Total (sum of amounts on lines 49 through 58)		151,850,912	59.00
60.00	Primary payer payments		89,799	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		151,761,113	61.00
62.00	Deductibles billed to program beneficiaries		12,655,086	62.00
63.00	Coinurance billed to program beneficiaries		536,544	63.00
64.00	Allowable bad debts (see instructions)		1,068,700	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		694,655	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		504,115	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		139,264,138	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		141	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-831,163	70.93
70.94	HRR adjustment amount (see instructions)		-1,566,624	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		136,866,210	71.00
71.01	Sequestration adjustment (see instructions)		2,737,324	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		135,098,145	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)		-969,259	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,693,862	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
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2020 7:55 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	125,329,371	0	0	125,329,371	125,329,371	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	2,499,837	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,499,837	0	0	0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	45,141,977	0	0	45,141,977	45,141,977	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030074	0.030074	0.030074	0.030074		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,042,743	0	0	2,042,743	2,042,743	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	735,769	0	0	735,769	735,769	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	0.001142	0.001142	0.001142	0.001142		7.00
8.00	IME adjustment (see instructions)	28.00	143,126	0	0	143,126	143,126	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	51,552	0	0	51,552	51,552	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,185,869	0	0	2,185,869	2,185,869	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	787,321	0	0	787,321	787,321	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0742	0.0742	0.0742	0.0742		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,324,860	0	0	2,324,860	2,324,860	11.00
11.01	Uncompensated care payments	36.00	5,826,075	0	0	5,826,075	5,826,075	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	138,166,012	0	2,499,837	135,666,175	138,166,012	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	138,953,333	0	2,499,837	136,453,496	138,953,333	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,987,669	0	0	10,987,669	10,987,669	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2020 7:55 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	141	0	0	141	141	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	2,499,837	147,441,306	149,941,143	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	10,124,119	0	0	10,124,119	10,124,119	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	270,277	0	0	270,277	270,277	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0129	0.0129	0.0129	0.0129		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	130,601	0	0	130,601	130,601	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0457	0.0457	0.0457	0.0457		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	462,672	0	0	462,672	462,672	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,987,669	0	0	10,987,669	10,987,669	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 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	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	125,329,371		125,329,371	125,329,371	125,329,371	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	2,499,837			0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,499,837		0	0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	45,141,977	0	45,141,977	45,141,977	45,141,977	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030074	0.030074	0.030074			5.00
6.00	IME payment adjustment (see instructions)	22.00	2,042,743	0	2,042,743	2,042,743	2,042,743	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	735,769	0	735,769	735,769	735,769	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	0.001142	0.001142	0.001142			7.00
8.00	IME adjustment (see instructions)	28.00	143,126	0	143,126	143,126	143,126	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	51,552	0	51,552	51,552	51,552	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,185,869	0	2,185,869	2,185,869	2,185,869	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	787,321	0	787,321	787,321	787,321	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0742	0.0742	0.0742			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,324,860	0	2,324,860	2,324,860	2,324,860	11.00
11.01	Uncompensated care payments	36.00	5,826,075	0	5,826,075	5,826,075	5,826,075	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	138,166,012	2,499,837	135,666,175	138,166,012	138,166,012	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	138,953,333	2,499,837	136,453,496	138,953,333	138,953,333	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,987,669	0	10,987,669	10,987,669	10,987,669	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	141	0	141	141	141	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			2,499,837	147,441,306	149,941,143	149,941,143	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2020 7:55 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	10,124,119	0	10,124,119	10,124,119	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	270,277	0	270,277	270,277	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	0.0129	0.0129	0.0129		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	130,601	0	130,601	130,601	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0457	0.0457	0.0457		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	462,672	0	462,672	462,672	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,987,669	0	10,987,669	10,987,669	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	-831,163	0	-831,163	-831,163	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	-1,566,624	0	-1,566,624	-1,566,624	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		84,829	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		70,145,916	2.00
3.00	OPPS payments		81,487,347	3.00
4.00	Outlier payment (see instructions)		32,208	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		145,759	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		84,829	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		354,266	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)		354,266	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		354,266	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		269,437	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)		84,829	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		81,665,314	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)		14,985,019	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)		66,765,124	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		434,291	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)		67,199,415	30.00
31.00	Primary payer payments		19,590	31.00
32.00	Subtotal (line 30 minus line 31)		67,179,825	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)		1,331,328	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		865,363	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		950,582	36.00
37.00	Subtotal (see instructions)		68,045,188	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-603	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		10,837	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		68,045,791	40.00
40.01	Sequestration adjustment (see instructions)		1,360,916	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		66,593,875	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		91,000	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,603,513	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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2020 7:55 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		135,098,145		66,593,875	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)		135,098,145		66,593,875	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		91,000	6.01	
6.02	SETTLEMENT TO PROGRAM		969,259		0	6.02	
7.00	Total Medicare program liability (see instructions)		134,128,886		66,684,875	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: 15-0082

Period:

Worksheet E-1

Component CCN: 15-S082

From 10/01/2018
To 09/30/2019

Part I
Date/Time Prepared:
2/27/2020 7:55 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		676,352		0	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)		676,352		0	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		4,499		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		680,851		0	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: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet E-1 Part II Date/Time Prepared: 2/27/2020 7:55 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: 15-0082 Component CCN: 15-S082	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part II Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			802,980 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			4,980 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			9.638356 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			807,960 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			807,960 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			807,960 18.00
19.00	Deductibles			73,224 19.00
20.00	Subtotal (line 18 minus line 19)			734,736 20.00
21.00	Coinsurance			44,581 21.00
22.00	Subtotal (line 20 minus line 21)			690,155 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,676 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			4,339 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,680 25.00
26.00	Subtotal (sum of lines 22 and 24)			694,494 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			252 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			694,746 31.00
31.01	Sequestration adjustment (see instructions)			13,895 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			676,352 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			4,499 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/27/2020 7:55 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.			18.00	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			1.40	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))			0.93	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)			17.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.12	6.00
7.00	Enter the lesser of line 5 or line 6			17.53	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.	20.12	0.00	20.12	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.	17.53	0.00	17.53	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	17.53	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.91	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	16.91	0.00		17.00
18.00	Per resident amount	132,001.82	0.00		18.00
19.00	Approved amount for resident costs	2,232,151	0	2,232,151	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)			2.59	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)			2,232,151	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	63,472	25,293		26.00
27.00	Total Inpatient Days (see instructions)	147,018	147,018		27.00
28.00	Ratio of inpatient days to total inpatient days	0.431729	0.172040		28.00
29.00	Program direct GME amount	963,684	384,019		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		54,262		30.00
31.00	Net Program direct GME amount			1,293,441	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/27/2020 7:55 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)		10,782,765	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)		139,275,510	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)		89,799	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		139,185,711	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		70,376,504	42.00
43.00	Primary payer payments (see instructions)		19,590	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		70,356,914	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		209,542,625	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.664236	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.335764	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,293,441	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		859,150	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		434,291	50.00

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

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet G

Date/Time Prepared:
2/27/2020 7:55 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	83,503,991	0	0	0	1.00
2.00	Temporary investments	78,838	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	126,768,494	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,388,324	0	0	0	7.00
8.00	Prepaid expenses	12,822,146	0	0	0	8.00
9.00	Other current assets	31,213,948	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	261,775,741	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,273,426	0	0	0	12.00
13.00	Land improvements	9,052,838	0	0	0	13.00
14.00	Accumulated depreciation	-5,290,712	0	0	0	14.00
15.00	Buildings	710,935,772	0	0	0	15.00
16.00	Accumulated depreciation	-346,440,792	0	0	0	16.00
17.00	Leasehold improvements	303,041,949	0	0	0	17.00
18.00	Accumulated depreciation	-229,343,496	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	459,228,985	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	811,730,231	15,725,770	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	105,529,680	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	917,259,911	15,725,770	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,638,264,637	15,725,770	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	47,264,850	0	0	0	37.00
38.00	Salaries, wages, and fees payable	42,308,899	0	0	0	38.00
39.00	Payroll taxes payable	1,742,964	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,404,455	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,203,209	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	101,924,377	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	339,645,136	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	109,134,507	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	448,779,643	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	550,704,020	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,087,560,617				52.00
53.00	Specific purpose fund		15,725,770			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)	1,087,560,617	15,725,770	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,638,264,637	15,725,770	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-1

Date/Time Prepared:
2/27/2020 7:55 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		1,056,537,424		15,712,432		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		157,277,598				2.00
3.00	Total (sum of line 1 and line 2)		1,213,815,022		15,712,432		3.00
4.00	RESTRICTED CONTRIBUTIONS	0		668,862		0	4.00
5.00	INVESTMENT RETURN	0		45,850		0	5.00
6.00	RESTRICTED REALIZED INVESTMENT INCOM	0		-648,790		0	6.00
7.00	ROUNDING	1		-2		0	7.00
8.00		0		0		0	8.00
9.00	RECLASSIFICATION OF NET UNREALIZED	4,645,143		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,645,144		65,920		10.00
11.00	Subtotal (line 3 plus line 10)		1,218,460,166		15,778,352		11.00
12.00	TRANSFERS	84,123,685		0		0	12.00
13.00	BENEFIT RELATED CHANGES	46,775,864		0		0	13.00
14.00	CHANGE IN BENEFICIAL TRUST	0		36,449		0	14.00
15.00	NET UNREALIZED LOSS ON INVESTMENTS	0		16,133		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)		130,899,549		52,582		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,087,560,617		15,725,770		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	RESTRICTED CONTRIBUTIONS		0				4.00
5.00	INVESTMENT RETURN		0				5.00
6.00	RESTRICTED REALIZED INVESTMENT INCOM		0				6.00
7.00	ROUNDING		0				7.00
8.00			0				8.00
9.00	RECLASSIFICATION OF NET UNREALIZED		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	TRANSFERS		0				12.00
13.00	BENEFIT RELATED CHANGES		0				13.00
14.00	CHANGE IN BENEFICIAL TRUST		0				14.00
15.00	NET UNREALIZED LOSS ON INVESTMENTS		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: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2020 7:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	220,750,481		220,750,481	1.00
2.00	SUBPROVIDER - IPF	8,668,860		8,668,860	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF		0	0	5.00
6.00	Swing bed - NF		0	0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	229,419,341		229,419,341	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	66,974,387		66,974,387	11.00
12.00	CORONARY CARE UNIT	17,484,558		17,484,558	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	84,458,945		84,458,945	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	313,878,286		313,878,286	17.00
18.00	Ancillary services	911,008,921	1,158,042,371	2,069,051,292	18.00
19.00	Outpatient services	104,426,684	433,315,205	537,741,889	19.00
20.00	RURAL HEALTH CLINIC		0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)		0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,329,313,891	1,591,357,576	2,920,671,467	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		887,859,125		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)		887,859,125		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-3

Date/Time Prepared:
2/27/2020 7:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,920,671,467	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,959,938,353	2.00
3.00	Net patient revenues (line 1 minus line 2)	960,733,114	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	887,859,125	4.00
5.00	Net income from service to patients (line 3 minus line 4)	72,873,989	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	19,244,791	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	65,158,817	24.00
25.00	Total other income (sum of lines 6-24)	84,403,608	25.00
26.00	Total (line 5 plus line 25)	157,277,597	26.00
27.00	ROUNDING	-1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	157,277,598	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,124,119	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		270,277	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)		393.15	3.00
4.00	Number of interns & residents (see instructions)		17.82	4.00
5.00	Indirect medical education percentage (see instructions)		1.29	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)		130,601	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.61	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.46	8.00
9.00	Sum of lines 7 and 8		22.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.57	10.00
11.00	Disproportionate share adjustment (see instructions)		462,672	11.00
12.00	Total prospective capital payments (see instructions)		10,987,669	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