

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet S
Parts I-III
Date/Time Prepared:
11/26/2018 11:42 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2018	Time: 11:42 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:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	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 ST. JOHN'S HOSPITAL (14-0053) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	292,939	21,466	0	0	1.00
2.00	Subprovider - IPF	0	59,209	42		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	352,148	21,508	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: 14-0053		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 3:53 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 800 EAST CARPENTER			PO Box:				1.00		
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62769		County: SANGAMON		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. JOHN'S HOSPITAL	140053	44100	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		ST. JOHN'S HOSPITAL PSYCH UNIT	14S053	44100	4	07/03/1984	N	P	O
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		ST. JOHN'S HOSPITAL TCU	145225	44100		06/01/1977	N	P	O
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		ST. JOHN'S HOME HEALTH AGENCY	147222	44100		01/01/1983	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ST. JOHN'S HOSPITAL HOSPICE PROGRAM	141503	44100		05/24/1984			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017		06/30/2018	
21.00	Type of Control (see instructions)						1			
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	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y	
22.02	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	
22.03	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	
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.						1		N	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			11,892	15,767	0	0	3,380	450	
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 3:53 pm		
		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.	0				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.	N				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) or (ii)? 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) or (ii)? 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	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

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

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Part I
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
65.01				0.00	0.00	0.000000	65.01
65.02				0.00	0.00	0.000000	65.02
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
67.01				0.00	0.00	0.000000	67.01
67.02				0.00	0.00	0.000000	67.02
					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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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.		Y		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 3:53 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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
						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
						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
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.				2		118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	951,134		5,626,665		7,094,483	
						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							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0053		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 3:53 pm	
			1.00		2.00			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		148005		140.00
			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: HOSPITAL SISTERS HEALTH SYSTEM		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00	
142.00	Street: 4936 LAVERNA ROAD		PO Box:				142.00	
143.00	City: SPRINGFIELD		State: IL		Zip Code: 62794		143.00	
			1.00					
144.00	Are provider based physicians' costs included in Worksheet A?			Y				144.00
			1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
			1.00					
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00
			Part A		Part B		Title V	
			1.00		2.00		3.00	
			Title XIX		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	
156.00	Subprovider - IPF		N		N		N	
157.00	Subprovider - IRF		N		N		N	
158.00	SUBPROVIDER							
159.00	SNF		N		N		N	
160.00	HOME HEALTH AGENCY		N		N		N	
161.00	CMHC		N		N		N	
			1.00					
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N				165.00
			Name		County		State	
			0		1.00		2.00	
			Zip Code		CBSA		FTE/Campus	
			3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00		166.00
			1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)			04/01/2017		06/30/2017		170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 3:53 pm
		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: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/20/2018 3:53 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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	Y		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.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/29/2018	Y	09/29/2018
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: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/20/2018 3:53 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBIN		BARBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	HSBS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-544-6464		ROBIN.BARBER@HSBS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/20/2018 3:53 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCOUNTING		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: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
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	275	97,178	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)		275	97,178	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	51	18,055	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 HIGH RISK NEONATAL	35.00	43	15,695	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		369	130,928	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	5,145		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		369				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: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,310	11,768	68,339		1.00
2.00	HMO and other (see instructions)	9,314	6,885			2.00
3.00	HMO IPF Subprovider	31	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	28,310	11,768	68,339		7.00
8.00	INTENSIVE CARE UNIT	5,619	2,928	11,485		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	HIGH RISK NEONATAL	0	7,957	13,192		12.00
13.00	NURSERY		1,289	3,160		13.00
14.00	Total (see instructions)	33,929	23,942	96,176	66.98	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	2,766	107	4,336	3.37	16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	8,890	0	28,663	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	596		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	26.25
27.00	Total (sum of lines 14-26)				70.35	27.00
28.00	Observation Bed Days		730	2,505		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			2,485		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	449	784		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: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,348	5,633	18,602	1.00
2.00 HMO and other (see instructions)			1,805	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 HIGH RISK NEONATAL						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,348	5,633	18,602	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	149	12	278	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/20/2018 3:53 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	146,816,359	-4,028,829	142,787,530	5,154,163.81	27.70 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		369,852	0	369,852	2,086.00	177.30 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	6,684,491	0	6,684,491	250,336.40	26.70 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	1,967	-1,967	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		10,024,841	151,696	10,176,537	303,994.22	33.48 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,304,990	0	5,304,990	73,526.18	72.15 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		2,366,189	0	2,366,189	14,514.54	163.02 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		15,634,232	0	15,634,232	320,781.77	48.74 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		54,065,741	0	54,065,741		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,945,620	0	3,945,620		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		98,143	0	98,143		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,739,723	0	1,739,723		
25.50	Home office wage-related (core)		7,418,431	0	7,418,431		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/20/2018 3:53 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,226,623	-1,358,842	867,781	38,496.76	22.54
27.00	Administrative & General	5.00	19,577,890	-2,349,917	17,227,973	597,770.73	28.82
28.00	Administrative & General under contract (see inst.)		542,051	0	542,051	6,822.22	79.45
29.00	Maintenance & Repairs	6.00	3,978,680	-7,063	3,971,617	106,009.77	37.46
30.00	Operation of Plant	7.00	1,891,716	-6,810	1,884,906	84,535.34	22.30
31.00	Laundry & Linen Service	8.00	1,256,331	-597,603	658,728	49,737.56	13.24
32.00	Housekeeping	9.00	2,616,667	-37,327	2,579,340	212,537.06	12.14
33.00	Housekeeping under contract (see instructions)		18,519	0	18,519	1,156.00	16.02
34.00	Dietary	10.00	2,202,172	-1,606,630	595,542	47,068.95	12.65
35.00	Dietary under contract (see instructions)		6,808	0	6,808	431.65	15.77
36.00	Cafeteria	11.00	0	1,592,113	1,592,113	122,838.97	12.96
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,877,824	-87,123	2,790,701	73,174.67	38.14
39.00	Central Services and Supply	14.00	574,345	-8,319	566,026	39,309.29	14.40
40.00	Pharmacy	15.00	5,300,446	-164,797	5,135,649	122,954.15	41.77
41.00	Medical Records & Medical Records Library	16.00	2,235,684	-22,751	2,212,933	94,989.03	23.30
42.00	Social Service	17.00	0	0	0	0.00	0.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/20/2018 3:53 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	140,699,246	-4,028,829	136,670,417	4,912,237.28	27.82	1.00
2.00	Excluded area salaries (see instructions)	10,026,808	149,729	10,176,537	303,994.22	33.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	130,672,438	-4,178,558	126,493,880	4,608,243.06	27.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,305,411	0	23,305,411	408,822.49	57.01	4.00
5.00	Subtotal wage-related costs (see inst.)	61,582,315	0	61,582,315	0.00	48.68	5.00
6.00	Total (sum of lines 3 thru 5)	215,560,164	-4,178,558	211,381,606	5,017,065.55	42.13	6.00
7.00	Total overhead cost (see instructions)	45,305,756	-4,655,069	40,650,687	1,597,832.15	25.44	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2018 3:53 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		727,178	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)		19,881,240	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		22,152,161	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		1,879,915	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		594,620	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,843,569	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,529,343	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		8,549,294	17.00
18.00	Medicare Taxes - Employers Portion Only		2,070,419	18.00
19.00	Unemployment Insurance		134,385	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		22,591	21.00
22.00	Day Care Cost and Allowances		179,130	22.00
23.00	Tuition Reimbursement		285,383	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		59,849,228	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,304,990	59,849,228	1.00
2.00	Hospital	5,304,990	57,817,531	2.00
3.00	Subprovider - IPF	0	545,857	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,485,840	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ST. JOHN'S HOSPITAL		In Lieu of Form CMS-2552-10			
HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0053 Component CCN: 14-7222		Period: From 07/01/2017 To 06/30/2018		Worksheet S-4 Date/Time Prepared: 11/20/2018 3:53 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,093	121	420	1,634	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	601.00	282.00	1,271.00	2,154.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			12.95	0.00	12.95	5.00
6.00	Direct Nursing Service			20.95	0.00	20.95	6.00
7.00	Nursing Supervisor			0.70	0.00	0.70	7.00
8.00	Physical Therapy Service			6.64	0.00	6.64	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.43	0.00	2.43	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.19	0.00	0.19	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.97	0.00	0.97	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.44	0.00	1.44	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			14010			20.00
20.01				16580			20.01
20.02				19500			20.02
20.03				41180			20.03
20.04				44100			20.04
20.05				99914			20.05
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,894	641	267	113	4,915	21.00
22.00	Skilled Nursing Visit Charges	767,118	126,277	52,402	22,261	968,058	22.00
23.00	Physical Therapy Visits	2,139	86	19	67	2,311	23.00
24.00	Physical Therapy Visit Charges	449,190	18,060	3,990	14,070	485,310	24.00
25.00	Occupational Therapy Visits	846	39	3	28	916	25.00
26.00	Occupational Therapy Visit Charges	177,660	8,190	630	5,880	192,360	26.00
27.00	Speech Pathology Visits	12	6	0	0	18	27.00
28.00	Speech Pathology Visit Charges	2,520	1,260	0	0	3,780	28.00
29.00	Medical Social Service Visits	95	8	1	3	107	29.00
30.00	Medical Social Service Visit Charges	24,700	2,080	260	780	27,820	30.00
31.00	Home Health Aide Visits	522	63	3	35	623	31.00
32.00	Home Health Aide Visit Charges	49,590	5,985	285	3,325	59,185	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,508	843	293	246	8,890	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,470,778	161,852	57,567	46,316	1,736,513	35.00
36.00	Total Number of Episodes (standard/non outlier)	549		101	14	664	36.00
37.00	Total Number of Outlier Episodes		26		4	30	37.00
38.00	Total Non-Routine Medical Supply Charges	80,499	26,327	9,343	4,676	120,845	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/20/2018 3:53 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/20/2018 3:53 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES					201.00
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			0		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 14-0053 Hospice CCN: 14-1503		Period: From 07/01/2017 To 06/30/2018		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/20/2018 3:53 pm	
				Hospice I					
		Unduplicated Days							
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)		
		1.00	2.00	3.00	4.00	5.00	6.00		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
1.00	Hospice Continuous Home Care							1.00	
2.00	Hospice Routine Home Care							2.00	
3.00	Hospice Inpatient Respite Care							3.00	
4.00	Hospice General Inpatient Care							4.00	
5.00	Total Hospice Days							5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
6.00	Number of patients receiving hospice care							6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00	
8.00	Average Length of Stay (line 5 / line 6)							8.00	
9.00	Unduplicated census count							9.00	
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.									
				Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
				1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
10.00	Hospice Continuous Home Care	0	0	0	0	0	0	10.00	
11.00	Hospice Routine Home Care	4,333	128	2,192	6,653	11.00			
12.00	Hospice Inpatient Respite Care	17	2	19	38	12.00			
13.00	Hospice General Inpatient Care	412	29	198	639	13.00			
14.00	Total Hospice Days	4,762	159	2,409	7,330	14.00			
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00			
16.00	Hospice General Inpatient Care	0	0	0	0	16.00			

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/20/2018 3:53 pm
				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)			0.211662 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	69,701,904		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	367,135,486		6.00
7.00	Medicaid cost (line 1 times line 6)	77,708,631		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)	8,006,727		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	369,114		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	443,507		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	8,006,727		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)	12,299,476	25,969,505	38,268,981 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,603,332	25,969,505	28,572,837 21.00
22.00	Payments received from patients for amounts previously written off as charity care	110,099	23,063,002	23,173,101 22.00
23.00	Cost of charity care (line 21 minus line 22)	2,493,233	2,906,503	5,399,736 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)	10,351,961		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,936,217		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,978,795		27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,373,166		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,603,197		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,002,933		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,009,660		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		27,923,309	27,923,309	-12,104,264	15,819,045	1.00
1.01	00101	CAP REL COSTS - CON		0	0	172,418	172,418	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	12,261,892	12,261,892	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,226,623	30,975,887	33,202,510	-593,646	32,608,864	4.00
5.01	00580	COMMUNICATIONS	328,095	305,293	633,388	100,590	733,978	5.01
5.02	00540	INFORMATION SYSTEMS	511,508	28,425,961	28,937,469	59,480	28,996,949	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	622,998	497,824	1,120,822	0	1,120,822	5.03
5.04	00570	ADMITTING	1,428,109	77,941	1,506,050	-9,391	1,496,659	5.04
5.05	00560	PATIENT ACCOUNTING	3,026,109	875,267	3,901,376	213,065	4,114,441	5.05
5.06	00590	OTHER ADMIN & GENERAL	13,661,071	109,971,000	123,632,071	-11,876,028	111,756,043	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,978,680	7,939,777	11,918,457	-7,063	11,911,394	6.00
7.00	00700	OPERATION OF PLANT	1,891,716	9,129,377	11,021,093	-249,699	10,771,394	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,256,331	1,705,189	2,961,520	-10,373	2,951,147	8.00
9.00	00900	HOUSEKEEPING	2,616,667	1,561,037	4,177,704	-37,327	4,140,377	9.00
10.00	01000	DIETARY	2,202,172	936,537	3,138,709	-2,283,722	854,987	10.00
11.00	01100	CAFETERIA	0	0	0	2,269,205	2,269,205	11.00
13.00	01300	NURSING ADMINISTRATION	2,877,824	862,437	3,740,261	-87,123	3,653,138	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	574,345	949,098	1,523,443	-826,568	696,875	14.00
15.00	01500	PHARMACY	5,300,446	14,760,170	20,060,616	-13,027,615	7,033,001	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,235,684	1,738,627	3,974,311	-22,751	3,951,560	16.00
20.00	02000	NURSING SCHOOL	2,273,251	473,352	2,746,603	-8,303	2,738,300	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,684,491	74	6,684,565	0	6,684,565	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	11,692,274	11,692,274	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	134,288	4,348	138,636	0	138,636	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	132,688	23,335	156,023	177,625	333,648	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	76,639	7,951	84,590	746	85,336	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,393,393	11,518,764	33,912,157	-2,927,341	30,984,816	30.00
31.00	03100	INTENSIVE CARE UNIT	6,464,238	3,114,874	9,579,112	-320,655	9,258,457	31.00
35.00	02040	HIGH RISK NEONATAL	6,817,826	1,518,506	8,336,332	-196,351	8,139,981	35.00
40.00	04000	SUBPROVIDER - IPF	1,283,448	395,320	1,678,768	15,767	1,694,535	40.00
43.00	04300	NURSERY	0	185	185	912,558	912,743	43.00
44.00	04400	SKILLED NURSING FACILITY	1,967	11,315	13,282	-13,282	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,825,838	29,873,326	39,699,164	-24,411,545	15,287,619	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	735,106	813,083	1,548,189	-640,169	908,020	50.01
50.02	05002	PAIN MANAGEMENT CENTER	1,957	4,948	6,905	-6,905	0	50.02
51.00	05100	RECOVERY ROOM	1,831,385	134,034	1,965,419	-26,057	1,939,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,985,973	1,883,109	4,869,082	625,786	5,494,868	52.00
53.00	05300	ANESTHESIOLOGY	929,682	2,055,432	2,985,114	-429,543	2,555,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,441,286	1,711,820	5,153,106	-1,232,954	3,920,152	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	271,819	211,791	483,610	0	483,610	55.00
56.00	05600	RADIOISOTOPE	458,203	739,549	1,197,752	48,438	1,246,190	56.00
57.00	05700	CT SCAN	681,816	382,166	1,063,982	-126,661	937,321	57.00
58.00	05800	MRI	276,432	239,635	516,067	43,411	559,478	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,211,034	34,319,567	39,530,601	-31,137,790	8,392,811	59.00
60.00	06000	LABORATORY	4,467,987	8,613,181	13,081,168	-9,124	13,072,044	60.00
65.00	06500	RESPIRATORY THERAPY	3,297,771	1,217,500	4,515,271	-740,650	3,774,621	65.00
66.00	06600	PHYSICAL THERAPY	5,054,791	1,411,479	6,466,270	-51,273	6,414,997	66.00
69.00	06900	ELECTROCARDIOLOGY	2,355,971	3,374,392	5,730,363	-62,220	5,668,143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	738,656	409,479	1,148,135	-15,129	1,133,006	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,606,590	26,606,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	35,964,791	35,964,791	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,769,683	11,769,683	73.00
74.00	07400	RENAL DIALYSIS	0	996,575	996,575	-31,925	964,650	74.00
76.00	03020	OTHER ANCILLARY	1,117,633	90,826	1,208,459	1,275,536	2,483,995	76.00
76.97	07697	CARDIAC REHABILITATION	580,380	24,907	605,287	5,911	611,198	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	511,294	532,589	1,043,883	-187,789	856,094	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,916,211	6,111,550	11,027,761	-31,505	10,996,256	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,562,437	656,425	4,218,862	-177,563	4,041,299	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,448,074	4,448,074	0	4,448,074	113.00
116.00	11600	HOSPICE	518,685	650,984	1,169,669	-29,130	1,140,539	116.00
117.00	06950	HOME INFUSION	740,549	2,960,916	3,701,465	-251,077	3,450,388	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,513,503	359,570,092	505,083,595	15,255	505,098,850	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,303	216,773	268,076	0	268,076	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,221,610	1,221,610	0	1,221,610	192.00
194.00	07950	NON REIMBURSABLE-OTHER	674,576	676,156	1,350,732	-4,465	1,346,267	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	576,977	-738,439	-161,462	-10,790	-172,252	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	146,816,359	360,946,192	507,762,551	0	507,762,551	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	15,819,045	1.00
1.01	00101	CAP REL COSTS - CON	0	172,418	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	12,261,892	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,480,597	45,089,461	4.00
5.01	00580	COMMUNICATIONS	-196,133	537,845	5.01
5.02	00540	INFORMATION SYSTEMS	3,851,070	32,848,019	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	-225	1,120,597	5.03
5.04	00570	ADMITTING	-1,239	1,495,420	5.04
5.05	00560	PATIENT ACCOUNTING	-448,355	3,666,086	5.05
5.06	00590	OTHER ADMIN & GENERAL	-86,153,448	25,602,595	5.06
6.00	00600	MAINTENANCE & REPAIRS	-99,205	11,812,189	6.00
7.00	00700	OPERATION OF PLANT	-1,576,842	9,194,552	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-57,107	2,894,040	8.00
9.00	00900	HOUSEKEEPING	-500	4,139,877	9.00
10.00	01000	DIETARY	-24,116	830,871	10.00
11.00	01100	CAFETERIA	0	2,269,205	11.00
13.00	01300	NURSING ADMINISTRATION	-87,509	3,565,629	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	696,875	14.00
15.00	01500	PHARMACY	-89,045	6,943,956	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,686	3,949,874	16.00
20.00	02000	NURSING SCHOOL	-2,524,386	213,914	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-678,802	6,005,763	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	11,692,274	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	-41,451	97,185	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	-16,450	317,198	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	-4,496	80,840	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,300,389	25,684,427	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,258,457	31.00
35.00	02040	HIGH RISK NEONATAL	-132,257	8,007,724	35.00
40.00	04000	SUBPROVIDER - IPF	-291,284	1,403,251	40.00
43.00	04300	NURSERY	0	912,743	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,547,196	13,740,423	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	908,020	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	1,939,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,314,000	4,180,868	52.00
53.00	05300	ANESTHESIOLOGY	-206,760	2,348,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-28,342	3,891,810	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	483,610	55.00
56.00	05600	RADIOISOTOPE	0	1,246,190	56.00
57.00	05700	CT SCAN	0	937,321	57.00
58.00	05800	MRI	0	559,478	58.00
59.00	05900	CARDIAC CATHETERIZATION	-564,282	7,828,529	59.00
60.00	06000	LABORATORY	-42,592	13,029,452	60.00
65.00	06500	RESPIRATORY THERAPY	-23,291	3,751,330	65.00
66.00	06600	PHYSICAL THERAPY	-574,439	5,840,558	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,957,651	2,710,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-48,320	1,084,686	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,606,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,964,791	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,769,683	73.00
74.00	07400	RENAL DIALYSIS	-37,000	927,650	74.00
76.00	03020	OTHER ANCILLARY	0	2,483,995	76.00
76.97	07697	CARDIAC REHABILITATION	-38,884	572,314	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	856,094	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-4,339,688	6,656,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	4,041,299	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-4,448,074	0	113.00
116.00	11600	HOSPICE	-312	1,140,227	116.00
117.00	06950	HOME INFUSION	-35,111	3,415,277	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-97,599,200	407,499,650	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	268,076	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,221,610	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	1,346,267	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	-172,252	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-97,599,200	410,163,351	200.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/20/2018 3:53 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - COLLEGE OF NURSING DEPREC COSTS					
1.00	CAP REL COSTS - CON	1.01	0	170,154		1.00
	0		0	170,154		
	B - NONPAID WORKERS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,403		1.00
	0		0	11,403		
	C - MEDICAL CARE ADMIN COSTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	43,146	0		1.00
	COSTS APPRV					
	0		43,146	0		
	D - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	1,592,113	677,092		1.00
	0		1,592,113	677,092		
	E - NURSERY AND LABOR/DELIVERY COSTS					
1.00	NURSERY	43.00	747,772	171,212		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	474,070	223,966		2.00
	0		1,221,842	395,178		
	F - MOVE LEFTOVER SNF EXP'S					
1.00	ADULTS & PEDIATRICS	30.00	1,967	11,315		1.00
	TOTALS		1,967	11,315		
	G - TO KEEP EXPS CONSISTENT WITH REVS					
1.00	EMERGENCY	91.00	1,957	4,948		1.00
	TOTALS		1,957	4,948		
	I - INTERPRETER SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	0	68,482		1.00
	TOTALS		0	68,482		
	J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,769,683		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
	0		0	11,769,683		
	K - WORKERS COMPENSATION COSTS					
1.00		0.00	0	0		1.00
	0		0	0		
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	26,606,590		1.00
	PATIENT					
2.00	IMPL. DEV. CHARGED TO	72.00	0	35,964,791		2.00
	PATIENTS					
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

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/20/2018 3:53 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		0	62,571,381		
	M - RN-BSN PROGRAM/EDUCATION					
1.00		0.00	0	0		1.00
	0		0	0		
	N - LEGAL FEES					
1.00	OTHER ADMIN & GENERAL	5.06	0	261,650		1.00
	0		0	261,650		
	O - UTILITIES/TELEPHONE FOR PDC					
1.00	COMMUNICATIONS	5.01	0	108,194		1.00
2.00		0.00	0	0		2.00
	0		0	108,194		
	P - PHARMACY CONTINUING EDUCATION/SERVI					
1.00	PARAMED ED (PHARMACY)	23.03	172,625	5,000		1.00
	0		172,625	5,000		
	Q - NURSING BONUSES					
1.00	ADULTS & PEDIATRICS	30.00	7,118	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	5,011	0		2.00
3.00	HIGH RISK NEONATAL	35.00	2,547	0		3.00
4.00	OPERATING ROOM	50.00	2,553	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	4,041	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	1,063	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	1,018	0		7.00
8.00	OTHER ANCILLARY	76.00	1,009	0		8.00
9.00	CARDIAC REHABILITATION	76.97	501	0		9.00
10.00	HYPERBARIC OXYGEN THERAPY	76.98	518	0		10.00
11.00	EMERGENCY	91.00	3,577	0		11.00
12.00	HOME INFUSION	117.00	513	0		12.00
	0		29,469	0		
	R - NEW GRAD RN ONSITE TRAINING					
1.00	NURSING SCHOOL	20.00	1,424	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	6,975	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	2,434	0		3.00
4.00	HIGH RISK NEONATAL	35.00	5	0		4.00
5.00	NURSERY	43.00	3,397	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	6,016	0		6.00
7.00	EMERGENCY	91.00	7,825	0		7.00
	0		28,076	0		
	S - ACADEMIC SUPPORT					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	11,649,128		1.00
	COSTS APPRV					
	0		0	11,649,128		
	T - OUTPATIENT ROUTINE SERVICES					
1.00	OTHER ANCILLARY	76.00	862,304	440,590		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		862,304	440,590		
	U - RADIOLOGY ADMINISTRATION					
1.00	RADIOISOTOPE	56.00	71,809	52,830		1.00
2.00	CT SCAN	57.00	106,854	27,300		2.00
3.00	MRI	58.00	43,322	17,118		3.00
	0		221,985	97,248		
	V - SHORT-TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,015,443		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

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/20/2018 3:53 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	1,015,443		
	W - MACARTHUR LEASE EXPENSE					
1.00	PATIENT ACCOUNTING	5.05	0	201,913		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	39,093		2.00
	0		0	241,006		
	X - MOVEABLE EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,188,731		1.00
	0		0	12,188,731		
	Y - CAPITAL INSURANCE EXPENSE					
1.00	OTHER CAP REL COSTS	3.00	0	330,046		1.00
	0		0	330,046		
	Z - PASTORAL CARE					
1.00	PARAMED ED (PASTORAL CARE)	23.04	746	0		1.00
	TOTALS		746	0		
	AA - SHARED COLLEAGUES RECLASS					
1.00	OTHER ADMIN & GENERAL	5.06	0	2,426,156		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	587,230		2.00
	0		0	3,013,386		
	AB - SIGN ON & RETENTION BONUS					
1.00	INFORMATION SYSTEMS	5.02	59,480	0		1.00
2.00	PATIENT ACCOUNTING	5.05	32,068	0		2.00
3.00	OTHER ADMIN & GENERAL	5.06	116,155	0		3.00
4.00	DIETARY	10.00	1,431	0		4.00
5.00	NURSING ADMINISTRATION	13.00	25,292	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	2	0		6.00
7.00	PHARMACY	15.00	9,920	0		7.00
8.00	NURSING SCHOOL	20.00	1,150	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	414,305	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	214,223	0		10.00
11.00	HIGH RISK NEONATAL	35.00	48,535	0		11.00
12.00	SUBPROVIDER - IPF	40.00	25,492	0		12.00
13.00	OPERATING ROOM	50.00	85,448	0		13.00
14.00	GASTRODIAGNOSTIC UNIT	50.01	4,877	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	32,910	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	5,000	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	81,273	0		17.00
18.00	LABORATORY	60.00	4,995	0		18.00
19.00	RESPIRATORY THERAPY	65.00	28,066	0		19.00
20.00	PHYSICAL THERAPY	66.00	34,392	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	19,015	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	97	0		22.00
23.00	OTHER ANCILLARY	76.00	54	0		23.00
24.00	CARDIAC REHABILITATION	76.97	5,485	0		24.00
25.00	HYPERBARIC OXYGEN THERAPY	76.98	1,497	0		25.00
26.00	EMERGENCY	91.00	102,721	0		26.00
27.00	HOME HEALTH AGENCY	101.00	4,902	0		27.00
28.00	HOSPICE	116.00	57	0		28.00
	TOTALS		1,358,842	0		
500.00	Grand Total: Increases		5,535,072	105,030,058		500.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/20/2018 3:53 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
	A - COLLEGE OF NURSING DEPREC COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	170,154	9	1.00
	0		0	170,154		
	B - NONPAID WORKERS					
1.00	HOSPICE	116.00	0	11,403	0	1.00
	0		0	11,403		
	C - MEDICAL CARE ADMIN COSTS					
1.00	OTHER ADMIN & GENERAL	5.06	43,146	0	0	1.00
	0		43,146	0		
	D - CAFETERIA COSTS					
1.00	DIETARY	10.00	1,592,113	677,092	0	1.00
	0		1,592,113	677,092		
	E - NURSERY AND LABOR/DELIVERY COSTS					
1.00	ADULTS & PEDIATRICS	30.00	1,221,842	395,178	0	1.00
2.00		0.00	0	0	0	2.00
	0		1,221,842	395,178		
	F - MOVE LEFTOVER SNF EXP'S					
1.00	SKILLED NURSING FACILITY	44.00	1,967	11,315	0	1.00
	TOTALS		1,967	11,315		
	G - TO KEEP EXPS CONSISTENT WITH REVS					
1.00	PAIN MANAGEMENT CENTER	50.02	1,957	4,948	0	1.00
	TOTALS		1,957	4,948		
	I - INTERPRETER SERVICES					
1.00	OTHER ADMIN & GENERAL	5.06	0	68,482	0	1.00
	TOTALS		0	68,482		
	J - DRUGS CHARGED TO PATIENTS					
1.00	PHARMACY	15.00	0	11,158,869	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	246	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	147	0	3.00
4.00	OPERATING ROOM	50.00	0	16,219	0	4.00
5.00	GASTRODIAGNOSTIC UNIT	50.01	0	11,270	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	33	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,976	0	7.00
8.00	RADIOISOTOPE	56.00	0	75,254	0	8.00
9.00	CT SCAN	57.00	0	218,641	0	9.00
10.00	MRI	58.00	0	11	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	104,211	0	11.00
12.00	HYPERBARIC OXYGEN THERAPY	76.98	0	80,806	0	12.00
	0		0	11,769,683		
	K - WORKERS COMPENSATION COSTS					
1.00		0.00	0	0	0	1.00
	0		0	0		
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS					
1.00	OTHER ADMIN & GENERAL	5.06	0	151,717	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	818,249	0	2.00
3.00	PHARMACY	15.00	0	1,698,949	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	434,637	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	449,037	0	5.00
6.00	HIGH RISK NEONATAL	35.00	0	140,083	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	3,063	0	7.00
8.00	OPERATING ROOM	50.00	0	24,396,693	0	8.00
9.00	GASTRODIAGNOSTIC UNIT	50.01	0	633,724	0	9.00
10.00	RECOVERY ROOM	51.00	0	498	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	84,789	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	427,301	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	774,691	0	13.00
14.00	RADIOISOTOPE	56.00	0	947	0	14.00
15.00	CT SCAN	57.00	0	34,396	0	15.00
16.00	MRI	58.00	0	11,374	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	30,943,674	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	718,964	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	59,670	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	76,617	0	20.00
21.00	RENAL DIALYSIS	74.00	0	31,925	0	21.00
22.00	OTHER ANCILLARY	76.00	0	20,559	0	22.00
23.00	CARDIAC REHABILITATION	76.97	0	75	0	23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	94,784	0	24.00
25.00	EMERGENCY	91.00	0	135,566	0	25.00
26.00	HOME HEALTH AGENCY	101.00	0	160,025	0	26.00
27.00	HOSPICE	116.00	0	17,784	0	27.00
28.00	HOME INFUSION	117.00	0	251,590	0	28.00
	0		0	62,571,381		

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/20/2018 3:53 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - RN-BSN PROGRAM/EDUCATION						
1.00		0.00	0	0	0		1.00
	0		0	0			
	N - LEGAL FEES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	261,650	0		1.00
	0		0	261,650			
	O - UTILITIES/TELEPHONE FOR PDC						
1.00	CARDIAC CATHETERIZATION	59.00	0	106,311	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,883	0		2.00
	0		0	108,194			
	P - PHARMACY CONTINUING EDUCATION/SERVI						
1.00	PHARMACY	15.00	172,625	5,000	0		1.00
	0		172,625	5,000			
	Q - NURSING BONUSES						
1.00	NURSING ADMINISTRATION	13.00	29,469	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
	0		29,469	0			
	R - NEW GRAD RN ONSITE TRAINING						
1.00	NURSING ADMINISTRATION	13.00	28,076	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
	0		28,076	0			
	S - ACADEMIC SUPPORT						
1.00	OTHER ADMIN & GENERAL	5.06	0	11,649,128	0		1.00
	0		0	11,649,128			
	T - OUTPATIENT ROUTINE SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	799,891	415,743	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	53,238	22,812	0		2.00
3.00	HIGH RISK NEONATAL	35.00	1,071	227	0		3.00
4.00	SUBPROVIDER - IPF	40.00	68	21	0		4.00
5.00	NURSERY	43.00	8,036	1,787	0		5.00
	0		862,304	440,590			
	U - RADIOLOGY ADMINISTRATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	221,985	97,248	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		221,985	97,248			
	V - SHORT-TERM DISABILITY						
1.00	COMMUNICATIONS	5.01	7,604	0	0		1.00
2.00	ADMITTING	5.04	9,391	0	0		2.00
3.00	PATIENT ACCOUNTING	5.05	20,916	0	0		3.00
4.00	OTHER ADMIN & GENERAL	5.06	49,661	0	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	7,063	0	0		5.00
6.00	OPERATION OF PLANT	7.00	6,810	0	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	10,373	0	0		7.00
8.00	HOUSEKEEPING	9.00	37,327	0	0		8.00
9.00	DIETARY	10.00	15,948	0	0		9.00
10.00	NURSING ADMINISTRATION	13.00	54,870	0	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	8,321	0	0		11.00
12.00	PHARMACY	15.00	2,092	0	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	22,751	0	0		13.00
14.00	NURSING SCHOOL	20.00	10,877	0	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	169,966	0	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	17,089	0	0		16.00
17.00	HIGH RISK NEONATAL	35.00	106,057	0	0		17.00
18.00	SUBPROVIDER - IPF	40.00	6,573	0	0		18.00
19.00	OPERATING ROOM	50.00	86,634	0	0		19.00
20.00	GASTRODIAGNOSTIC UNIT	50.01	52	0	0		20.00
21.00	RECOVERY ROOM	51.00	25,559	0	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	30,428	0	0		22.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	ANESTHESIOLOGY	53.00	2,209	0	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	40,054	0	0		24.00
25.00	CT SCAN	57.00	7,778	0	0		25.00
26.00	MRI	58.00	5,644	0	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	65,930	0	0		27.00
28.00	LABORATORY	60.00	14,119	0	0		28.00
29.00	RESPIRATORY THERAPY	65.00	49,752	0	0		29.00
30.00	PHYSICAL THERAPY	66.00	25,995	0	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	5,636	0	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	15,226	0	0		32.00
33.00	OTHER ANCILLARY	76.00	7,862	0	0		33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	14,214	0	0		34.00
35.00	EMERGENCY	91.00	16,967	0	0		35.00
36.00	HOME HEALTH AGENCY	101.00	22,440	0	0		36.00
37.00	NON REIMBURSABLE-OTHER	194.00	4,465	0	0		37.00
38.00	NON REIMBURSABLE-FUND DEVELOPMENT	194.01	10,790	0	0		38.00
			1,015,443	0			
	W - MACARTHUR LEASE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	241,006	0		1.00
2.00		0.00	0	0	0		2.00
			0	241,006			
	X - MOVEABLE EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,188,731	9		1.00
			0	12,188,731			
	Y - CAPITAL INSURANCE EXPENSE						
1.00	OTHER ADMIN & GENERAL	5.06	0	330,046	0		1.00
			0	330,046			
	Z - PASTORAL CARE						
1.00	OTHER ADMIN & GENERAL	5.06	746	0	0		1.00
	TOTALS		746	0			
	AA - SHARED COLLEAGUES RECLASS						
1.00	OTHER ADMIN & GENERAL	5.06	2,426,156	0	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	587,230	0	0		2.00
			3,013,386	0			
	AB - SIGN ON & RETENTION BONUS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,358,842	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
	TOTALS		1,358,842	0			
500.00	Grand Total: Decreases		9,563,901	101,001,229			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,002,427	0	0	0	0	1.00
2.00	Land Improvements	9,982,348	1,525,683	0	1,525,683	0	2.00
3.00	Buildings and Fixtures	508,477,262	12,877,582	0	12,877,582	0	3.00
4.00	Building Improvements	11,237,011	6,249,208	0	6,249,208	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	164,990,237	12,701,537	0	12,701,537	2,398,643	6.00
7.00	HIT designated Assets	42,138,146	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	759,827,431	33,354,010	0	33,354,010	2,398,643	8.00
9.00	Reconciling Items	7,899,766	7,496,080	0	7,496,080	0	9.00
10.00	Total (line 8 minus line 9)	751,927,665	25,857,930	0	25,857,930	2,398,643	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,002,427	0				1.00
2.00	Land Improvements	11,508,031	0				2.00
3.00	Buildings and Fixtures	521,354,844	0				3.00
4.00	Building Improvements	17,486,219	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	175,293,131	0				6.00
7.00	HIT designated Assets	42,138,146	0				7.00
8.00	Subtotal (sum of lines 1-7)	790,782,798	0				8.00
9.00	Reconciling Items	15,395,846	0				9.00
10.00	Total (line 8 minus line 9)	775,386,952	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	27,923,309	0	0	0	0	1.00
1.01	CAP REL COSTS - CON	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	27,923,309	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	27,923,309				1.00
1.01	CAP REL COSTS - CON	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	27,923,309				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	610,065,165	0	610,065,165	0.771470	254,621	1.00
1.01	CAP REL COSTS - CON	5,424,502	0	5,424,502	0.006860	2,264	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	175,293,131	0	175,293,131	0.221670	73,161	2.00
3.00	Total (sum of lines 1-2)	790,782,798	0	790,782,798	1.000000	330,046	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	254,621	15,564,424	0	1.00
1.01	CAP REL COSTS - CON	0	0	2,264	170,154	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	73,161	12,188,731	0	2.00
3.00	Total (sum of lines 1-2)	0	0	330,046	27,923,309	0	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	0	254,621	0	0	15,819,045	1.00
1.01	CAP REL COSTS - CON	0	2,264	0	0	172,418	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	73,161	0	0	12,261,892	2.00
3.00	Total (sum of lines 1-2)	0	330,046	0	0	28,253,355	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS - CON (chapter 2)			0CAP REL COSTS - CON	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-36,974	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-71,170	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-27,949,331			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	3,601,283			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-79,686	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-110	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-2,452,897	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-24,116	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS - CON			0CAP REL COSTS - CON	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

Period:
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Worksheet A-8

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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
30.99	Hospice (non-distinct) (see instructions)	A-8-3	0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TUITIUN, FEES, BOOKS, ETC.	B	-41,451	PARAMED ED (CLINICAL LAB SCIENCE)	23.00	0	33.00
33.01	TUITION, FEES, BOOKS, ETC.	B	-16,450	PARAMED ED (PHARMACY)	23.03	0	33.01
33.02	TUITION, FEES, BOOKS, ETC.	B	-4,496	PARAMED ED (PASTORAL CARE)	23.04	0	33.02
33.03	MISCELLANEOUS OTHER OPERATING R	B	-2,866	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	MISCELLANEOUS OTHER OPERATING R	B	-156,714	COMMUNICATIONS	5.01	0	33.04
33.05	MISCELLANEOUS OTHER OPERATING R	B	-25	PURCHASING/RECEIVING/STORES	5.03	0	33.05
34.00	MISCELLANEOUS OTHER OPERATING R	B	-451,406	PATIENT ACCOUNTING	5.05	0	34.00
34.01	MISCELLANEOUS OTHER OPERATING R	B	-101,789	OTHER ADMIN & GENERAL	5.06	0	34.01
34.02	MISCELLANEOUS OTHER OPERATING R	B	-43,870	MAINTENANCE & REPAIRS	6.00	0	34.02
35.00	MISCELLANEOUS OTHER OPERATING R	B	-10,398	OPERATION OF PLANT	7.00	0	35.00
35.01	MISCELLANEOUS OTHER OPERATING R	B	-57,107	LAUNDRY & LINEN SERVICE	8.00	0	35.01
35.02	MISCELLANEOUS OTHER OPERATING R	B	-500	HOUSEKEEPING	9.00	0	35.02
35.03	MISCELLANEOUS OTHER OPERATING R	B	-34,497	NURSING ADMINISTRATION	13.00	0	35.03
36.00	MISCELLANEOUS OTHER OPERATING R	B	-15,099	NURSING SCHOOL	20.00	0	36.00
36.01	MISCELLANEOUS OTHER OPERATING R	B	-678,802	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	36.01
36.03	MISCELLANEOUS OTHER OPERATING R	B	27,296	ADULTS & PEDIATRICS	30.00	0	36.03
36.05	MISCELLANEOUS OTHER OPERATING R	B	3,400	OPERATING ROOM	50.00	0	36.05
36.06	MISCELLANEOUS OTHER OPERATING R	B	-3,075	RADIOLOGY-DIAGNOSTIC	54.00	0	36.06
36.07	MISCELLANEOUS OTHER OPERATING R	B	-704	LABORATORY	60.00	0	36.07
36.08	MISCELLANEOUS OTHER OPERATING R	B	-52,377	PHYSICAL THERAPY	66.00	0	36.08
36.10	MISCELLANEOUS OTHER OPERATING R	B	-239,896	ELECTROCARDIOLOGY	69.00	0	36.10
36.11	MISCELLANEOUS OTHER OPERATING R	B	-7,150	ELECTROENCEPHALOGRAPHY	70.00	0	36.11
36.12	MISCELLANEOUS OTHER OPERATING R	B	-38,884	CARDIAC REHABILITATION	76.97	0	36.12
36.13	MISCELLANEOUS OTHER OPERATING R	B	-121,519	EMERGENCY	91.00	0	36.13
36.14	MISCELLANEOUS OTHER OPERATING R	B	-35,111	HOME INFUSION	117.00	0	36.14
36.17	RENTAL OF HOSPITAL SPACE	B	-423	OTHER ADMIN & GENERAL	5.06	0	36.17
36.18	RENTAL OF HOSPITAL SPACE	B	-166,588	OPERATION OF PLANT	7.00	0	36.18
36.19	RENTAL OF HOSPITAL SPACE	B	-1,186	NURSING SCHOOL	20.00	0	36.19
37.00	RENTAL OF HOSPITAL SPACE	B	-5,948	PHYSICAL THERAPY	66.00	0	37.00
37.01	RENTAL OF HOSPITAL SPACE	B	-30,927	ELECTROCARDIOLOGY	69.00	0	37.01
37.02	INTERCOMPANY REVENUE	B	-1,942	COMMUNICATIONS	5.01	0	37.02
37.04	INTERCOMPANY REVENUE	B	-1,985	INFORMATION SYSTEMS	5.02	0	37.04
37.06	INTERCOMPANY REVENUE	B	3,173	PATIENT ACCOUNTING	5.05	0	37.06
37.07	INTERCOMPANY REVENUE	B	-3,039,801	OTHER ADMIN & GENERAL	5.06	0	37.07
37.08	INTERCOMPANY REVENUE	B	-48,901	MAINTENANCE & REPAIRS	6.00	0	37.08
37.09	INTERCOMPANY REVENUE	B	-1,127,688	OPERATION OF PLANT	7.00	0	37.09
37.11	INTERCOMPANY REVENUE	B	-40,833	NURSING ADMINISTRATION	13.00	0	37.11

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
37.12	INTERCOMPANY REVENUE	B	-9,213	PHARMACY	15.00	0	37.12
37.13	INTERCOMPANY REVENUE	B	-849,594	ADULTS & PEDIATRICS	30.00	0	37.13
37.14	INTERCOMPANY REVENUE	B	-24,899	RADIOLOGY-DIAGNOSTIC	54.00	0	37.14
37.15	INTERCOMPANY REVENUE	B	-550,775	CARDIAC CATHETERIZATION	59.00	0	37.15
37.16	INTERCOMPANY REVENUE	B	-40,781	LABORATORY	60.00	0	37.16
37.17	INTERCOMPANY REVENUE	B	-48,524	PHYSICAL THERAPY	66.00	0	37.17
37.18	INTERCOMPANY REVENUE	B	-77,589	ELECTROCARDIOLOGY	69.00	0	37.18
37.21	EMPLOYEE HEALTH INSURANCE	B	-16,829,115	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.21
38.00	ADVERTISING/SPONSORSHIP	A	-327	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00	ADVERTISING/SPONSORSHIP	A	-755,207	OTHER ADMIN & GENERAL	5.06	0	39.00
39.02	ADVERTISING/SPONSORSHIP	A	-5,825	NURSING ADMINISTRATION	13.00	0	39.02
39.03	ADVERTISING/SPONSORSHIP	A	-27,744	NURSING SCHOOL	20.00	0	39.03
39.04	ADVERTISING/SPONSORSHIP	A	-7,360	CARDIAC CATHETERIZATION	59.00	0	39.04
39.05	ADVERTISING/SPONSORSHIP	A	-431	PHYSICAL THERAPY	66.00	0	39.05
40.00	ADVERTISING/SPONSORSHIP	A	-125	EMERGENCY	91.00	0	40.00
40.01	LOBBYING COSTS	A	-55,650	OTHER ADMIN & GENERAL	5.06	0	40.01
40.02	COUNTRY CLUB DUES	A	-9,013	OTHER ADMIN & GENERAL	5.06	0	40.02
41.00	PHYSICIAN RECRUITMENT	A	-154,026	ADULTS & PEDIATRICS	30.00	0	41.00
41.01	PHYSICIAN RECRUITMENT	A	-10,000	SUBPROVIDER - IPF	40.00	0	41.01
42.00	INTANGIBLE	A	-1,550,596	OPERATING ROOM	50.00	0	42.00
42.01	AMORTIZATION/GAIN-LO	A	-466,032	PHYSICAL THERAPY	66.00	0	42.01
42.02	INTANGIBLE	A	-115,580	OTHER ADMIN & GENERAL	5.06	0	42.02
44.00	PENSION	A	29,559,859	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
44.01	NONALLOWABLE FOOD/DRINK	A	-125	INFORMATION SYSTEMS	5.02	0	44.01
44.02	NONALLOWABLE FOOD/DRINK	A	-63	PURCHASING/RECEIVING/STORES	5.03	0	44.02
44.03	NONALLOWABLE FOOD/DRINK	A	-14,754	OTHER ADMIN & GENERAL	5.06	0	44.03
44.04	MEDICAL GROUP PURCHASED SERVICE	A	-49,750,683	OTHER ADMIN & GENERAL	5.06	0	44.04
45.00	PROPERTY TAX	A	-238,852	OTHER ADMIN & GENERAL	5.06	0	45.00
46.00	PROPERTY TAX	A	-4,000	MAINTENANCE & REPAIRS	6.00	0	46.00
46.01	PROPERTY TAX	A	-200,998	OPERATION OF PLANT	7.00	0	46.01
46.03	MEDICAID ASSESSMENT	A	-16,867,629	OTHER ADMIN & GENERAL	5.06	0	46.03
46.04	NONALLOWABLE INTEREST	A	-4,448,074	INTEREST EXPENSE	113.00	0	46.04
47.00	NON-PATIENT CARE TRAVEL	A	-1,324	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
47.01	NON-PATIENT CARE TRAVEL	A	-503	COMMUNICATIONS	5.01	0	47.01
47.02	NON-PATIENT CARE TRAVEL	A	-137	PURCHASING/RECEIVING/STORES	5.03	0	47.02
47.03	NON-PATIENT CARE TRAVEL	A	-1,239	ADMITTING	5.04	0	47.03
47.04	NON-PATIENT CARE TRAVEL	A	-122	PATIENT ACCOUNTING	5.05	0	47.04
47.05	NON-PATIENT CARE TRAVEL	A	-74,373	OTHER ADMIN & GENERAL	5.06	0	47.05
47.06	NON-PATIENT CARE TRAVEL	A	-2,434	MAINTENANCE & REPAIRS	6.00	0	47.06
47.07	NON-PATIENT CARE TRAVEL	A	-6,131	NURSING ADMINISTRATION	13.00	0	47.07
47.08	NON-PATIENT CARE TRAVEL	A	-146	PHARMACY	15.00	0	47.08
47.09	NON-PATIENT CARE TRAVEL	A	-1,576	MEDICAL RECORDS & LIBRARY	16.00	0	47.09
47.10	NON-PATIENT CARE TRAVEL	A	-16,974	NURSING SCHOOL	20.00	0	47.10
47.11	NON-PATIENT CARE TRAVEL	A	-1,356	HIGH RISK NEONATAL	35.00	0	47.11
47.12	NON-PATIENT CARE TRAVEL	A	-368	RADIOLOGY-DIAGNOSTIC	54.00	0	47.12
47.13	NON-PATIENT CARE TRAVEL	A	-6,147	CARDIAC CATHETERIZATION	59.00	0	47.13
47.14	NON-PATIENT CARE TRAVEL	A	-1,107	LABORATORY	60.00	0	47.14
47.15	NON-PATIENT CARE TRAVEL	A	-1,127	PHYSICAL THERAPY	66.00	0	47.15
47.16	NON-PATIENT CARE TRAVEL	A	-2,277	ELECTROCARDIOLOGY	69.00	0	47.16
47.17	NON-PATIENT CARE TRAVEL	A	-1,638	EMERGENCY	91.00	0	47.17
47.18	NON-PATIENT CARE TRAVEL	A	-312	HOSPICE	116.00	0	47.18
48.00	NONALLOWABLE MEALS	A	-366,644	OTHER ADMIN & GENERAL	5.06	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-97,599,200				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: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/20/2018 3:53 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	27,155,580	27,401,210 1.00
2.00		5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES ISC	32,265,885	28,412,705 2.00
3.00		5.06	OTHER ADMIN & GENERAL	CONTRACTED SERVICES-SSC	8,644,548	8,640,329 3.00
3.01		20.00	NURSING SCHOOL	CONTRACTED SERVICES-HSHS	205,037	215,523 3.01
3.02		5.06	OTHER ADMIN & GENERAL	RELATED SERVICES - HSHS	1,030,599	1,030,599 3.02
4.00		0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			69,301,649	65,700,366	5.00

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

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

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

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/20/2018 3:53 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-245,630	0		1.00
2.00	3,853,180	0		2.00
3.00	4,219	0		3.00
3.01	-10,486	0		3.01
3.02	0	0		3.02
4.00	0	0		4.00
5.00	3,601,283			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	CORPORATE OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/20/2018 3:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMIN & GENERAL	15,335,065	14,106,068	1,228,997	211,500	5,584	1.00
2.00	13.00	NURSING ADMINISTRATION	4,290	0	4,290	211,500	40	2.00
3.00	30.00	ADULTS & PEDIATRICS	4,463,980	4,264,209	199,771	211,500	1,376	3.00
4.00	35.00	HIGH RISK NEONATAL	207,875	93,600	114,275	211,500	757	4.00
5.00	40.00	SUBPROVIDER - IPF	281,284	281,284	0	181,300	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,314,000	1,314,000	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	378,484	0	378,484	239,400	1,492	7.00
8.00	60.00	LABORATORY	165,000	0	165,000	260,300	3,640	8.00
9.00	65.00	RESPIRATORY THERAPY	23,291	23,291	0	211,500	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	2,773,620	2,363,875	409,745	211,500	1,639	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	50,525	37,000	13,525	211,500	92	11.00
12.00	74.00	RENAL DIALYSIS	37,000	37,000	0	211,500	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	109,760	0	109,760	211,500	1,313	13.00
14.00	91.00	EMERGENCY	4,284,330	4,172,136	112,194	211,500	668	14.00
200.00			29,428,504	26,692,463	2,736,041		16,601	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	OTHER ADMIN & GENERAL	567,796	28,390	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	4,067	203	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	139,915	6,996	0	0	0	3.00
4.00	35.00	HIGH RISK NEONATAL	76,974	3,849	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	171,724	8,586	0	0	0	7.00
8.00	60.00	LABORATORY	455,525	22,776	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	166,658	8,333	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	9,355	468	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	0	0	0	0	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	133,509	6,675	0	0	0	13.00
14.00	91.00	EMERGENCY	67,924	3,396	0	0	0	14.00
200.00			1,793,447	89,672	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	OTHER ADMIN & GENERAL	0	567,796	661,201	14,767,269		1.00
2.00	13.00	NURSING ADMINISTRATION	0	4,067	223	223		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	139,915	59,856	4,324,065		3.00
4.00	35.00	HIGH RISK NEONATAL	0	76,974	37,301	130,901		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	281,284		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,314,000		6.00
7.00	53.00	ANESTHESIOLOGY	0	171,724	206,760	206,760		7.00
8.00	60.00	LABORATORY	0	455,525	0	0		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	23,291		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	166,658	243,087	2,606,962		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	9,355	4,170	41,170		11.00
12.00	74.00	RENAL DIALYSIS	0	0	0	37,000		12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	0	133,509	0	0		13.00
14.00	91.00	EMERGENCY	0	67,924	44,270	4,216,406		14.00
200.00			0	1,793,447	1,256,868	27,949,331		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	15,819,045	15,819,045			1.00
1.01	00101	CAP REL COSTS - CON	172,418	0	172,418		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,261,892			12,261,892	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	45,089,461	0	0	45,172,266	4.00
5.01	00580	COMMUNICATIONS	537,845	39,920	0	1,421,923	5.01
5.02	00540	INFORMATION SYSTEMS	32,848,019	176,111	0	0	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	1,120,597	304,337	0	5,068	5.03
5.04	00570	ADMITTING	1,495,420	39,659	0	52,107	5.04
5.05	00560	PATIENT ACCOUNTING	3,666,086	6,401	0	31,053	5.05
5.06	00590	OTHER ADMIN & GENERAL	25,602,595	1,227,573	0	319,290	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,812,189	54,687	0	114,673	6.00
7.00	00700	OPERATION OF PLANT	9,194,552	7,209,823	0	82,807	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,894,040	513,245	0	567,508	8.00
9.00	00900	HOUSEKEEPING	4,139,877	91,487	0	1,961	9.00
10.00	01000	DIETARY	830,871	83,290	0	1,095	10.00
11.00	01100	CAFETERIA	2,269,205	217,395	0	2,856	11.00
13.00	01300	NURSING ADMINISTRATION	3,565,629	167,363	0	68,307	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	696,875	417,755	0	196,788	14.00
15.00	01500	PHARMACY	6,943,956	88,136	0	37,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,949,874	82,106	0	11,739	16.00
20.00	02000	NURSING SCHOOL	213,914	0	172,418	111,904	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,005,763	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,692,274	146,756	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	97,185	4,916	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	317,198	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	80,840	2,919	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,684,427	957,446	0	700,814	30.00
31.00	03100	INTENSIVE CARE UNIT	9,258,457	305,040	0	217,439	31.00
35.00	02040	HIGH RISK NEONATAL	8,007,724	132,169	0	151,346	35.00
40.00	04000	SUBPROVIDER - IPF	1,403,251	108,733	0	15,417	40.00
43.00	04300	NURSERY	912,743	29,967	0	15,763	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,740,423	524,612	0	2,822,571	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	908,020	57,697	0	277,158	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,939,362	121,213	0	136,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,180,868	138,730	0	72,966	52.00
53.00	05300	ANESTHESIOLOGY	2,348,811	7,866	0	289,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,891,810	186,686	0	853,774	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	483,610	0	0	452,347	55.00
56.00	05600	RADIOISOTOPE	1,246,190	74,582	0	135,919	56.00
57.00	05700	CT SCAN	937,321	26,386	0	281,770	57.00
58.00	05800	MRI	559,478	30,900	0	381,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,828,529	323,389	0	1,490,951	59.00
60.00	06000	LABORATORY	13,029,452	202,387	0	195,688	60.00
65.00	06500	RESPIRATORY THERAPY	3,751,330	33,268	0	176,000	65.00
66.00	06600	PHYSICAL THERAPY	5,840,558	64,660	0	29,208	66.00
69.00	06900	ELECTROCARDIOLOGY	2,710,492	310,076	0	205,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,084,686	18,470	0	63,472	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,606,590	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,964,791	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,769,683	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	927,650	16,433	0	318	74.00
76.00	03020	OTHER ANCILLARY	2,483,995	37,141	0	3,662	76.00
76.97	07697	CARDIAC REHABILITATION	572,314	57,366	0	35,003	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	856,094	26,978	0	14,791	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	6,656,568	166,460	0	162,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,041,299	45,999	0	1,304	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,140,227	15,330	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
117.00	06950	HOME INFUSION	3,415,277	0	0	25,645	235,877	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	407,499,650	14,965,666	172,418	12,245,654	44,762,427	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	268,076	64,891	0	109	16,330	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,221,610	680,799	0	10,057	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,346,267	88,587	0	6,072	213,294	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	-172,252	19,102	0	0	180,215	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	410,163,351	15,819,045	172,418	12,261,892	45,172,266	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
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Cost Center Description			COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS	2,101,699					5.01
5.02	00540	INFORMATION SYSTEMS	137,041	33,342,914				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	3,032	177,226	1,808,558			5.03
5.04	00570	ADMITTING	36,079	653,902	922	2,729,661		5.04
5.05	00560	PATIENT ACCOUNTING	37,292	4,540,650	0	0	9,248,230	5.05
5.06	00590	OTHER ADMIN & GENERAL	277,720	1,613,367	10,579	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	22,133	250,561	30,286	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,096	134,447	6,870	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,548	0	21,119	0	0	8.00
9.00	00900	HOUSEKEEPING	9,702	116,114	3,308	0	0	9.00
10.00	01000	DIETARY	18,191	67,224	0	0	0	10.00
11.00	01100	CAFETERIA	0	165,003	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	33,047	213,893	1,258	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,824	91,669	0	0	0	14.00
15.00	01500	PHARMACY	25,468	812,795	284,190	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27,893	1,344,472	0	0	0	16.00
20.00	02000	NURSING SCHOOL	21,223	990,021	960	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	606	18,334	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	910	24,445	15	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	18,334	13	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	418,094	6,954,587	35,028	169,420	574,092	30.00
31.00	03100	INTENSIVE CARE UNIT	65,792	800,572	20,357	59,138	200,393	31.00
35.00	02040	HIGH RISK NEONATAL	21,830	684,459	7,768	76,953	260,761	35.00
40.00	04000	SUBPROVIDER - IPF	26,074	103,891	563	7,454	25,258	40.00
43.00	04300	NURSERY	0	177,226	1,871	6,743	22,847	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	157,355	3,067,841	54,398	291,855	988,968	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	8,186	189,448	5,402	35,924	121,729	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	11,521	556,123	1,709	28,607	96,938	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	606	812,795	18,509	31,211	105,759	52.00
53.00	05300	ANESTHESIOLOGY	8,792	684,459	25,088	69,472	235,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,579	910,574	9,073	117,233	397,253	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,399	348,341	47	12,446	42,174	55.00
56.00	05600	RADIOISOTOPE	35,170	165,003	15,112	34,219	115,952	56.00
57.00	05700	CT SCAN	4,245	24,445	4,806	170,254	576,918	57.00
58.00	05800	MRI	0	97,780	1,320	23,280	78,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,813	220,005	115,473	376,398	1,274,048	59.00
60.00	06000	LABORATORY	55,787	1,210,025	66,065	192,277	651,542	60.00
65.00	06500	RESPIRATORY THERAPY	10,612	250,561	17,016	70,365	238,438	65.00
66.00	06600	PHYSICAL THERAPY	58,212	733,349	1,709	50,813	172,184	66.00
69.00	06900	ELECTROCARDIOLOGY	167,663	446,120	1,991	134,631	456,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,883	79,446	711	22,975	77,852	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	408,474	147,523	499,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	551,610	180,520	611,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	225,359	763,643	73.00
74.00	07400	RENAL DIALYSIS	2,426	67,224	143	5,399	18,294	74.00
76.00	03020	OTHER ANCILLARY	26,984	134,447	1,497	16,466	55,796	76.00
76.97	07697	CARDIAC REHABILITATION	303	140,558	383	4,444	15,059	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,761	128,336	390	7,593	25,728	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	84,893	1,234,470	22,259	141,330	478,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	38,202	1,185,580	673	8,266	28,010	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,064	0	1,485	3,407	11,544	116.00
117.00	06950	HOME INFUSION	3,335	128,336	49,029	7,686	26,046	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,024,386	32,768,458	1,799,479	2,729,661	9,248,230	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,426	0	3,887	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
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Cost Center Description			COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,340	525,566	12	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	47,904	48,890	2,064	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	13,643	0	3,116	0	0	194.01
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)	2,101,699	33,342,914	1,808,558	2,729,661	9,248,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL	32,634,347	32,634,347				5.06
6.00	00600	MAINTENANCE & REPAIRS	13,548,679	1,171,175	14,719,854			6.00
7.00	00700	OPERATION OF PLANT	17,237,553	1,490,049	1,995,577	20,723,179		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,210,130	363,932	11,211	1,534,510	6,119,783	8.00
9.00	00900	HOUSEKEEPING	5,183,443	448,067	250,931	273,529	0	9.00
10.00	01000	DIETARY	1,190,230	102,886	108,814	249,023	0	10.00
11.00	01100	CAFETERIA	3,161,222	273,262	284,235	649,973	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,937,766	426,830	287,202	500,385	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,595,075	137,881	468,229	1,249,013	17,288	14.00
15.00	01500	PHARMACY	9,826,669	849,437	68,586	263,511	10,521	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,120,452	529,064	24,730	245,483	0	16.00
20.00	02000	NURSING SCHOOL	2,231,364	192,884	111,122	725,081	433	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,152,350	704,705	0	0	27,679	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,852,763	1,024,577	0	438,774	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	170,214	14,714	12,200	14,698	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	414,378	35,820	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	126,510	10,936	0	8,729	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,061,012	3,635,822	1,710,353	2,862,595	970,655	30.00
31.00	03100	INTENSIVE CARE UNIT	13,032,900	1,126,590	685,196	912,014	170,317	31.00
35.00	02040	HIGH RISK NEONATAL	11,495,259	993,673	599,794	395,161	103,600	35.00
40.00	04000	SUBPROVIDER - IPF	2,105,158	181,974	137,171	325,091	36,435	40.00
43.00	04300	NURSERY	1,403,696	121,338	86,391	89,597	28,713	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,775,983	2,141,686	2,449,956	1,568,495	354,683	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,839,081	158,974	149,042	172,504	26,708	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,466,597	299,660	155,307	362,406	76,567	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,466,753	558,999	399,643	414,778	132,909	52.00
53.00	05300	ANESTHESIOLOGY	3,964,534	342,702	755,101	23,516	13,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,444,515	643,519	350,512	558,156	110,369	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,434,883	124,034	45,834	0	3,537	55.00
56.00	05600	RADIOISOTOPE	1,990,848	172,093	42,207	222,987	5,242	56.00
57.00	05700	CT SCAN	2,274,700	196,630	43,525	78,888	0	57.00
58.00	05800	MRI	1,273,273	110,064	65,948	92,386	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,341,479	1,153,264	539,122	966,875	141,291	59.00
60.00	06000	LABORATORY	17,022,461	1,471,456	377,221	605,099	1,289	60.00
65.00	06500	RESPIRATORY THERAPY	5,590,355	483,241	834,238	99,465	1,206	65.00
66.00	06600	PHYSICAL THERAPY	8,562,285	740,141	86,062	193,321	25,014	66.00
69.00	06900	ELECTROCARDIOLOGY	5,186,900	448,366	301,381	927,071	52,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,585,791	137,079	89,689	55,222	18,133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,662,479	2,391,200	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,308,626	3,225,032	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,758,685	1,102,886	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,037,887	89,717	21,433	49,133	2,944	74.00
76.00	03020	OTHER ANCILLARY	3,388,030	292,868	67,267	111,043	6,534	76.00
76.97	07697	CARDIAC REHABILITATION	1,012,068	87,485	115,738	171,514	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,224,531	105,851	15,168	80,658	16,572	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,543,370	911,390	520,327	497,686	362,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,477,660	559,942	161,242	137,529	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,343,171	116,106	3,297	45,833	0	116.00
117.00	06950	HOME INFUSION	3,891,231	336,366	113,760	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	405,559,346	32,236,367	14,544,762	18,171,732	2,717,211	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	355,719	30,749	10,552	194,011	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,451,384	211,903	9,233	2,035,465	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	1,753,078	151,540	154,318	264,860	3,402,572	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	43,824	3,788	989	57,111	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	410,163,351	32,634,347	14,719,854	20,723,179	6,119,783	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	6,155,970					9.00
10.00	01000	DIETARY	329,363	1,980,316				10.00
11.00	01100	CAFETERIA	0	0	4,368,692			11.00
13.00	01300	NURSING ADMINISTRATION	210,305	0	82,070	6,444,558		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,389	0	44,091	0	3,997,966	14.00
15.00	01500	PHARMACY	104,450	0	137,895	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	106,542	0	0	16.00
20.00	02000	NURSING SCHOOL	140,594	0	64,760	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	169,340	0	280,759	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	513	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	5,805	0	4,199	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	10,101	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	3,277	0	2,380	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,170,118	1,463,231	904,681	2,282,769	0	30.00
31.00	03100	INTENSIVE CARE UNIT	352,069	253,691	275,953	696,310	0	31.00
35.00	02040	HIGH RISK NEONATAL	136,099	0	217,585	549,030	0	35.00
40.00	04000	SUBPROVIDER - IPF	126,548	99,822	58,135	146,691	0	40.00
43.00	04300	NURSERY	2,200	0	27,714	69,931	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,988	0	365,908	923,292	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	65,311	0	27,108	68,401	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	137,925	0	60,538	152,754	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,281	85,021	129,030	325,580	0	52.00
53.00	05300	ANESTHESIOLOGY	9,317	0	68,936	173,945	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	211,148	0	122,918	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,305	20,956	0	55.00
56.00	05600	RADIOISOTOPE	88,579	0	16,867	0	0	56.00
57.00	05700	CT SCAN	31,227	0	28,974	0	0	57.00
58.00	05800	MRI	30,478	0	12,178	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	280,391	8,732	176,667	0	0	59.00
60.00	06000	LABORATORY	231,139	0	211,637	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	27,061	0	114,520	0	0	65.00
66.00	06600	PHYSICAL THERAPY	72,287	0	162,507	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	359,326	0	88,579	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,021	0	30,280	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,700,002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,297,964	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	17,931	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	46,911	0	75,235	189,838	0	76.00
76.97	07697	CARDIAC REHABILITATION	68,588	0	21,486	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	36,611	0	18,919	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	185,398	33,589	209,350	528,251	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	107,918	272,308	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	17,636	44,502	0	116.00
117.00	06950	HOME INFUSION	0	0	23,982	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,244,475	1,944,086	4,316,856	6,444,558	3,997,966	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,370	0	2,333	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	856,484	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	12,641	36,230	29,021	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	20,482	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,155,970	1,980,316	4,368,692	6,444,558	3,997,966	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	11,261,069					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,026,271				16.00
20.00	02000	NURSING SCHOOL	808	0	3,467,046			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		9,334,833		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			13,316,627	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02	02302	PARAMED ED (ENDT)	0	0				23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	122,075	3,554,436	2,258,066	3,713,789	5,297,914	30.00
31.00	03100	INTENSIVE CARE UNIT	61,283	554,280	295,880	273,885	390,712	31.00
35.00	02040	HIGH RISK NEONATAL	5,372	150,362	473,717	219,786	313,537	35.00
40.00	04000	SUBPROVIDER - IPF	807	61,562	0	540,064	770,430	40.00
43.00	04300	NURSERY	4,714	183,800	49,956	166,998	238,231	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	116,144	0	0	3,088,106	4,405,345	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	13,070	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	11,968	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,822	0	231,458	267,489	381,587	52.00
53.00	05300	ANESTHESIOLOGY	159,035	0	0	24,892	35,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	145,188	207,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	13,178	18,799	56.00
57.00	05700	CT SCAN	0	0	0	3,622	5,167	57.00
58.00	05800	MRI	0	0	0	18,033	25,725	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,487	0	24,882	4,624	6,596	59.00
60.00	06000	LABORATORY	548	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,953	0	35,104	617	879	65.00
66.00	06600	PHYSICAL THERAPY	586	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,154	0	9,258	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	925	1,319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,393,434	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,494	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	1,877	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	50,149	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	214	0	20,831	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	57,367	2,521,831	0	853,637	1,217,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,943	0	17,745	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	61,882	0	0			116.00
117.00	06950	HOME INFUSION	2,174,032	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,261,069	7,026,271	3,467,046	9,334,833	13,316,627	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS			
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV		
						15.00	16.00		20.00
	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	
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00	
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01	
200.00		Cross Foot Adjustments			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)	11,261,069	7,026,271	3,467,046	9,334,833	13,316,627	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	221,830					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				460,299		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					151,832	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	119,396	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	13,803	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	0	1,035	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	4,486	40.00
43.00	04300	NURSERY	0	0	0	0	345	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	5,176	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	1,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,070	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,035	59.00
60.00	06000	LABORATORY	221,830	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	460,299	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	345	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	2,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,830	0	0	460,299	151,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
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)	221,830	0	0	460,299	151,832	202.00

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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 - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	72,126,912	-9,011,703	63,115,209	30.00
31.00	03100	INTENSIVE CARE UNIT	19,094,883	-664,597	18,430,286	31.00
35.00	02040	HIGH RISK NEONATAL	15,654,010	-533,323	15,120,687	35.00
40.00	04000	SUBPROVIDER - IPF	4,594,374	-1,310,494	3,283,880	40.00
43.00	04300	NURSERY	2,473,624	-405,229	2,068,395	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,217,762	-7,493,451	32,724,311	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,520,199	0	2,520,199	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,725,447	0	4,725,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,481,420	-649,076	8,832,344	52.00
53.00	05300	ANESTHESIOLOGY	5,570,490	-60,401	5,510,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,793,444	-352,307	9,441,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,637,549	0	1,637,549	55.00
56.00	05600	RADIOISOTOPE	2,570,800	-31,977	2,538,823	56.00
57.00	05700	CT SCAN	2,662,733	-8,789	2,653,944	57.00
58.00	05800	MRI	1,628,085	-43,758	1,584,327	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,677,445	-11,220	16,666,225	59.00
60.00	06000	LABORATORY	20,142,680	0	20,142,680	60.00
65.00	06500	RESPIRATORY THERAPY	7,198,639	-1,496	7,197,143	65.00
66.00	06600	PHYSICAL THERAPY	9,842,203	0	9,842,203	66.00
69.00	06900	ELECTROCARDIOLOGY	7,375,878	0	7,375,878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,939,459	-2,244	1,937,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,753,681	0	31,753,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,831,622	0	42,831,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,715,304	0	22,715,304	73.00
74.00	07400	RENAL DIALYSIS	1,224,539	0	1,224,539	74.00
76.00	03020	OTHER ANCILLARY	4,179,948	0	4,179,948	76.00
76.97	07697	CARDIAC REHABILITATION	1,527,028	0	1,527,028	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,519,355	0	1,519,355	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	18,445,096	-2,071,395	16,373,701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	7,736,287	0	7,736,287	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,632,427	0	1,632,427	116.00
117.00	06950	HOME INFUSION	6,539,371	0	6,539,371	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	398,032,694	-22,651,460	375,381,234	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	635,734	0	635,734	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,564,469	0	5,564,469	192.00
194.00	07950	NON REIMBURSABLE-OTHER	5,804,260	0	5,804,260	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	126,194	0	126,194	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	410,163,351	-22,651,460	387,511,891	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	71,803	0	11,002	82,805 4.00
5.01	00580	COMMUNICATIONS	0	39,920	0	1,421,923	1,461,843 5.01
5.02	00540	INFORMATION SYSTEMS	8,564,489	176,111	0	0	8,740,600 5.02
5.03	00550	PURCHASING/RECEIVING/STORES	0	304,337	0	5,068	309,405 5.03
5.04	00570	ADMITTING	0	39,659	0	52,107	91,766 5.04
5.05	00560	PATIENT ACCOUNTING	12,246	6,401	0	31,053	49,700 5.05
5.06	00590	OTHER ADMIN & GENERAL	1,231,752	1,227,573	0	319,290	2,778,615 5.06
6.00	00600	MAINTENANCE & REPAIRS	709	54,687	0	114,673	170,069 6.00
7.00	00700	OPERATION OF PLANT	0	7,209,823	0	82,807	7,292,630 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	184,047	513,245	0	567,508	1,264,800 8.00
9.00	00900	HOUSEKEEPING	0	91,487	0	1,961	93,448 9.00
10.00	01000	DIETARY	0	83,290	0	1,095	84,385 10.00
11.00	01100	CAFETERIA	0	217,395	0	2,856	220,251 11.00
13.00	01300	NURSING ADMINISTRATION	0	167,363	0	68,307	235,670 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	417,755	0	196,788	614,543 14.00
15.00	01500	PHARMACY	710,038	88,136	0	37,467	835,641 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	82,106	0	11,739	93,845 16.00
20.00	02000	NURSING SCHOOL	0	0	172,418	111,904	284,322 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	146,756	0	0	146,756 22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	4,916	0	0	4,916 23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0 23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0 23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0	0 23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	2,919	0	0	2,919 23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	957,446	0	700,814	1,658,260 30.00
31.00	03100	INTENSIVE CARE UNIT	13,560	305,040	0	217,439	536,039 31.00
35.00	02040	HIGH RISK NEONATAL	0	132,169	0	151,346	283,515 35.00
40.00	04000	SUBPROVIDER - IPF	0	108,733	0	15,417	124,150 40.00
43.00	04300	NURSERY	0	29,967	0	15,763	45,730 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	194,568	524,612	0	2,822,571	3,541,751 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,900	57,697	0	277,158	336,755 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	121,213	0	136,337	257,550 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	138,730	0	72,966	211,696 52.00
53.00	05300	ANESTHESIOLOGY	0	7,866	0	289,426	297,292 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,630	186,686	0	853,774	1,050,090 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	452,347	452,347 55.00
56.00	05600	RADIOISOTOPE	0	74,582	0	135,919	210,501 56.00
57.00	05700	CT SCAN	0	26,386	0	281,770	308,156 57.00
58.00	05800	MRI	0	30,900	0	381,648	412,548 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,000	323,389	0	1,490,951	1,820,340 59.00
60.00	06000	LABORATORY	321,461	202,387	0	195,688	719,536 60.00
65.00	06500	RESPIRATORY THERAPY	32,203	33,268	0	176,000	241,471 65.00
66.00	06600	PHYSICAL THERAPY	0	64,660	0	29,208	93,868 66.00
69.00	06900	ELECTROCARDIOLOGY	121,646	310,076	0	205,244	636,966 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,620	18,470	0	63,472	83,562 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	16,433	0	318	16,751 74.00
76.00	03020	OTHER ANCILLARY	0	37,141	0	3,662	40,803 76.00
76.97	07697	CARDIAC REHABILITATION	0	57,366	0	35,003	92,369 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	26,978	0	14,791	41,769 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	166,460	0	162,125	328,585 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	45,999	0	1,304	47,303 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	15,330	0	0	15,330 116.00
117.00	06950	HOME INFUSION	10,421	0	0	25,645	36,066 117.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,416,290	14,965,666	172,418	12,245,654	38,800,028	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64,891	0	109	65,000	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	680,799	0	10,057	690,856	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	88,587	0	6,072	94,659	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	19,102	0	0	19,102	194.01
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)	11,416,290	15,819,045	172,418	12,261,892	39,669,645	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	82,805					4.00
5.01	00500	COMMUNICATIONS	187	1,462,030				5.01
5.02	00540	INFORMATION SYSTEMS	333	95,331	8,836,264			5.02
5.03	00550	PURCHASING/RECEIVING/STORES	363	2,109	46,967	358,844		5.03
5.04	00570	ADMITTING	827	25,098	173,292	183	291,166	5.04
5.05	00560	PATIENT ACCOUNTING	1,771	25,942	1,203,326	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	6,563	193,194	427,561	2,099	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,315	15,396	66,402	6,009	0	6.00
7.00	00700	OPERATION OF PLANT	1,099	6,327	35,630	1,363	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	384	3,164	0	4,190	0	8.00
9.00	00900	HOUSEKEEPING	1,504	6,749	30,771	656	0	9.00
10.00	01000	DIETARY	347	12,655	17,815	0	0	10.00
11.00	01100	CAFETERIA	928	0	43,728	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,627	22,989	56,684	249	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	330	8,226	24,293	0	0	14.00
15.00	01500	PHARMACY	2,994	17,716	215,400	56,382	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,290	19,404	356,301	0	0	16.00
20.00	02000	NURSING SCHOOL	1,320	14,764	262,367	190	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,897	422	4,859	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	25	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	78	633	6,478	3	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	178	0	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	45	0	4,859	3	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,096	290,844	1,843,046	6,949	18,054	30.00
31.00	03100	INTENSIVE CARE UNIT	3,857	45,768	212,161	4,039	6,302	31.00
35.00	02040	HIGH RISK NEONATAL	3,942	15,186	181,390	1,541	8,200	35.00
40.00	04000	SUBPROVIDER - IPF	759	18,138	27,532	112	794	40.00
43.00	04300	NURSERY	433	0	46,967	371	719	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,729	109,462	813,014	10,792	31,101	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	431	5,695	50,206	1,072	3,828	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,053	8,015	147,379	339	3,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,025	422	215,400	3,672	3,326	52.00
53.00	05300	ANESTHESIOLOGY	541	6,116	181,390	4,977	7,403	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,856	44,924	241,313	1,800	12,493	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	158	6,538	92,314	9	1,326	55.00
56.00	05600	RADIOISOTOPE	309	24,466	43,728	2,998	3,646	56.00
57.00	05700	CT SCAN	455	2,953	6,478	954	18,143	57.00
58.00	05800	MRI	183	0	25,913	262	2,481	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,048	33,957	58,304	22,909	40,395	59.00
60.00	06000	LABORATORY	2,600	38,807	320,671	13,107	20,490	60.00
65.00	06500	RESPIRATORY THERAPY	1,910	7,382	66,402	3,376	7,498	65.00
66.00	06600	PHYSICAL THERAPY	2,952	40,495	194,346	339	5,415	66.00
69.00	06900	ELECTROCARDIOLOGY	1,382	116,633	118,227	395	14,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	422	5,484	21,054	141	2,448	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	81,040	15,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,473	19,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,015	73.00
74.00	07400	RENAL DIALYSIS	0	1,687	17,815	28	575	74.00
76.00	03020	OTHER ANCILLARY	1,150	18,771	35,630	297	1,755	76.00
76.97	07697	CARDIAC REHABILITATION	342	211	37,250	76	474	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	291	4,007	34,011	77	809	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,924	59,055	327,149	4,416	15,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,067	26,575	314,193	134	881	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	302	4,218	0	295	363	116.00
117.00	06950	HOME INFUSION	432	2,320	34,011	9,727	819	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,054	1,408,248	8,684,027	357,044	291,166	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30	1,687	0	771	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,280	139,281	2	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	391	33,324	12,956	409	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	330	9,491	0	618	0	194.01
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)	82,805	1,462,030	8,836,264	358,844	291,166	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING	1,280,739					5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,408,032				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	122,304	382,495			6.00
7.00	00700	OPERATION OF PLANT	0	155,603	51,855	7,544,507		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	38,005	291	558,656	1,869,490	8.00
9.00	00900	HOUSEKEEPING	0	46,791	6,520	99,581	0	9.00
10.00	01000	DIETARY	0	10,744	2,828	90,660	0	10.00
11.00	01100	CAFETERIA	0	28,536	7,386	236,630	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	44,573	7,463	182,171	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,399	12,167	454,717	5,281	14.00
15.00	01500	PHARMACY	0	88,705	1,782	95,934	3,214	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,249	643	89,371	0	16.00
20.00	02000	NURSING SCHOOL	0	20,143	2,887	263,974	132	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	73,591	0	0	8,455	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	106,995	0	159,741	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	1,537	317	5,351	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	3,741	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	1,142	0	3,178	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,481	379,760	44,443	1,042,159	296,518	30.00
31.00	03100	INTENSIVE CARE UNIT	27,744	117,648	17,805	332,029	52,029	31.00
35.00	02040	HIGH RISK NEONATAL	36,102	103,768	15,586	143,863	31,648	35.00
40.00	04000	SUBPROVIDER - IPF	3,497	19,003	3,564	118,353	11,130	40.00
43.00	04300	NURSERY	3,163	12,671	2,245	32,619	8,771	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	136,919	223,653	63,661	571,028	108,349	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	16,853	16,601	3,873	62,802	8,159	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	13,421	31,293	4,036	131,938	23,390	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,642	58,375	10,385	151,005	40,601	52.00
53.00	05300	ANESTHESIOLOGY	32,592	35,788	19,621	8,561	3,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,998	67,202	9,108	203,203	33,716	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,839	12,953	1,191	0	1,081	55.00
56.00	05600	RADIOISOTOPE	16,053	17,971	1,097	81,181	1,601	56.00
57.00	05700	CT SCAN	79,872	20,534	1,131	28,720	0	57.00
58.00	05800	MRI	10,922	11,494	1,714	33,634	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	176,739	120,434	14,009	352,002	43,162	59.00
60.00	06000	LABORATORY	90,204	153,662	9,802	220,293	394	60.00
65.00	06500	RESPIRATORY THERAPY	33,011	50,464	21,678	36,211	368	65.00
66.00	06600	PHYSICAL THERAPY	23,838	77,292	2,236	70,381	7,641	66.00
69.00	06900	ELECTROCARDIOLOGY	63,160	46,822	7,831	337,511	16,143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,778	14,315	2,331	20,104	5,539	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,208	249,709	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	84,689	336,785	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,724	115,173	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,533	9,369	557	17,887	899	74.00
76.00	03020	OTHER ANCILLARY	7,725	30,584	1,748	40,427	1,996	76.00
76.97	07697	CARDIAC REHABILITATION	2,085	9,136	3,007	62,442	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,562	11,054	394	29,364	5,063	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	66,303	95,175	13,521	181,188	110,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	3,878	58,474	4,190	50,069	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,598	12,125	86	16,686	0	116.00
117.00	06950	HOME INFUSION	3,606	35,126	2,956	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,280,739	3,366,471	377,945	6,615,624	830,058	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,211	274	70,632	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	22,129	240	741,034	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	0	15,825	4,010	96,425	1,039,432	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	396	26	20,792	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,280,739	3,408,032	382,495	7,544,507	1,869,490	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	286,020					9.00
10.00	01000	DIETARY	15,303	234,737				10.00
11.00	01100	CAFETERIA	0	0	537,459			11.00
13.00	01300	NURSING ADMINISTRATION	9,771	0	10,097	571,294		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,599	0	5,424	0	1,161,979	14.00
15.00	01500	PHARMACY	4,853	0	16,965	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	13,107	0	0	16.00
20.00	02000	NURSING SCHOOL	6,532	0	7,967	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,868	0	34,540	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	63	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	270	0	517	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	1,243	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	152	0	293	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,366	173,445	111,297	202,362	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,358	30,071	33,949	61,726	0	31.00
35.00	02040	HIGH RISK NEONATAL	6,323	0	26,768	48,670	0	35.00
40.00	04000	SUBPROVIDER - IPF	5,880	11,832	7,152	13,004	0	40.00
43.00	04300	NURSERY	102	0	3,410	6,199	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,068	0	45,016	81,847	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,034	0	3,335	6,064	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	6,408	0	7,448	13,541	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,987	10,078	15,874	28,862	0	52.00
53.00	05300	ANESTHESIOLOGY	433	0	8,481	15,420	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,810	0	15,122	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,022	1,858	0	55.00
56.00	05600	RADIOISOTOPE	4,116	0	2,075	0	0	56.00
57.00	05700	CT SCAN	1,451	0	3,565	0	0	57.00
58.00	05800	MRI	1,416	0	1,498	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,028	1,035	21,735	0	0	59.00
60.00	06000	LABORATORY	10,739	0	26,037	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,257	0	14,089	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,359	0	19,992	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	16,695	0	10,897	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	977	0	3,725	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	494,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	667,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	833	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	2,180	0	9,256	16,829	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,187	0	2,643	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,701	0	2,328	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,614	3,981	25,755	46,828	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	13,277	24,139	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,170	3,945	0	116.00
117.00	06950	HOME INFUSION	0	0	2,950	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,670	230,442	531,082	571,294	1,161,979	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	1,969	0	287	0	0	190.00

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			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,794	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	587	4,295	3,570	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	2,520	0	0	194.01
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)	286,020	234,737	537,459	571,294	1,161,979	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	1,339,586					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	629,210				16.00
20.00	02000	NURSING SCHOOL	96	0	864,694			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		133,632		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			413,580	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02	02302	PARAMED ED (ENDT)	0	0				23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,522	318,303				30.00
31.00	03100	INTENSIVE CARE UNIT	7,290	49,636				31.00
35.00	02040	HIGH RISK NEONATAL	639	13,465				35.00
40.00	04000	SUBPROVIDER - IPF	96	5,513				40.00
43.00	04300	NURSERY	561	16,460				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,816	0				50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,555	0				50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0				50.02
51.00	05100	RECOVERY ROOM	1,424	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,596	0				52.00
53.00	05300	ANESTHESIOLOGY	18,918	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	0	0				56.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	3,865	0				59.00
60.00	06000	LABORATORY	65	0				60.00
65.00	06500	RESPIRATORY THERAPY	1,422	0				65.00
66.00	06600	PHYSICAL THERAPY	70	0				66.00
69.00	06900	ELECTROCARDIOLOGY	256	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	998,461	0				73.00
74.00	07400	RENAL DIALYSIS	654	0				74.00
76.00	03020	OTHER ANCILLARY	223	0				76.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	25	0				76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,824	225,833				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	231	0				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,361	0				116.00
117.00	06950	HOME INFUSION	258,616	0				117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,339,586	629,210	0	0	0	118.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
						15.00	16.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0				194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0				194.01
200.00		Cross Foot Adjustments			864,694	133,632	413,580	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,339,586	629,210	864,694	133,632	413,580	202.00

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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	20,100					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				5,162		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					12,591	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
35.00	02040	HIGH RISK NEONATAL						35.00
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	GASTRODIAGNOSTIC UNIT						50.01
50.02	05002	PAIN MANAGEMENT CENTER						50.02
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	OTHER ANCILLARY						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
117.00	06950	HOME INFUSION						117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN						190.00

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			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	NON REIMBURSABLE-OTHER						194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT						194.01
200.00		Cross Foot Adjustments	20,100	0	0	5,162	12,591	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,100	0	0	5,162	12,591	202.00

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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 - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,545,905	0	6,545,905	30.00
31.00	03100	INTENSIVE CARE UNIT	1,554,451	0	1,554,451	31.00
35.00	02040	HIGH RISK NEONATAL	920,606	0	920,606	35.00
40.00	04000	SUBPROVIDER - IPF	370,509	0	370,509	40.00
43.00	04300	NURSERY	180,421	0	180,421	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,757,206	0	5,757,206	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	520,263	0	520,263	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	650,283	0	650,283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	771,946	0	771,946	52.00
53.00	05300	ANESTHESIOLOGY	641,505	0	641,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,635	0	1,745,635	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	576,636	0	576,636	55.00
56.00	05600	RADIOISOTOPE	409,742	0	409,742	56.00
57.00	05700	CT SCAN	472,412	0	472,412	57.00
58.00	05800	MRI	502,065	0	502,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,724,962	0	2,724,962	59.00
60.00	06000	LABORATORY	1,626,407	0	1,626,407	60.00
65.00	06500	RESPIRATORY THERAPY	486,539	0	486,539	65.00
66.00	06600	PHYSICAL THERAPY	542,224	0	542,224	66.00
69.00	06900	ELECTROCARDIOLOGY	1,387,265	0	1,387,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,880	0	170,880	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	909,761	0	909,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,218,079	0	1,218,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,243,373	0	1,243,373	73.00
74.00	07400	RENAL DIALYSIS	69,588	0	69,588	74.00
76.00	03020	OTHER ANCILLARY	209,374	0	209,374	76.00
76.97	07697	CARDIAC REHABILITATION	213,222	0	213,222	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	134,455	0	134,455	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,522,018	0	1,522,018	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	545,411	0	545,411	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	64,479	0	64,479	116.00
117.00	06950	HOME INFUSION	386,629	0	386,629	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,074,251	0	35,074,251	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,861	0	143,861	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,642,616	0	1,642,616	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,305,883	0	1,305,883	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	53,275	0	53,275	194.01
200.00		Cross Foot Adjustments	1,449,759	0	1,449,759	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	39,669,645	0	39,669,645	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATION S (TELEPHONES)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,576,772					1.00
1.01	00101	CAP REL COSTS - CON	0	24,173				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			12,188,730			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,157	0	10,936	141,919,034		4.00
5.01	00580	COMMUNICATIONS	3,979	0	1,413,440	320,491	6,932	5.01
5.02	00540	INFORMATION SYSTEMS	17,554	0	0	570,988	452	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	30,335	0	5,038	622,998	10	5.03
5.04	00570	ADMITTING	3,953	0	51,796	1,418,718	119	5.04
5.05	00560	PATIENT ACCOUNTING	638	0	30,868	3,037,261	123	5.05
5.06	00590	OTHER ADMIN & GENERAL	122,359	0	317,385	11,257,517	916	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,451	0	113,989	3,971,617	73	6.00
7.00	00700	OPERATION OF PLANT	718,643	0	82,313	1,884,906	30	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,158	0	564,122	658,728	15	8.00
9.00	00900	HOUSEKEEPING	9,119	0	1,949	2,579,340	32	9.00
10.00	01000	DIETARY	8,302	0	1,088	595,542	60	10.00
11.00	01100	CAFETERIA	21,669	0	2,839	1,592,113	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,682	0	67,899	2,790,701	109	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,640	0	195,614	566,026	39	14.00
15.00	01500	PHARMACY	8,785	0	37,243	5,135,649	84	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,184	0	11,669	2,212,933	92	16.00
20.00	02000	NURSING SCHOOL	0	24,173	111,236	2,264,948	70	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,684,491	2	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,628	0	0	43,146	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	490	0	0	134,288	3	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	305,313	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	291	0	0	76,670	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,434	0	696,633	20,632,059	1,379	30.00
31.00	03100	INTENSIVE CARE UNIT	30,405	0	216,142	6,615,579	217	31.00
35.00	02040	HIGH RISK NEONATAL	13,174	0	150,443	6,761,785	72	35.00
40.00	04000	SUBPROVIDER - IPF	10,838	0	15,325	1,302,299	86	40.00
43.00	04300	NURSERY	2,987	0	15,669	743,133	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,291	0	2,805,728	9,827,205	519	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,751	0	275,504	739,931	27	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	12,082	0	135,524	1,805,826	38	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,828	0	72,531	3,472,582	2	52.00
53.00	05300	ANESTHESIOLOGY	784	0	287,699	927,473	29	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,608	0	848,680	3,184,247	213	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	449,648	271,819	31	55.00
56.00	05600	RADIOISOTOPE	7,434	0	135,108	530,012	116	56.00
57.00	05700	CT SCAN	2,630	0	280,089	780,892	14	57.00
58.00	05800	MRI	3,080	0	379,371	314,110	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,234	0	1,482,056	5,227,440	161	59.00
60.00	06000	LABORATORY	20,173	0	194,520	4,458,863	184	60.00
65.00	06500	RESPIRATORY THERAPY	3,316	0	174,950	3,276,085	35	65.00
66.00	06600	PHYSICAL THERAPY	6,445	0	29,034	5,063,188	192	66.00
69.00	06900	ELECTROCARDIOLOGY	30,907	0	204,019	2,370,368	553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,841	0	63,093	723,527	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,638	0	316	0	8	74.00
76.00	03020	OTHER ANCILLARY	3,702	0	3,640	1,973,138	89	76.00
76.97	07697	CARDIAC REHABILITATION	5,718	0	34,794	586,366	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,689	0	14,703	499,095	19	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,592	0	161,158	5,015,324	280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,585	0	1,296	3,544,899	126	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,528	0	0	518,742	20	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATION S (TELEPHONES)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
117.00	06950	HOME INFUSION	0	0	25,492	741,062	11	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,491,711	24,173	12,172,589	140,631,433	6,677	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,468	0	108	51,303	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,859	0	9,997	0	44	192.00
194.00	07950	NON REIMBURSABLE-OTHER	8,830	0	6,036	670,111	158	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	1,904	0	0	566,187	45	194.01
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)	15,819,045	172,418	12,261,892	45,172,266	2,101,699	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.032551	7.132669	1.006002	0.318296	303.187969	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				82,805	1,462,030	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000583	210.910271	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: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RE CEIVING/STORE S (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliatio n	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS	5,456				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	29	85,820,108			5.03
5.04	00570	ADMITTING	107	43,745	1,773,490,031		5.04
5.05	00560	PATIENT ACCOUNTING	743	0	0	1,773,490,031	5.05
5.06	00590	OTHER ADMIN & GENERAL	264	501,983	0	0	-32,634,347
6.00	00600	MAINTENANCE & REPAIRS	41	1,437,106	0	0	0
7.00	00700	OPERATION OF PLANT	22	325,991	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,002,157	0	0	0
9.00	00900	HOUSEKEEPING	19	156,992	0	0	0
10.00	01000	DIETARY	11	0	0	0	0
11.00	01100	CAFETERIA	27	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	35	59,672	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	15	0	0	0	0
15.00	01500	PHARMACY	133	13,485,360	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	220	0	0	0	0
20.00	02000	NURSING SCHOOL	162	45,549	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	4	717	0	0	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0	0
23.04	02304	PARAMED ED (PASTORAL CARE)	3	622	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,138	1,662,124	110,084,721	110,084,721	0
31.00	03100	INTENSIVE CARE UNIT	131	965,986	38,426,240	38,426,240	0
35.00	02040	HIGH RISK NEONATAL	112	368,612	50,002,106	50,002,106	0
40.00	04000	SUBPROVIDER - IPF	17	26,692	4,843,403	4,843,403	0
43.00	04300	NURSERY	29	88,804	4,381,106	4,381,106	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	502	2,581,279	189,639,065	189,639,065	0
50.01	05001	GASTRODIAGNOSTIC UNIT	31	256,326	23,342,173	23,342,173	0
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	91	81,099	18,588,270	18,588,270	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	133	878,289	20,279,852	20,279,852	0
53.00	05300	ANESTHESIOLOGY	112	1,190,484	45,140,808	45,140,808	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	149	430,536	76,175,027	76,175,027	0
55.00	05500	RADIOLOGY-THERAPEUTIC	57	2,227	8,087,102	8,087,102	0
56.00	05600	RADIOISOTOPE	27	717,088	22,234,261	22,234,261	0
57.00	05700	CT SCAN	4	228,065	110,626,664	110,626,664	0
58.00	05800	MRI	16	62,617	15,126,889	15,126,889	0
59.00	05900	CARDIAC CATHETERIZATION	36	5,479,412	244,404,421	244,404,421	0
60.00	06000	LABORATORY	198	3,134,919	124,936,233	124,936,233	0
65.00	06500	RESPIRATORY THERAPY	41	807,455	45,721,512	45,721,512	0
66.00	06600	PHYSICAL THERAPY	120	81,085	33,017,044	33,017,044	0
69.00	06900	ELECTROCARDIOLOGY	73	94,483	87,479,208	87,479,208	0
70.00	07000	ELECTROENCEPHALOGRAPHY	13	33,732	14,928,475	14,928,475	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,382,826	95,856,647	95,856,647	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,175,620	117,297,142	117,297,142	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	146,432,006	146,432,006	0
74.00	07400	RENAL DIALYSIS	11	6,777	3,507,891	3,507,891	0
76.00	03020	OTHER ANCILLARY	22	71,043	10,699,081	10,699,081	0
76.97	07697	CARDIAC REHABILITATION	23	18,164	2,887,617	2,887,617	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	21	18,503	4,933,514	4,933,514	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	202	1,056,213	91,832,613	91,832,613	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	194	31,947	5,371,000	5,371,000	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	70,450	2,213,554	2,213,554	0
117.00	06950	HOME INFUSION	21	2,326,537	4,994,386	4,994,386	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,362	85,389,288	1,773,490,031	1,773,490,031	-32,634,347

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RE CEIVING/STORE S (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliatio n	
		5.02	5.03	5.04	5.05	5A.06	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	184,449	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86	586	0	0	0192.00
194.00	07950	NON REIMBURSABLE-OTHER	8	97,930	0	0	0194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	147,855	0	0	0194.01
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)	33,342,914	1,808,558	2,729,661	9,248,230	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6,111.237903	0.021074	0.001539	0.005215	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,836,264	358,844	291,166	1,280,739	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,619.549853	0.004181	0.000164	0.000722	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: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL	377,529,004				5.06
6.00	00600	MAINTENANCE & REPAIRS	13,548,679	44,641			6.00
7.00	00700	OPERATION OF PLANT	17,237,553	6,052	690,876		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,210,130	34	51,158	6,216,002	8.00
9.00	00900	HOUSEKEEPING	5,183,443	761	9,119	0	9.00
10.00	01000	DIETARY	1,190,230	330	8,302	0	10.00
11.00	01100	CAFETERIA	3,161,222	862	21,669	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,937,766	871	16,682	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,595,075	1,420	41,640	17,560	14.00
15.00	01500	PHARMACY	9,826,669	208	8,785	10,686	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,120,452	75	8,184	0	16.00
20.00	02000	NURSING SCHOOL	2,231,364	337	24,173	440	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,152,350	0	0	28,114	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,852,763	0	14,628	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	170,214	37	490	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	414,378	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	126,510	0	291	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,061,012	5,187	95,434	985,916	30.00
31.00	03100	INTENSIVE CARE UNIT	13,032,900	2,078	30,405	172,995	31.00
35.00	02040	HIGH RISK NEONATAL	11,495,259	1,819	13,174	105,229	35.00
40.00	04000	SUBPROVIDER - IPF	2,105,158	416	10,838	37,008	40.00
43.00	04300	NURSERY	1,403,696	262	2,987	29,164	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,775,983	7,430	52,291	360,259	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,839,081	452	5,751	27,128	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,466,597	471	12,082	77,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,466,753	1,212	13,828	134,999	52.00
53.00	05300	ANESTHESIOLOGY	3,964,534	2,290	784	13,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,444,515	1,063	18,608	112,104	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,434,883	139	0	3,593	55.00
56.00	05600	RADIOISOTOPE	1,990,848	128	7,434	5,324	56.00
57.00	05700	CT SCAN	2,274,700	132	2,630	0	57.00
58.00	05800	MRI	1,273,273	200	3,080	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,341,479	1,635	32,234	143,512	59.00
60.00	06000	LABORATORY	17,022,461	1,144	20,173	1,309	60.00
65.00	06500	RESPIRATORY THERAPY	5,590,355	2,530	3,316	1,225	65.00
66.00	06600	PHYSICAL THERAPY	8,562,285	261	6,445	25,407	66.00
69.00	06900	ELECTROCARDIOLOGY	5,186,900	914	30,907	53,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,585,791	272	1,841	18,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,662,479	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,308,626	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,758,685	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,037,887	65	1,638	2,990	74.00
76.00	03020	OTHER ANCILLARY	3,388,030	204	3,702	6,637	76.00
76.97	07697	CARDIAC REHABILITATION	1,012,068	351	5,718	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,224,531	46	2,689	16,833	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	10,543,370	1,578	16,592	368,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	6,477,660	489	4,585	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,343,171	10	1,528	0	116.00
117.00	06950	HOME INFUSION	3,891,231	345	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	372,924,999	44,110	605,815	2,759,931	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.06	6.00	7.00	8.00	9.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	355,719	32	6,468	0	905	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,451,384	28	67,859	0	18,294	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,753,078	468	8,830	3,456,071	270	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	43,824	3	1,904	0	0	194.01
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)	32,634,347	14,719,854	20,723,179	6,119,783	6,155,970	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.086442	329.738447	29.995511	0.984521	46.817732	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,408,032	382,495	7,544,507	1,869,490	286,020	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009027	8.568244	10.920204	0.300754	2.175256	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: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATIO N (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			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 - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	291,664					10.00
11.00	01100	CAFETERIA	0	187,268				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,518	109,481			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,890	0	62,571,382		14.00
15.00	01500	PHARMACY	0	5,911	0	0	11,885,728	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,567	0	0	0	16.00
20.00	02000	NURSING SCHOOL	0	2,776	0	0	853	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	12,035	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	22	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	180	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	433	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	102	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	215,507	38,780	38,780	0	128,847	30.00
31.00	03100	INTENSIVE CARE UNIT	37,364	11,829	11,829	0	64,682	31.00
35.00	02040	HIGH RISK NEONATAL	0	9,327	9,327	0	5,670	35.00
40.00	04000	SUBPROVIDER - IPF	14,702	2,492	2,492	0	852	40.00
43.00	04300	NURSERY	0	1,188	1,188	0	4,976	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,685	15,685	0	122,587	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	1,162	1,162	0	13,795	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	2,595	2,595	0	12,632	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,522	5,531	5,531	0	23,032	52.00
53.00	05300	ANESTHESIOLOGY	0	2,955	2,955	0	167,857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,269	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	356	356	0	0	55.00
56.00	05600	RADIOISOTOPE	0	723	0	0	0	56.00
57.00	05700	CT SCAN	0	1,242	0	0	0	57.00
58.00	05800	MRI	0	522	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,286	7,573	0	0	34,289	59.00
60.00	06000	LABORATORY	0	9,072	0	0	578	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,909	0	0	12,616	65.00
66.00	06600	PHYSICAL THERAPY	0	6,966	0	0	619	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,797	0	0	2,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,298	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,606,591	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	35,964,791	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,859,023	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,799	74.00
76.00	03020	OTHER ANCILLARY	0	3,225	3,225	0	1,981	76.00
76.97	07697	CARDIAC REHABILITATION	0	921	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	811	0	0	226	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,947	8,974	8,974	0	60,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,626	4,626	0	2,051	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	756	756	0	65,315	116.00
117.00	06950	HOME INFUSION	0	1,028	0	0	2,294,626	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	286,328	185,046	109,481	62,571,382	11,885,728	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATIO N (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	5,336	1,244	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	878	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,980,316	4,368,692	6,444,558	3,997,966	11,261,069
203.00		Unit cost multiplier (Wkst. B, Part I)	6.789717	23.328556	58.864625	0.063894	0.947445
204.00		Cost to be allocated (per Wkst. B, Part II)	234,737	537,459	571,294	1,161,979	1,339,586
205.00		Unit cost multiplier (Wkst. B, Part II)	0.804820	2.869999	5.218202	0.018570	0.112705
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: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	31,729					16.00
20.00	02000	NURSING SCHOOL	0	17,975				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		121,131			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			121,131		22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0				100	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0					23.01
23.02	02302	PARAMED ED (ENDT)	0					23.02
23.03	02303	PARAMED ED (PHARMACY)	0					23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,051	11,707	48,191	48,191	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,503	1,534	3,554	3,554	0	31.00
35.00	02040	HIGH RISK NEONATAL	679	2,456	2,852	2,852	0	35.00
40.00	04000	SUBPROVIDER - IPF	278	0	7,008	7,008	0	40.00
43.00	04300	NURSERY	830	259	2,167	2,167	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	40,072	40,072	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,200	3,471	3,471	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	323	323	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,884	1,884	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	171	171	0	56.00
57.00	05700	CT SCAN	0	0	47	47	0	57.00
58.00	05800	MRI	0	0	234	234	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	129	60	60	0	59.00
60.00	06000	LABORATORY	0	0	0	0	100	60.00
65.00	06500	RESPIRATORY THERAPY	0	182	8	8	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	48	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	12	12	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	260	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	108	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,388	0	11,077	11,077	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	92	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0			0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,729	17,975	121,131	121,131	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
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)	7,026,271	3,467,046	9,334,833	13,316,627	221,830	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	221.446342	192.881558	77.063947	109.935747	2,218.300000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	629,210	864,694	133,632	413,580	20,100	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.830754	48.105369	1.103202	3.414320	201.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
			23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0				23.01
23.02	02302	PARAMED ED (ENDT)		0			23.02
23.03	02303	PARAMED ED (PHARMACY)			100		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				440	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	346	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	40	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	3	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	13	40.00
43.00	04300	NURSERY	0	0	0	1	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	15	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	5	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	1	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	7	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	440	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description			PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
			23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	460,299	151,832	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	4,602.990000	345.072727	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	5,162	12,591	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	51.620000	28.615909	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,115,209		63,115,209	59,856	63,175,065	30.00
31.00	03100	INTENSIVE CARE UNIT	18,430,286		18,430,286	0	18,430,286	31.00
35.00	02040	HIGH RISK NEONATAL	15,120,687		15,120,687	37,301	15,157,988	35.00
40.00	04000	SUBPROVIDER - IPF	3,283,880		3,283,880	0	3,283,880	40.00
43.00	04300	NURSERY	2,068,395		2,068,395	0	2,068,395	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,724,311		32,724,311	0	32,724,311	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,520,199		2,520,199	0	2,520,199	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,725,447		4,725,447	0	4,725,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,832,344		8,832,344	0	8,832,344	52.00
53.00	05300	ANESTHESIOLOGY	5,510,089		5,510,089	206,760	5,716,849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,441,137		9,441,137	0	9,441,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,637,549		1,637,549	0	1,637,549	55.00
56.00	05600	RADIOISOTOPE	2,538,823		2,538,823	0	2,538,823	56.00
57.00	05700	CT SCAN	2,653,944		2,653,944	0	2,653,944	57.00
58.00	05800	MRI	1,584,327		1,584,327	0	1,584,327	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,666,225		16,666,225	0	16,666,225	59.00
60.00	06000	LABORATORY	20,142,680		20,142,680	0	20,142,680	60.00
65.00	06500	RESPIRATORY THERAPY	7,197,143	0	7,197,143	0	7,197,143	65.00
66.00	06600	PHYSICAL THERAPY	9,842,203	0	9,842,203	0	9,842,203	66.00
69.00	06900	ELECTROCARDIOLOGY	7,375,878		7,375,878	243,087	7,618,965	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,937,215		1,937,215	4,170	1,941,385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,753,681		31,753,681	0	31,753,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,831,622		42,831,622	0	42,831,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,715,304		22,715,304	0	22,715,304	73.00
74.00	07400	RENAL DIALYSIS	1,224,539		1,224,539	0	1,224,539	74.00
76.00	03020	OTHER ANCILLARY	4,179,948		4,179,948	0	4,179,948	76.00
76.97	07697	CARDIAC REHABILITATION	1,527,028		1,527,028	0	1,527,028	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,519,355		1,519,355	0	1,519,355	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	16,373,701		16,373,701	44,270	16,417,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,233,834		2,233,834		2,233,834	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,736,287		7,736,287		7,736,287	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,632,427		1,632,427		1,632,427	116.00
117.00	06950	HOME INFUSION	6,539,371		6,539,371		6,539,371	117.00
200.00		Subtotal (see instructions)	377,615,068	0	377,615,068	595,444	378,210,512	200.00
201.00		Less Observation Beds	2,233,834		2,233,834		2,233,834	201.00
202.00		Total (see instructions)	375,381,234	0	375,381,234	595,444	375,976,678	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/20/2018 3:53 pm	
					Title XVIII	Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,596,584		104,596,584			30.00
31.00	03100	INTENSIVE CARE UNIT	38,426,240		38,426,240			31.00
35.00	02040	HIGH RISK NEONATAL	50,002,106		50,002,106			35.00
40.00	04000	SUBPROVIDER - IPF	4,843,403		4,843,403			40.00
43.00	04300	NURSERY	4,381,106		4,381,106			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,340,278	96,298,787	189,639,065	0.172561	0.000000	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	7,099,630	16,242,543	23,342,173	0.107968	0.000000	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	6,069,705	12,518,565	18,588,270	0.254217	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,574,399	705,453	20,279,852	0.435523	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	21,034,478	24,106,330	45,140,808	0.122064	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,891,355	51,283,672	76,175,027	0.123940	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	997,572	7,089,530	8,087,102	0.202489	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,428,284	18,805,977	22,234,261	0.114185	0.000000	56.00
57.00	05700	CT SCAN	44,327,311	66,299,353	110,626,664	0.023990	0.000000	57.00
58.00	05800	MRI	6,927,152	8,199,737	15,126,889	0.104736	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	83,570,572	160,833,849	244,404,421	0.068191	0.000000	59.00
60.00	06000	LABORATORY	76,013,803	48,922,430	124,936,233	0.161224	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	43,095,188	2,626,324	45,721,512	0.157413	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,557,687	18,459,357	33,017,044	0.298095	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	36,404,700	51,074,508	87,479,208	0.084316	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,609,172	8,319,303	14,928,475	0.129766	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	51,747,322	44,109,325	95,856,647	0.331262	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,185,952	49,111,190	117,297,142	0.365155	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,110,503	49,321,503	146,432,006	0.155125	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,507,891	0	3,507,891	0.349081	0.000000	74.00
76.00	03020	OTHER ANCILLARY	802,723	9,896,358	10,699,081	0.390683	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,123,597	1,764,020	2,887,617	0.528819	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	22,678	4,910,836	4,933,514	0.307966	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	27,489,708	64,342,905	91,832,613	0.178299	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,203,400	4,284,737	5,488,137	0.407030	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,371,000	5,371,000			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,213,554	2,213,554			116.00
117.00	06950	HOME INFUSION	0	4,994,386	4,994,386			117.00
200.00		Subtotal (see instructions)	941,384,499	832,105,532	1,773,490,031			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	941,384,499	832,105,532	1,773,490,031			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/20/2018 3:53 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	HIGH RISK NEONATAL			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.172561		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.107968		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.254217		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.435523		52.00
53.00	05300	ANESTHESIOLOGY	0.126645		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123940		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202489		55.00
56.00	05600	RADIOISOTOPE	0.114185		56.00
57.00	05700	CT SCAN	0.023990		57.00
58.00	05800	MRI	0.104736		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068191		59.00
60.00	06000	LABORATORY	0.161224		60.00
65.00	06500	RESPIRATORY THERAPY	0.157413		65.00
66.00	06600	PHYSICAL THERAPY	0.298095		66.00
69.00	06900	ELECTROCARDIOLOGY	0.087095		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130046		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.331262		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.365155		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155125		73.00
74.00	07400	RENAL DIALYSIS	0.349081		74.00
76.00	03020	OTHER ANCILLARY	0.390683		76.00
76.97	07697	CARDIAC REHABILITATION	0.528819		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.307966		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.178781		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.407030		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	HOME INFUSION			117.00
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: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

			Title XIX		Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,115,209		63,115,209	59,856	63,175,065	30.00
31.00	03100	INTENSIVE CARE UNIT	18,430,286		18,430,286	0	18,430,286	31.00
35.00	02040	HIGH RISK NEONATAL	15,120,687		15,120,687	37,301	15,157,988	35.00
40.00	04000	SUBPROVIDER - IPF	3,283,880		3,283,880	0	3,283,880	40.00
43.00	04300	NURSERY	2,068,395		2,068,395	0	2,068,395	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,724,311		32,724,311	0	32,724,311	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,520,199		2,520,199	0	2,520,199	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,725,447		4,725,447	0	4,725,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,832,344		8,832,344	0	8,832,344	52.00
53.00	05300	ANESTHESIOLOGY	5,510,089		5,510,089	206,760	5,716,849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,441,137		9,441,137	0	9,441,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,637,549		1,637,549	0	1,637,549	55.00
56.00	05600	RADIOISOTOPE	2,538,823		2,538,823	0	2,538,823	56.00
57.00	05700	CT SCAN	2,653,944		2,653,944	0	2,653,944	57.00
58.00	05800	MRI	1,584,327		1,584,327	0	1,584,327	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,666,225		16,666,225	0	16,666,225	59.00
60.00	06000	LABORATORY	20,142,680		20,142,680	0	20,142,680	60.00
65.00	06500	RESPIRATORY THERAPY	7,197,143	0	7,197,143	0	7,197,143	65.00
66.00	06600	PHYSICAL THERAPY	9,842,203	0	9,842,203	0	9,842,203	66.00
69.00	06900	ELECTROCARDIOLOGY	7,375,878		7,375,878	243,087	7,618,965	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,937,215		1,937,215	4,170	1,941,385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,753,681		31,753,681	0	31,753,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,831,622		42,831,622	0	42,831,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,715,304		22,715,304	0	22,715,304	73.00
74.00	07400	RENAL DIALYSIS	1,224,539		1,224,539	0	1,224,539	74.00
76.00	03020	OTHER ANCILLARY	4,179,948		4,179,948	0	4,179,948	76.00
76.97	07697	CARDIAC REHABILITATION	1,527,028		1,527,028	0	1,527,028	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,519,355		1,519,355	0	1,519,355	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,373,701		16,373,701	44,270	16,417,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,233,834		2,233,834		2,233,834	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,736,287		7,736,287		7,736,287	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,632,427		1,632,427		1,632,427	116.00
117.00	06950	HOME INFUSION	6,539,371		6,539,371		6,539,371	117.00
200.00		Subtotal (see instructions)	377,615,068	0	377,615,068	595,444	378,210,512	200.00
201.00		Less Observation Beds	2,233,834		2,233,834		2,233,834	201.00
202.00		Total (see instructions)	375,381,234	0	375,381,234	595,444	375,976,678	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/20/2018 3:53 pm	
					Title XIX		Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
			9.00				10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,596,584		104,596,584			30.00
31.00	03100	INTENSIVE CARE UNIT	38,426,240		38,426,240			31.00
35.00	02040	HIGH RISK NEONATAL	50,002,106		50,002,106			35.00
40.00	04000	SUBPROVIDER - IPF	4,843,403		4,843,403			40.00
43.00	04300	NURSERY	4,381,106		4,381,106			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,340,278	96,298,787	189,639,065	0.172561	0.000000	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	7,099,630	16,242,543	23,342,173	0.107968	0.000000	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	6,069,705	12,518,565	18,588,270	0.254217	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,574,399	705,453	20,279,852	0.435523	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	21,034,478	24,106,330	45,140,808	0.122064	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,891,355	51,283,672	76,175,027	0.123940	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	997,572	7,089,530	8,087,102	0.202489	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,428,284	18,805,977	22,234,261	0.114185	0.000000	56.00
57.00	05700	CT SCAN	44,327,311	66,299,353	110,626,664	0.023990	0.000000	57.00
58.00	05800	MRI	6,927,152	8,199,737	15,126,889	0.104736	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	83,570,572	160,833,849	244,404,421	0.068191	0.000000	59.00
60.00	06000	LABORATORY	76,013,803	48,922,430	124,936,233	0.161224	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	43,095,188	2,626,324	45,721,512	0.157413	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,557,687	18,459,357	33,017,044	0.298095	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	36,404,700	51,074,508	87,479,208	0.084316	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,609,172	8,319,303	14,928,475	0.129766	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	51,747,322	44,109,325	95,856,647	0.331262	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,185,952	49,111,190	117,297,142	0.365155	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,110,503	49,321,503	146,432,006	0.155125	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,507,891	0	3,507,891	0.349081	0.000000	74.00
76.00	03020	OTHER ANCILLARY	802,723	9,896,358	10,699,081	0.390683	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,123,597	1,764,020	2,887,617	0.528819	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	22,678	4,910,836	4,933,514	0.307966	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	27,489,708	64,342,905	91,832,613	0.178299	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,203,400	4,284,737	5,488,137	0.407030	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,371,000	5,371,000			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,213,554	2,213,554			116.00
117.00	06950	HOME INFUSION	0	4,994,386	4,994,386			117.00
200.00		Subtotal (see instructions)	941,384,499	832,105,532	1,773,490,031			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	941,384,499	832,105,532	1,773,490,031			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	HIGH RISK NEONATAL			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.000000		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	OTHER ANCILLARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	HOME INFUSION			117.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,545,905	0	6,545,905	70,844	92.40	30.00
31.00	INTENSIVE CARE UNIT	1,554,451		1,554,451	11,485	135.35	31.00
35.00	HIGH RISK NEONATAL	920,606		920,606	13,192	69.79	35.00
40.00	SUBPROVIDER - IPF	370,509	0	370,509	4,336	85.45	40.00
43.00	NURSERY	180,421		180,421	3,160	57.10	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	9,571,892		9,571,892	103,017		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	28,310	2,615,844				30.00
31.00	INTENSIVE CARE UNIT	5,619	760,532				31.00
35.00	HIGH RISK NEONATAL	0	0				35.00
40.00	SUBPROVIDER - IPF	2,766	236,355				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	36,695	3,612,731				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/20/2018 3:53 pm		
				Title XVIII	Hospital	PPS		
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,757,206	189,639,065	0.030359	43,130,421	1,309,396	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	520,263	23,342,173	0.022289	3,854,764	85,919	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	650,283	18,588,270	0.034984	2,842,145	99,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	771,946	20,279,852	0.038065	1,726,290	65,711	52.00
53.00	05300	ANESTHESIOLOGY	641,505	45,140,808	0.014211	8,394,927	119,300	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,635	76,175,027	0.022916	11,431,857	261,972	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	576,636	8,087,102	0.071303	506,111	36,087	55.00
56.00	05600	RADIOISOTOPE	409,742	22,234,261	0.018428	1,795,787	33,093	56.00
57.00	05700	CT SCAN	472,412	110,626,664	0.004270	19,215,519	82,050	57.00
58.00	05800	MRI	502,065	15,126,889	0.033190	2,444,467	81,132	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,724,962	244,404,421	0.011149	43,610,636	486,215	59.00
60.00	06000	LABORATORY	1,626,407	124,936,233	0.013018	32,046,037	417,175	60.00
65.00	06500	RESPIRATORY THERAPY	486,539	45,721,512	0.010641	15,676,925	166,818	65.00
66.00	06600	PHYSICAL THERAPY	542,224	33,017,044	0.016423	7,279,861	119,557	66.00
69.00	06900	ELECTROCARDIOLOGY	1,387,265	87,479,208	0.015858	18,503,334	293,426	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,880	14,928,475	0.011447	1,963,847	22,480	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	909,761	95,856,647	0.009491	22,990,781	218,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,218,079	117,297,142	0.010385	35,356,474	367,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,243,373	146,432,006	0.008491	38,174,843	324,143	73.00
74.00	07400	RENAL DIALYSIS	69,588	3,507,891	0.019838	2,006,859	39,812	74.00
76.00	03020	OTHER ANCILLARY	209,374	10,699,081	0.019569	345,514	6,761	76.00
76.97	07697	CARDIAC REHABILITATION	213,222	2,887,617	0.073840	622,662	45,977	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	134,455	4,933,514	0.027253	13,360	364	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,522,018	91,832,613	0.016574	9,869,022	163,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	231,459	5,488,137	0.042174	446,871	18,846	92.00
200.00		Total (lines 50 through 199)	24,737,299	1,558,661,652		324,249,314	4,864,616	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0053		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/20/2018 3:53 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	2,258,066		0	119,396		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	295,880		0	13,803		0	31.00
35.00	02040	HIGH RISK NEONATAL		0	473,717		0	1,035		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	0		0	4,486		0	40.00
43.00	04300	NURSERY		0	49,956		0	345		0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0		0	0		0	44.00
200.00		Total (lines 30 through 199)		0	3,077,619		0	139,065		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	2,377,462		70,844	33.56		28,310	30.00
31.00	03100	INTENSIVE CARE UNIT			309,683		11,485	26.96		5,619	31.00
35.00	02040	HIGH RISK NEONATAL			474,752		13,192	35.99		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	4,486		4,336	1.03		2,766	40.00
43.00	04300	NURSERY			50,301		3,160	15.92		0	43.00
44.00	04400	SKILLED NURSING FACILITY			0		0	0.00		0	44.00
200.00		Total (lines 30 through 199)			3,216,684		103,017			36,695	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			950,084						30.00
31.00	03100	INTENSIVE CARE UNIT			151,488						31.00
35.00	02040	HIGH RISK NEONATAL			0						35.00
40.00	04000	SUBPROVIDER - IPF			2,849						40.00
43.00	04300	NURSERY			0						43.00
44.00	04400	SKILLED NURSING FACILITY			0						44.00
200.00		Total (lines 30 through 199)			1,104,421						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0053		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	5,176	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	1,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	231,458	0	2,070	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	24,882	0	1,035	59.00
60.00	06000	LABORATORY		0	0	0	0	221,830	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	35,104	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	9,258	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	460,299	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY		0	0	0	0	345	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	50,149	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	20,831	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	2,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	79,844	0	4,222	92.00
200.00		Total (lines 50 through 199)		0	0	451,526	0	699,118	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm			
					Title XVIII		Hospital		PPS	
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
					4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	5,176	5,176	189,639,065	0.000027	50.00		
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	23,342,173	0.000000	50.01		
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0.000000	50.02		
51.00	05100	RECOVERY ROOM	0	1,725	1,725	18,588,270	0.000093	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	233,528	233,528	20,279,852	0.011515	52.00		
53.00	05300	ANESTHESIOLOGY	0	0	0	45,140,808	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	76,175,027	0.000000	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,087,102	0.000000	55.00		
56.00	05600	RADIOISOTOPE	0	0	0	22,234,261	0.000000	56.00		
57.00	05700	CT SCAN	0	0	0	110,626,664	0.000000	57.00		
58.00	05800	MRI	0	0	0	15,126,889	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	25,917	25,917	244,404,421	0.000106	59.00		
60.00	06000	LABORATORY	0	221,830	221,830	124,936,233	0.001776	60.00		
65.00	06500	RESPIRATORY THERAPY	0	35,104	35,104	45,721,512	0.000768	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	33,017,044	0.000000	66.00		
69.00	06900	ELECTROCARDIOLOGY	0	9,258	9,258	87,479,208	0.000106	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,928,475	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	95,856,647	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,297,142	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	460,299	460,299	146,432,006	0.003143	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	3,507,891	0.000000	74.00		
76.00	03020	OTHER ANCILLARY	0	345	345	10,699,081	0.000032	76.00		
76.97	07697	CARDIAC REHABILITATION	0	50,149	50,149	2,887,617	0.017367	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	20,831	20,831	4,933,514	0.004222	76.98		
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	0	2,416	2,416	91,832,613	0.000026	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	84,066	84,066	5,488,137	0.015318	92.00		
200.00		Total (lines 50 through 199)	0	1,150,644	1,150,644	1,558,661,652		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0053		Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000027	43,130,421	1,165	29,704,104	802	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.000000	3,854,764	0	4,228,921	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000093	2,842,145	264	2,926,779	272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.011515	1,726,290	19,878	121,340	1,397	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	8,394,927	0	6,275,717	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	11,431,857	0	10,954,660	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	506,111	0	2,119,258	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	1,795,787	0	8,107,664	0	56.00
57.00	05700	CT SCAN	0.000000	19,215,519	0	17,703,699	0	57.00
58.00	05800	MRI	0.000000	2,444,467	0	1,496,690	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000106	43,610,636	4,623	72,764,017	7,713	59.00
60.00	06000	LABORATORY	0.001776	32,046,037	56,914	7,462,754	13,254	60.00
65.00	06500	RESPIRATORY THERAPY	0.000768	15,676,925	12,040	601,450	462	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	7,279,861	0	319,837	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000106	18,503,334	1,961	17,961,136	1,904	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,963,847	0	1,856,730	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	22,990,781	0	17,265,011	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	35,356,474	0	22,997,174	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003143	38,174,843	119,984	14,890,774	46,802	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,006,859	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0.000032	345,514	11	3,045,370	97	76.00
76.97	07697	CARDIAC REHABILITATION	0.017367	622,662	10,814	632,890	10,991	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.004222	13,360	56	1,846,416	7,796	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000026	9,869,022	257	10,125,776	263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.015318	446,871	6,845	856,246	13,116	92.00
200.00		Total (lines 50 through 199)		324,249,314	234,812	256,264,413	104,869	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0053		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.172561	29,704,104	0	0	5,125,770	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0.107968	4,228,921	0	0	456,588	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.254217	2,926,779	0	0	744,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.435523	121,340	0	1	52,846	52.00
53.00	05300	ANESTHESIOLOGY		0.122064	6,275,717	0	0	766,039	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.123940	10,954,660	0	0	1,357,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.202489	2,119,258	0	0	429,126	55.00
56.00	05600	RADIOISOTOPE		0.114185	8,107,664	0	0	925,774	56.00
57.00	05700	CT SCAN		0.023990	17,703,699	0	0	424,712	57.00
58.00	05800	MRI		0.104736	1,496,690	0	0	156,757	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.068191	72,764,017	0	0	4,961,851	59.00
60.00	06000	LABORATORY		0.161224	7,462,754	0	0	1,203,175	60.00
65.00	06500	RESPIRATORY THERAPY		0.157413	601,450	0	0	94,676	65.00
66.00	06600	PHYSICAL THERAPY		0.298095	319,837	0	0	95,342	66.00
69.00	06900	ELECTROCARDIOLOGY		0.084316	17,961,136	0	0	1,514,411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.129766	1,856,730	0	0	240,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.331262	17,265,011	0	0	5,719,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.365155	22,997,174	80,550	0	8,397,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.155125	14,890,774	0	241,632	2,309,931	73.00
74.00	07400	RENAL DIALYSIS		0.349081	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY		0.390683	3,045,370	0	0	1,189,774	76.00
76.97	07697	CARDIAC REHABILITATION		0.528819	632,890	0	0	334,684	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.307966	1,846,416	0	0	568,633	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.178299	10,125,776	0	7	1,805,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.407030	856,246	0	0	348,518	92.00
200.00		Subtotal (see instructions)			256,264,413	80,550	241,640	39,223,496	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			256,264,413	80,550	241,640	39,223,496	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0053		Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/20/2018 3:53 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,413	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,483		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	OTHER ANCILLARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	1		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	29,413	37,484		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	29,413	37,484		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/20/2018 3:53 pm		
				Component CCN:14-S053				
				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	5,757,206	189,639,065	0.030359	1,943	59	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	520,263	23,342,173	0.022289	4,512	101	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	650,283	18,588,270	0.034984	12,605	441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	771,946	20,279,852	0.038065	7,374	281	52.00
53.00	05300	ANESTHESIOLOGY	641,505	45,140,808	0.014211	45,881	652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,635	76,175,027	0.022916	72,413	1,659	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	576,636	8,087,102	0.071303	5	0	55.00
56.00	05600	RADIOISOTOPE	409,742	22,234,261	0.018428	5,391	99	56.00
57.00	05700	CT SCAN	472,412	110,626,664	0.004270	217,815	930	57.00
58.00	05800	MRI	502,065	15,126,889	0.033190	21,880	726	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,724,962	244,404,421	0.011149	15,109	168	59.00
60.00	06000	LABORATORY	1,626,407	124,936,233	0.013018	355,193	4,624	60.00
65.00	06500	RESPIRATORY THERAPY	486,539	45,721,512	0.010641	44,739	476	65.00
66.00	06600	PHYSICAL THERAPY	542,224	33,017,044	0.016423	102,980	1,691	66.00
69.00	06900	ELECTROCARDIOLOGY	1,387,265	87,479,208	0.015858	142,282	2,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,880	14,928,475	0.011447	26,330	301	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	909,761	95,856,647	0.009491	83,896	796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,218,079	117,297,142	0.010385	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,243,373	146,432,006	0.008491	796,436	6,763	73.00
74.00	07400	RENAL DIALYSIS	69,588	3,507,891	0.019838	92	2	74.00
76.00	03020	OTHER ANCILLARY	209,374	10,699,081	0.019569	151,880	2,972	76.00
76.97	07697	CARDIAC REHABILITATION	213,222	2,887,617	0.073840	402	30	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	134,455	4,933,514	0.027253	36	1	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,522,018	91,832,613	0.016574	105,121	1,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,488,137	0.000000	2,978	0	92.00
200.00		Total (lines 50 through 199)	24,505,840	1,558,661,652		2,217,293	26,770	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0053 Component CCN: 14-S053		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
				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	5,176	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	1,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	231,458	0	2,070	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	24,882	0	1,035	59.00
60.00	06000	LABORATORY		0	0	0	0	221,830	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	35,104	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	9,258	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	460,299	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY		0	0	0	0	345	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	50,149	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	20,831	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	2,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	371,682	0	694,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0053 Component CCN: 14-S053		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,176	5,176	189,639,065	0.000027	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	23,342,173	0.000000	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	1,725	1,725	18,588,270	0.000093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	233,528	233,528	20,279,852	0.011515	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	45,140,808	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	76,175,027	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,087,102	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	22,234,261	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	110,626,664	0.000000	57.00
58.00	05800	MRI	0	0	0	15,126,889	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,917	25,917	244,404,421	0.000106	59.00
60.00	06000	LABORATORY	0	221,830	221,830	124,936,233	0.001776	60.00
65.00	06500	RESPIRATORY THERAPY	0	35,104	35,104	45,721,512	0.000768	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,017,044	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,258	9,258	87,479,208	0.000106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,928,475	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	95,856,647	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,297,142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	460,299	460,299	146,432,006	0.003143	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,507,891	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	345	345	10,699,081	0.000032	76.00
76.97	07697	CARDIAC REHABILITATION	0	50,149	50,149	2,887,617	0.017367	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	20,831	20,831	4,933,514	0.004222	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	2,416	2,416	91,832,613	0.000026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,488,137	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,066,578	1,066,578	1,558,661,652		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0053 Component CCN: 14-S053		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
				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		0.000027	1,943	0	158	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0.000000	4,512	0	90	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000093	12,605	1	513	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.011515	7,374	85	30	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	45,881	0	1,799	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	72,413	0	2,405	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	5	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	5,391	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	217,815	0	14,315	0	57.00
58.00	05800	MRI		0.000000	21,880	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000106	15,109	2	123	0	59.00
60.00	06000	LABORATORY		0.001776	355,193	631	20,557	37	60.00
65.00	06500	RESPIRATORY THERAPY		0.000768	44,739	34	1,195	1	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	102,980	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000106	142,282	15	4,124	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	26,330	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	83,896	0	323	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		0.003143	796,436	2,503	3,949	12	73.00
74.00	07400	RENAL DIALYSIS		0.000000	92	0	0	0	74.00
76.00	03020	OTHER ANCILLARY		0.000032	151,880	5	9,776	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.017367	402	7	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.004222	36	0	78	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000026	105,121	3	47,079	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	2,978	0	32,530	0	92.00
200.00		Total (lines 50 through 199)			2,217,293	3,286	139,044	51	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII	Subprovider - IPF	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	0.172561	158	0	0	27 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.107968	90	0	0	10 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0.254217	513	0	0	130 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.435523	30	0	0	13 52.00
53.00	05300	ANESTHESIOLOGY	0.122064	1,799	0	0	220 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123940	2,405	0	0	298 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202489	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0.114185	0	0	0	0 56.00
57.00	05700	CT SCAN	0.023990	14,315	0	0	343 57.00
58.00	05800	MRI	0.104736	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068191	123	0	0	8 59.00
60.00	06000	LABORATORY	0.161224	20,557	0	0	3,314 60.00
65.00	06500	RESPIRATORY THERAPY	0.157413	1,195	0	0	188 65.00
66.00	06600	PHYSICAL THERAPY	0.298095	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0.084316	4,124	0	0	348 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129766	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.331262	323	0	0	107 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.365155	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155125	3,949	0	77	613 73.00
74.00	07400	RENAL DIALYSIS	0.349081	0	0	0	0 74.00
76.00	03020	OTHER ANCILLARY	0.390683	9,776	0	0	3,819 76.00
76.97	07697	CARDIAC REHABILITATION	0.528819	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.307966	78	0	0	24 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.178299	47,079	0	0	8,394 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.407030	32,530	0	0	13,241 92.00
200.00		Subtotal (see instructions)		139,044	0	77	31,097 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		139,044	0	77	31,097 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0053

Period:

Worksheet D

Component CCN:14-S053

From 07/01/2017
To 06/30/2018Part V
Date/Time Prepared:
11/20/2018 3:53 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	12	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	12	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0053 Component CCN: 14-5225		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII		Skilled Nursing Facility		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	5,176	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	1,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	231,458	0	2,070	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	24,882	0	1,035	59.00
60.00	06000	LABORATORY		0	0	0	0	221,830	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	35,104	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	9,258	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	460,299	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY		0	0	0	0	345	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	50,149	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	20,831	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	2,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	371,682	0	694,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0053 Component CCN: 14-5225		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
			Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,176	5,176	189,639,065	0.000027	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	23,342,173	0.000000	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	1,725	1,725	18,588,270	0.000093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	233,528	233,528	20,279,852	0.011515	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	45,140,808	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	76,175,027	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,087,102	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	22,234,261	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	110,626,664	0.000000	57.00
58.00	05800	MRI	0	0	0	15,126,889	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,917	25,917	244,404,421	0.000106	59.00
60.00	06000	LABORATORY	0	221,830	221,830	124,936,233	0.001776	60.00
65.00	06500	RESPIRATORY THERAPY	0	35,104	35,104	45,721,512	0.000768	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,017,044	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,258	9,258	87,479,208	0.000106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,928,475	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	95,856,647	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,297,142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	460,299	460,299	146,432,006	0.003143	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,507,891	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	345	345	10,699,081	0.000032	76.00
76.97	07697	CARDIAC REHABILITATION	0	50,149	50,149	2,887,617	0.017367	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	20,831	20,831	4,933,514	0.004222	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	2,416	2,416	91,832,613	0.000026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,488,137	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,066,578	1,066,578	1,558,661,652		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0053 Component CCN:14-5225		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII		Skilled Nursing Facility		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		0.000027	0	0	0	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0.000000	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000093	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.011515	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000106	0	0	0	0	59.00
60.00	06000	LABORATORY		0.001776	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000768	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000106	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		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		0.003143	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY		0.000032	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.017367	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.004222	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000026	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		70,844	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,844	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)		68,339	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)		28,310	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)		63,175,065	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)		63,175,065	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)		63,175,065	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)		891.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,245,443	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)		25,245,443	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-1

Date/Time Prepared:
11/20/2018 3:53 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,430,286	11,485	1,604.73	5,619	9,016,978
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	HIGH RISK NEONATAL	15,157,988	13,192	1,149.03	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					57,046,635
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					91,309,056
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,477,948
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,099,428
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,577,376
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					81,731,680
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,505
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					891.75
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,233,834

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0053		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	6,545,905	63,175,065	0.103615	2,233,834	231,459	90.00		
91.00	Nursing School cost	2,258,066	63,175,065	0.035743	2,233,834	79,844	91.00		
92.00	Allied health cost	119,396	63,175,065	0.001890	2,233,834	4,222	92.00		
93.00	All other Medical Education	0	63,175,065	0.000000	2,233,834	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 3:53 pm
		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)		4,336	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,336	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)		4,336	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,766	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)		3,283,880	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)		3,283,880	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)		3,283,880	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)		757.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,094,830	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)		2,094,830	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN:14-S053		Date/Time Prepared: 11/20/2018 3:53 pm	
				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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	HIGH RISK NEONATAL	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					372,949	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,467,779	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)					239,204	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,056	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					269,260	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,198,519	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: 14-0053 Component CCN: 14-S053		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/20/2018 3:53 pm	
		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	370,509	3,283,880	0.112827	0	0	90.00
91.00	Nursing School cost	0	3,283,880	0.000000	0	0	91.00
92.00	Allied health cost	4,486	3,283,880	0.001366	0	0	92.00
93.00	All other Medical Education	0	3,283,880	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Skilled Nursing Facility	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)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	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)		0	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)		0	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)		0	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)		0	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 3:53 pm
				Title XVIII	Skilled Nursing Facility	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)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 HIGH RISK NEONATAL						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						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						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					0	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00 Program routine service cost (line 9 x line 71)					0	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00 Program inpatient ancillary services (see instructions)					0	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0	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:14-0053 Component CCN:14-5225		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/20/2018 3:53 pm	
				Title XVIII		Skilled Nursing Facility		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			0	0	0.000000	0	0	90.00
91.00	Nursing School cost			0	0	0.000000	0	0	91.00
92.00	Allied health cost			0	0	0.000000	0	0	92.00
93.00	All other Medical Education			0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/20/2018 3:53 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		40,886,177	30.00
31.00	03100	INTENSIVE CARE UNIT		15,250,686	31.00
35.00	02040	HIGH RISK NEONATAL		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.172561	43,130,421	7,442,629 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.107968	3,854,764	416,191 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0 50.02
51.00	05100	RECOVERY ROOM	0.254217	2,842,145	722,522 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.435523	1,726,290	751,839 52.00
53.00	05300	ANESTHESIOLOGY	0.126645	8,394,927	1,063,176 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123940	11,431,857	1,416,864 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202489	506,111	102,482 55.00
56.00	05600	RADIOISOTOPE	0.114185	1,795,787	205,052 56.00
57.00	05700	CT SCAN	0.023990	19,215,519	460,980 57.00
58.00	05800	MRI	0.104736	2,444,467	256,024 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068191	43,610,636	2,973,853 59.00
60.00	06000	LABORATORY	0.161224	32,046,037	5,166,590 60.00
65.00	06500	RESPIRATORY THERAPY	0.157413	15,676,925	2,467,752 65.00
66.00	06600	PHYSICAL THERAPY	0.298095	7,279,861	2,170,090 66.00
69.00	06900	ELECTROCARDIOLOGY	0.087095	18,503,334	1,611,548 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130046	1,963,847	255,390 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.331262	22,990,781	7,615,972 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.365155	35,356,474	12,910,593 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155125	38,174,843	5,921,873 73.00
74.00	07400	RENAL DIALYSIS	0.349081	2,006,859	700,556 74.00
76.00	03020	OTHER ANCILLARY	0.390683	345,514	134,986 76.00
76.97	07697	CARDIAC REHABILITATION	0.528819	622,662	329,275 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.307966	13,360	4,114 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.178781	9,869,022	1,764,394 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.407030	446,871	181,890 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		324,249,314	57,046,635 200.00
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)		324,249,314	57,046,635 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/20/2018 3:53 pm	
		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
35.00	02040 HIGH RISK NEONATAL		0		35.00
40.00	04000 SUBPROVIDER - IPF		3,068,392		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.172561	1,943	335	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0.107968	4,512	487	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	0.254217	12,605	3,204	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.435523	7,374	3,212	52.00
53.00	05300 ANESTHESIOLOGY	0.126645	45,881	5,811	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123940	72,413	8,975	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.202489	5	1	55.00
56.00	05600 RADIOISOTOPE	0.114185	5,391	616	56.00
57.00	05700 CT SCAN	0.023990	217,815	5,225	57.00
58.00	05800 MRI	0.104736	21,880	2,292	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.068191	15,109	1,030	59.00
60.00	06000 LABORATORY	0.161224	355,193	57,266	60.00
65.00	06500 RESPIRATORY THERAPY	0.157413	44,739	7,043	65.00
66.00	06600 PHYSICAL THERAPY	0.298095	102,980	30,698	66.00
69.00	06900 ELECTROCARDIOLOGY	0.087095	142,282	12,392	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130046	26,330	3,424	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.331262	83,896	27,792	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.365155	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.155125	796,436	123,547	73.00
74.00	07400 RENAL DIALYSIS	0.349081	92	32	74.00
76.00	03020 OTHER ANCILLARY	0.390683	151,880	59,337	76.00
76.97	07697 CARDIAC REHABILITATION	0.528819	402	213	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.307966	36	11	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.178781	105,121	18,794	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.407030	2,978	1,212	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,217,293	372,949	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)		2,217,293		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,186,527	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		53,741,819	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,902,211	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		19,124,742	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		350.21	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)		59.19	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		59.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		68.14	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)		59.19	12.00
13.00	Total allowable FTE count for the prior year.		59.19	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.		59.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.		59.19	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		59.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.169013	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.173151	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.169013	21.00
22.00	IME payment adjustment (see instructions)		6,251,553	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,685,636	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.95	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		6,251,553	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,685,636	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.80	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.66	31.00
32.00	Sum of lines 30 and 31		36.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.30	33.00
34.00	Disproportionate share adjustment (see instructions)		3,422,293	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 3:53 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000727871	0.000575252	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,350,836	3,892,554	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,096,650	2,911,416	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,008,066		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)		86,512,469		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)			88,198,105	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,843,862	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).			1,620,559	52.00
53.00	Nursing and Allied Health Managed Care payment			524,486	53.00
54.00	Special add-on payments for new technologies			56,532	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).			1,101,572	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			234,812	58.00
59.00	Total (sum of amounts on lines 49 through 58)			98,579,928	59.00
60.00	Primary payer payments			56,049	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			98,523,879	61.00
62.00	Deductibles billed to program beneficiaries			5,945,976	62.00
63.00	Coinurance billed to program beneficiaries			257,567	63.00
64.00	Allowable bad debts (see instructions)			1,577,741	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,025,532	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,275,112	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			93,345,868	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-220,166	70.93
70.94	HRR adjustment amount (see instructions)			-1,718	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 3:53 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		93,123,984	71.00	
71.01	Sequestration adjustment (see instructions)		1,862,480	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		90,968,565	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)		292,939	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,082,428	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/20/2018 3:53 pm

		Title XVIII		Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)
		0	1.00	2.00	3.00	4.00
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,186,527	17,186,527		17,186,527
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	53,741,819		53,741,819	53,741,819
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	1,902,211	537,322	1,364,889	1,902,211
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	19,124,742	4,532,623	14,592,119	19,124,742
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.169013	0.169013	0.169013	
6.00	IME payment adjustment (see instructions)	22.00	6,251,553	1,514,803	4,736,750	6,251,553
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,685,636	399,501	1,286,135	1,685,636
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,251,553	1,514,803	4,736,750	6,251,553
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,685,636	399,501	1,286,135	1,685,636
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1930	0.1930	0.1930	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,422,293	829,250	2,593,043	3,422,293
11.01	Uncompensated care payments	36.00	4,008,066	1,096,650	2,911,416	4,008,066
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	86,512,469	21,164,552	65,347,917	86,512,469
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	88,198,105	21,564,053	66,634,052	88,198,105
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,843,862	1,665,493	5,178,369	6,843,862
17.00	Special add-on payments for new technologies	54.00	56,532	2,071	54,461	56,532
17.01	Net organ acquisition cost					
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			23,231,617	71,866,882	95,098,499

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/20/2018 3:53 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,736,652	1,383,216	4,353,436	5,736,652	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	293,179	85,999	207,180	293,179	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	0.0653	0.0653	0.0653		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	374,603	90,324	284,279	374,603	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0766	0.0766	0.0766		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	439,428	105,954	333,474	439,428	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,843,862	1,665,493	5,178,369	6,843,862	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	-220,166	-87,719	-132,447	-220,166	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	-1,718	-1,718	0	-1,718	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		66,897	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,118,627	2.00
3.00	OPPS payments		41,505,971	3.00
4.00	Outlier payment (see instructions)		80,457	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		104,869	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		66,897	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		322,190	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)		322,190	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		322,190	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		255,293	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)		66,897	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)		41,691,297	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		16,110	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,573,508	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)		35,168,576	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		679,872	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)		35,848,448	30.00
31.00	Primary payer payments		2,844	31.00
32.00	Subtotal (line 30 minus line 31)		35,845,604	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)		1,317,543	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		856,403	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		968,914	36.00
37.00	Subtotal (see instructions)		36,702,007	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-257	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)		15,840	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		36,702,264	40.00
40.01	Sequestration adjustment (see instructions)		734,045	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		35,946,753	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		21,466	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0053 Component CCN:14-S053	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,046	2.00
3.00	OPPS payments		43,291	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		51	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		77	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)		77	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		77	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		65	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)		12	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)		43,342	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,651	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)		34,703	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		34,703	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		34,703	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		34,703	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,703	40.00
40.01	Sequestration adjustment (see instructions)		694	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		33,967	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		42	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/20/2018 3:53 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		90,801,637		35,711,309	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	01/25/2018	166,928	01/25/2018	235,444	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)		166,928		235,444	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)		90,968,565		35,946,753	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		292,939		21,466	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		91,261,504		35,968,219	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: 14-0053 Component CCN: 14-S053		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/20/2018 3:53 pm	
		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					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		2,211,425		33,967	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)		2,211,425		33,967	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		59,209		42	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,270,634		34,009	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/20/2018 3:53 pm
		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)		2,387,372	1.00
2.00	Net IPF PPS Outlier Payments		149,894	2.00
3.00	Net IPF PPS ECT Payments		43,090	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)		11.879452	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)		2,580,356	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)		2,580,356	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,580,356	18.00
19.00	Deductibles		122,176	19.00
20.00	Subtotal (line 18 minus line 19)		2,458,180	20.00
21.00	Coinsurance		201,624	21.00
22.00	Subtotal (line 20 minus line 21)		2,256,556	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		83,511	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		54,282	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		72,971	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,310,838	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)		6,135	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)		2,316,973	31.00
31.01	Sequestration adjustment (see instructions)		46,339	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		2,211,425	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)		59,209	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		149,894	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0053 Component CCN:14-5225	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/20/2018 3:53 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			72.35	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			12.38	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))			0.00	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)			59.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			70.35	6.00
7.00	Enter the lesser of line 5 or line 6			59.97	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.	34.46	35.32	69.78	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.	29.38	30.11	59.49	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	29.38	30.11		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	28.63	31.34		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	30.08	27.50		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	29.36	29.65		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	29.36	29.65		17.00
18.00	Per resident amount	85,548.92	85,548.92		18.00
19.00	Approved amount for resident costs	2,511,716	2,536,525	5,048,241	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)			10.38	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)			5,048,241	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	36,695	9,345		26.00
27.00	Total Inpatient Days (see instructions)	98,136	98,136		27.00
28.00	Ratio of inpatient days to total inpatient days	0.373920	0.095225		28.00
29.00	Program direct GME amount	1,887,638	480,719		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		67,926		30.00
31.00	Net Program direct GME amount			2,300,431	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/20/2018 3:53 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			3,507,891	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)			93,776,835	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)			56,049	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			93,720,786	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			39,321,502	42.00
43.00	Primary payer payments (see instructions)			2,844	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			39,318,658	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			133,039,444	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.704459	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.295541	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,300,431	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,620,559	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			679,872	50.00

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

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/20/2018 3:53 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	11,688,500	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	413,280,560	0	0	0	4.00
5.00 Other receivable	3,879,629	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-291,056,549	0	0	0	6.00
7.00 Inventory	13,310,566	0	0	0	7.00
8.00 Prepaid expenses	4,069,081	0	0	0	8.00
9.00 Other current assets	93,575,952	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)	248,747,739	0	0	0	11.00
FIXED ASSETS					
12.00 Land	23,002,427	0	0	0	12.00
13.00 Land improvements	11,508,031	0	0	0	13.00
14.00 Accumulated depreciation	-5,386,453	0	0	0	14.00
15.00 Buildings	287,431,415	0	0	0	15.00
16.00 Accumulated depreciation	-120,998,307	0	0	0	16.00
17.00 Leasehold improvements	4,865,796	0	0	0	17.00
18.00 Accumulated depreciation	-3,165,164	0	0	0	18.00
19.00 Fixed equipment	233,923,429	0	0	0	19.00
20.00 Accumulated depreciation	-129,999,706	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	214,655,854	0	0	0	23.00
24.00 Accumulated depreciation	-171,706,627	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	15,395,846	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	359,526,541	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	-11,025,726	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	29,674,362	0	0	0	33.00
34.00 Other assets	2,547,785	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	21,196,421	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	629,470,701	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	18,168,445	0	0	0	37.00
38.00 Salaries, wages, and fees payable	18,511,864	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	93,575,840	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	8,309,038	0	0	0	43.00
44.00 Other current liabilities	22,544,976	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	161,110,163	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	160,251,733	0	0	0	46.00
47.00 Notes payable	41,436,283	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	0	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	201,688,016	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	362,798,179	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	266,672,522				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	266,672,522	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	629,470,701	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/20/2018 3:53 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		269,855,316		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		26,514,388				2.00
3.00	Total (sum of line 1 and line 2)		296,369,704		0		3.00
4.00	NET INCOME ROUNDING	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		296,369,704		0		11.00
12.00	CHANGE IN NET ASSETS	29,697,173		0		0	12.00
13.00	NET INCOME ROUNDING	9		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		29,697,182		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		266,672,522		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	NET INCOME ROUNDING		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	CHANGE IN NET ASSETS		0				12.00
13.00	NET INCOME ROUNDING		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/20/2018 3:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	110,285,803		110,285,803	1.00
2.00	SUBPROVIDER - IPF	4,843,403		4,843,403	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	115,129,206		115,129,206	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,780,094		38,780,094	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	HIGH RISK NEONATAL	52,442,850		52,442,850	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	91,222,944		91,222,944	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	206,352,150		206,352,150	17.00
18.00	Ancillary services	720,735,309	770,566,531	1,491,301,840	18.00
19.00	Outpatient services	29,061,975	69,892,434	98,954,409	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,371,000	5,371,000	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,213,554	2,213,554	26.00
27.00	HOME INFUSION	0	4,994,386	4,994,386	27.00
27.01	PRO FEES	5,509,153	7,683,712	13,192,865	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	961,658,587	860,721,617	1,822,380,204	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		507,762,551		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)		507,762,551		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/20/2018 3:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,822,380,204	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,317,811,573	2.00
3.00	Net patient revenues (line 1 minus line 2)	504,568,631	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	507,762,551	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,193,920	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,904,855	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	71,170	12.00
13.00	Revenue from laundry and linen service	57,107	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	79,686	17.00
18.00	Revenue from sale of medical records and abstracts	110	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,515,294	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	337,116	20.00
21.00	Rental of vending machines	24,116	21.00
22.00	Rental of hospital space	2,633,805	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INC	2,018,918	24.00
24.01	GRANTS	443,507	24.01
24.02	INTER CO	9,398,501	24.02
24.03	NET ASSETS RELEASED	1,769,916	24.03
25.00	Total other income (sum of lines 6-24)	30,254,101	25.00
26.00	Total (line 5 plus line 25)	27,060,181	26.00
27.00	NON OPERATING EXP'S	165,882	27.00
27.01	DISPOSAL OF ASSETS	146,256	27.01
27.02	SWAP PYMTS	233,655	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	545,793	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,514,388	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0053

Period:

Worksheet H

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0
2.00 Capital Related - Movable Equipment			0		0	0
3.00 Plant Operation & Maintenance	0	0	0	0	0	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	910,154	0	8,856	0	426,005	1,345,015
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	1,666,411	0	134,712	0	0	1,801,123
7.00 Physical Therapy	629,334	0	54,474	0	0	683,808
8.00 Occupational Therapy	245,550	0	18,651	0	0	264,201
9.00 Speech Pathology	11,249	0	1,405	0	0	12,654
10.00 Medical Social Services	54,428	0	3,143	0	0	57,571
11.00 Home Health Aide	45,311	0	9,179	0	0	54,490
12.00 Supplies (see instructions)	0	0	0	0	0	0
13.00 Drugs	0	0	0	0	0	0
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	0	0	0	0	0	0
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	3,562,437	0	230,420	0	426,005	4,218,862
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	0	0	0		2.00
3.00 Plant Operation & Maintenance	0	0	0	0		3.00
4.00 Transportation	0	0	0	0		4.00
5.00 Administrative and General	-160,025	1,184,990	0	1,184,990		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	-17,538	1,783,585	0	1,783,585		6.00
7.00 Physical Therapy	0	683,808	0	683,808		7.00
8.00 Occupational Therapy	0	264,201	0	264,201		8.00
9.00 Speech Pathology	0	12,654	0	12,654		9.00
10.00 Medical Social Services	0	57,571	0	57,571		10.00
11.00 Home Health Aide	0	54,490	0	54,490		11.00
12.00 Supplies (see instructions)	0	0	0	0		12.00
13.00 Drugs	0	0	0	0		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	0	0	0		17.00
18.00 Clinic	0	0	0	0		18.00
19.00 Health Promotion Activities	0	0	0	0		19.00
20.00 Day Care Program	0	0	0	0		20.00
21.00 Home Delivered Meals Program	0	0	0	0		21.00
22.00 Homemaker Service	0	0	0	0		22.00
23.00 All Others (specify)	0	0	0	0		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	-177,563	4,041,299	0	4,041,299		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0053

Period:

Worksheet H-1

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,184,990	0	0	0	0	1,184,990	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,783,585	0	0	0	0	1,783,585	6.00
7.00	Physical Therapy	683,808	0	0	0	0	683,808	7.00
8.00	Occupational Therapy	264,201	0	0	0	0	264,201	8.00
9.00	Speech Pathology	12,654	0	0	0	0	12,654	9.00
10.00	Medical Social Services	57,571	0	0	0	0	57,571	10.00
11.00	Home Health Aide	54,490	0	0	0	0	54,490	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,041,299	0	0	0	0	4,041,299	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,184,990						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	739,951	2,523,536					6.00
7.00	Physical Therapy	283,690	967,498					7.00
8.00	Occupational Therapy	109,609	373,810					8.00
9.00	Speech Pathology	5,250	17,904					9.00
10.00	Medical Social Services	23,884	81,455					10.00
11.00	Home Health Aide	22,606	77,096					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		4,041,299					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-1

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-1,184,990	2,856,309	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,783,585	6.00
7.00	Physical Therapy	0	0	0	0	0	683,808	7.00
8.00	Occupational Therapy	0	0	0	0	0	264,201	8.00
9.00	Speech Pathology	0	0	0	0	0	12,654	9.00
10.00	Medical Social Services	0	0	0	0	0	57,571	10.00
11.00	Home Health Aide	0	0	0	0	0	54,490	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,184,990	2,856,309	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,184,990	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.414868	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		0	1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	0	45,999	0	1,304	289,698	38,202	1.00
2.00	Skilled Nursing Care	2,523,536	0	0	0	524,830	0	2.00
3.00	Physical Therapy	967,498	0	0	0	200,314	0	3.00
4.00	Occupational Therapy	373,810	0	0	0	78,158	0	4.00
5.00	Speech Pathology	17,904	0	0	0	3,581	0	5.00
6.00	Medical Social Services	81,455	0	0	0	17,324	0	6.00
7.00	Home Health Aide	77,096	0	0	0	14,422	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,041,299	45,999	0	1,304	1,128,327	38,202	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	1,185,580	673	8,266	28,010	1,597,732	138,111	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,048,366	263,507	2.00
3.00	Physical Therapy	0	0	0	0	1,167,812	100,948	3.00
4.00	Occupational Therapy	0	0	0	0	451,968	39,069	4.00
5.00	Speech Pathology	0	0	0	0	21,485	1,857	5.00
6.00	Medical Social Services	0	0	0	0	98,779	8,539	6.00
7.00	Home Health Aide	0	0	0	0	91,518	7,911	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,185,580	673	8,266	28,010	6,477,660	559,942	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	161,242	137,529	0	0	0	107,918	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	161,242	137,529	0	0	0	107,918	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
		13.00	14.00	15.00	16.00	20.00	21.00	
1.00	Administrative and General	272,308	0	1,943	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	17,745	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	272,308	0	1,943	0	17,745	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
		SERVICES-OTHER PRGM COSTS APPRV						
		22.00						
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	2,416,783	0	2,416,783				1.00
2.00	Skilled Nursing Care	3,329,618	0	3,329,618	1,512,729	4,842,347		2.00
3.00	Physical Therapy	1,268,760	0	1,268,760	576,429	1,845,189		3.00
4.00	Occupational Therapy	491,037	0	491,037	223,090	714,127		4.00
5.00	Speech Pathology	23,342	0	23,342	10,605	33,947		5.00
6.00	Medical Social Services	107,318	0	107,318	48,757	156,075		6.00
7.00	Home Health Aide	99,429	0	99,429	45,173	144,602		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	7,736,287	0	7,736,287	2,416,783	7,736,287		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.454325			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS					Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2017 To 06/30/2018	Worksheet H-2 Part II Date/Time Prepared: 11/20/2018 3:53 pm	
						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATION S (TELEPHONES)	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
1.00	Administrative and General	4,585	0	1,296	910,154	126	194	1.00
2.00	Skilled Nursing Care	0	0	0	1,648,873	0	0	2.00
3.00	Physical Therapy	0	0	0	629,334	0	0	3.00
4.00	Occupational Therapy	0	0	0	245,550	0	0	4.00
5.00	Speech Pathology	0	0	0	11,249	0	0	5.00
6.00	Medical Social Services	0	0	0	54,428	0	0	6.00
7.00	Home Health Aide	0	0	0	45,311	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,585	0	1,296	3,544,899	126	194	20.00
21.00	Total cost to be allocated	45,999	0	1,304	1,128,327	38,202	1,185,580	21.00
22.00	Unit cost multiplier	10.032497	0.000000	1.006173	0.318296	303.190476	6,111.237113	22.00
Cost Center Description		PURCHASING/RE CEIVING/STORE S (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliatio n	OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	
		5.03	5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	31,947	5,371,000	5,371,000	0	1,597,732	489	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,048,366	0	2.00
3.00	Physical Therapy	0	0	0	0	1,167,812	0	3.00
4.00	Occupational Therapy	0	0	0	0	451,968	0	4.00
5.00	Speech Pathology	0	0	0	0	21,485	0	5.00
6.00	Medical Social Services	0	0	0	0	98,779	0	6.00
7.00	Home Health Aide	0	0	0	0	91,518	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	31,947	5,371,000	5,371,000		6,477,660	489	20.00
21.00	Total cost to be allocated	673	8,266	28,010		559,942	161,242	21.00
22.00	Unit cost multiplier	0.021066	0.001539	0.005215		0.086442	329.738241	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	4,585	0	0	0	4,626	4,626	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,585	0	0	0	4,626	4,626	20.00
21.00	Total cost to be allocated	137,529	0	0	0	107,918	272,308	21.00
22.00	Unit cost multiplier	29.995420	0.000000	0.000000	0.000000	23.328578	58.864678	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	20.00	21.00	22.00	
1.00	Administrative and General	0	2,051	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	92	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	2,051	0	92	0	0	20.00
21.00	Total cost to be allocated	0	1,943	0	17,745	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.947343	0.000000	192.880435	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
		23.00	23.01	23.02	23.03	23.04		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Title XVIII

Home Health
Agency I

PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	4,842,347		4,842,347	17,425	277.90	1.00
2.00	Physical Therapy	3.00	1,845,189	0	1,845,189	6,824	270.40	2.00
3.00	Occupational Therapy	4.00	714,127	0	714,127	2,370	301.32	3.00
4.00	Speech Pathology	5.00	33,947	0	33,947	119	285.27	4.00
5.00	Medical Social Services	6.00	156,075		156,075	339	460.40	5.00
6.00	Home Health Aide	7.00	144,602		144,602	1,586	91.17	6.00
7.00	Total (sum of lines 1-6)		7,736,287	0	7,736,287	28,663		7.00

Program Visits

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

Limitation Cost Computation

8.00	Skilled Nursing Care	14010	0	59		8.00
8.01	Skilled Nursing Care	16580	0	22		8.01
8.02	Skilled Nursing Care	19500	0	2,068		8.02
8.03	Skilled Nursing Care	41180	0	143		8.03
8.04	Skilled Nursing Care	44100	0	1,920		8.04
8.05	Skilled Nursing Care	99914	0	703		8.05
9.00	Physical Therapy	14010	0	42		9.00
9.01	Physical Therapy	16580	0	14		9.01
9.02	Physical Therapy	19500	0	1,118		9.02
9.03	Physical Therapy	41180	0	18		9.03
9.04	Physical Therapy	44100	0	829		9.04
9.05	Physical Therapy	99914	0	290		9.05
10.00	Occupational Therapy	14010	0	6		10.00
10.01	Occupational Therapy	16580	0	5		10.01
10.02	Occupational Therapy	19500	0	513		10.02
10.03	Occupational Therapy	41180	0	9		10.03
10.04	Occupational Therapy	44100	0	220		10.04
10.05	Occupational Therapy	99914	0	163		10.05
11.00	Speech Pathology	14010	0	0		11.00
11.01	Speech Pathology	16580	0	0		11.01
11.02	Speech Pathology	19500	0	0		11.02
11.03	Speech Pathology	41180	0	0		11.03
11.04	Speech Pathology	44100	0	18		11.04
11.05	Speech Pathology	99914	0	0		11.05
12.00	Medical Social Services	14010	0	1		12.00
12.01	Medical Social Services	16580	0	0		12.01
12.02	Medical Social Services	19500	0	56		12.02
12.03	Medical Social Services	41180	0	0		12.03
12.04	Medical Social Services	44100	0	31		12.04
12.05	Medical Social Services	99914	0	19		12.05
13.00	Home Health Aide	14010	0	0		13.00
13.01	Home Health Aide	16580	0	4		13.01
13.02	Home Health Aide	19500	0	230		13.02
13.03	Home Health Aide	41180	0	27		13.03
13.04	Home Health Aide	44100	0	281		13.04
13.05	Home Health Aide	99914	0	81		13.05
14.00	Total (sum of lines 8-13)		0	8,890		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Agency 1 Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)			
		0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies	8.00	0	40,032	40,032	120,846	0.331265	15.00		
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00		
Cost Center Description		Program Visits			Cost of Services					
		Part A	Part B			Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance					Subject to Deductibles & Coinsurance
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	0	4,915		0	1,365,879		1.00		
2.00	Physical Therapy	0	2,311		0	624,894		2.00		
3.00	Occupational Therapy	0	916		0	276,009		3.00		
4.00	Speech Pathology	0	18		0	5,135		4.00		
5.00	Medical Social Services	0	107		0	49,263		5.00		
6.00	Home Health Aide	0	623		0	56,799		6.00		
7.00	Total (sum of lines 1-6)	0	8,890		0	2,377,979		7.00		
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation										
8.00	Skilled Nursing Care							8.00		
8.01	Skilled Nursing Care							8.01		
8.02	Skilled Nursing Care							8.02		
8.03	Skilled Nursing Care							8.03		
8.04	Skilled Nursing Care							8.04		
8.05	Skilled Nursing Care							8.05		
9.00	Physical Therapy							9.00		
9.01	Physical Therapy							9.01		
9.02	Physical Therapy							9.02		
9.03	Physical Therapy							9.03		
9.04	Physical Therapy							9.04		
9.05	Physical Therapy							9.05		
10.00	Occupational Therapy							10.00		
10.01	Occupational Therapy							10.01		
10.02	Occupational Therapy							10.02		
10.03	Occupational Therapy							10.03		
10.04	Occupational Therapy							10.04		
10.05	Occupational Therapy							10.05		
11.00	Speech Pathology							11.00		
11.01	Speech Pathology							11.01		
11.02	Speech Pathology							11.02		
11.03	Speech Pathology							11.03		
11.04	Speech Pathology							11.04		
11.05	Speech Pathology							11.05		
12.00	Medical Social Services							12.00		
12.01	Medical Social Services							12.01		
12.02	Medical Social Services							12.02		
12.03	Medical Social Services							12.03		
12.04	Medical Social Services							12.04		
12.05	Medical Social Services							12.05		
13.00	Home Health Aide							13.00		
13.01	Home Health Aide							13.01		
13.02	Home Health Aide							13.02		
13.03	Home Health Aide							13.03		
13.04	Home Health Aide							13.04		
13.05	Home Health Aide							13.05		
14.00	Total (sum of lines 8-13)							14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pm

Title XVIII

Home Health
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PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	1,857,359	0	0	615,278	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	1,365,879							1.00
2.00	Physical Therapy	624,894							2.00
3.00	Occupational Therapy	276,009							3.00
4.00	Speech Pathology	5,135							4.00
5.00	Medical Social Services	49,263							5.00
6.00	Home Health Aide	56,799							6.00
7.00	Total (sum of lines 1-6)	2,377,979							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
8.02	Skilled Nursing Care								8.02
8.03	Skilled Nursing Care								8.03
8.04	Skilled Nursing Care								8.04
8.05	Skilled Nursing Care								8.05
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
9.03	Physical Therapy								9.03
9.04	Physical Therapy								9.04
9.05	Physical Therapy								9.05
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
10.03	Occupational Therapy								10.03
10.04	Occupational Therapy								10.04
10.05	Occupational Therapy								10.05
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
11.03	Speech Pathology								11.03
11.04	Speech Pathology								11.04
11.05	Speech Pathology								11.05
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
12.03	Medical Social Services								12.03
12.04	Medical Social Services								12.04
12.05	Medical Social Services								12.05
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
13.03	Home Health Aide								13.03
13.04	Home Health Aide								13.04
13.05	Home Health Aide								13.05
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/20/2018 3:53 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.298095	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.331262	120,846	40,032	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.155125	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,397,394
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	70,117
13.00	Total PPS Reimbursement - LUPA Episodes		0	45,035
14.00	Total PPS Reimbursement - PEP Episodes		0	20,964
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	25,758
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,023
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,561,291
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,561,291
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,561,291
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,561,291
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	1,561,291
31.01	Sequestration adjustment (see instructions)		0	31,207
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	1,530,084
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 14-0053

Period:

Worksheet H-5

HHA CCN: 14-7222

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,530,084	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,530,084	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,530,084	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	10,828	0	10,828	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	29	29	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	1,919	1,919	0	8.00
9.00	NURSING ADMINISTRATION*	93,792	0	93,792	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	30,653	30,653	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	52,991	0	52,991	0	13.00
14.00	PHARMACY*	0	65,315	65,315	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	2,578	285,914	288,492	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	52,556	52,556	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	301,559	0	301,559	57	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	38	0	38	0	30.00
31.00	OCCUPATIONAL THERAPY**	34	0	34	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	33,171	0	33,171	0	33.00
34.00	SPIRITUAL COUNSELING**	0	45,152	45,152	-11,403	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	23,694	0	23,694	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	127,647	127,647	0	38.00
39.00	PATIENT TRANSPORTATION**	0	21,987	21,987	0	39.00
40.00	IMAGING SERVICES**	0	254	254	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	19,558	19,558	-17,784	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	518,685	650,984	1,169,669	-29,130	1,140,539

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

		Hospice I		
		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	10,828	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	29	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	1,919	8.00
9.00	NURSING ADMINISTRATION*	0	93,792	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	-312	30,341	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	52,991	13.00
14.00	PHARMACY*	0	65,315	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	288,492	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	52,556	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	301,616	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	38	30.00
31.00	OCCUPATIONAL THERAPY**	0	34	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	33,171	33.00
34.00	SPIRITUAL COUNSELING**	0	33,749	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	23,694	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	127,647	38.00
39.00	PATIENT TRANSPORTATION**	0	21,987	39.00
40.00	IMAGING SERVICES**	0	254	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	1,774	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-312	1,140,227	100.00

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

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-1

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

				Hospice I		11/20/2018 0:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 14-0053

Period:

Worksheet 0-2

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

				Hospice I		11/20/2018 0:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	52,556	52,556	0	52,556	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	226,142	0	226,142	57	226,199	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	38	0	38	0	38	30.00
31.00	OCCUPATIONAL THERAPY	34	0	34	0	34	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	33,063	0	33,063	0	33,063	33.00
34.00	SPIRITUAL COUNSELING	0	42,035	42,035	-11,403	30,632	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	23,694	0	23,694	0	23,694	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	127,647	127,647	0	127,647	38.00
39.00	PATIENT TRANSPORTATION	0	21,987	21,987	0	21,987	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	19,558	19,558	-17,784	1,774	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	282,971	263,783	546,754	-29,130	517,624	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	52,556	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	226,199	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	38	30.00
31.00	OCCUPATIONAL THERAPY	0	34	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	33,063	33.00
34.00	SPIRITUAL COUNSELING	0	30,632	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	23,694	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	127,647	38.00
39.00	PATIENT TRANSPORTATION	0	21,987	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1,774	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	517,624	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-3

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

		Hospice I			
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
	1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	27.00
28.00	REGISTERED NURSE	747	747	0	28.00
29.00	LPN/LVN	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	6	6	0	33.00
34.00	SPIRITUAL COUNSELING	0	175	0	34.00
35.00	DIETARY COUNSELING	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	39.00
40.00	IMAGING SERVICES	0	14	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	46.00
100.00	TOTAL *	753	189	942	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	747	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	6	33.00
34.00	SPIRITUAL COUNSELING	0	175	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	14	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	942	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

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

Provider CCN: 14-0053

Period:

Worksheet 0-4

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	74,670	0	74,670	0	74,670	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	102	0	102	0	102	33.00
34.00	SPIRITUAL COUNSELING	0	2,942	2,942	0	2,942	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	240	240	0	240	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	74,772	3,182	77,954	0	77,954	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	74,670	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	102	33.00
34.00	SPIRITUAL COUNSELING	0	2,942	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	240	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	77,954	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-5

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	15,330	15,330	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	165,114	165,114	3.00
4.00	ADMINISTRATIVE & GENERAL	10,828	156,242	167,070	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	49,130	49,130	5.00
6.00	LAUNDRY & LINEN SERVICE	29	0	29	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	1,919	0	1,919	8.00
9.00	NURSING ADMINISTRATION	93,792	44,502	138,294	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	30,341	0	30,341	12.00
13.00	VOLUNTEER SERVICE COORDINATION	52,991	0	52,991	13.00
14.00	PHARMACY	65,315	61,882	127,197	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	288,492	0	288,492	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	517,624	0	517,624	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	942	0	942	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	77,954	0	77,954	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,140,227	492,200	1,632,427	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/20/2018 3:53 pm

				Hospice I			
Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	15,330	15,330				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	165,114	0	0	165,114		3.00
4.00	ADMINISTRATIVE & GENERAL	167,070	15,330	0	0	182,400	4.00
5.00	PLANT OPERATION & MAINTENANCE	49,130	0	0	0	49,130	5.00
6.00	LAUNDRY & LINEN SERVICE	29	0	0	0	29	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	1,919	0	0	0	1,919	8.00
9.00	NURSING ADMINISTRATION	138,294	0	0	29,857	168,151	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	30,341	0	0	0	30,341	12.00
13.00	VOLUNTEER SERVICE COORDINATION	52,991	0	0	16,869	69,860	13.00
14.00	PHARMACY	127,197	0	0	0	127,197	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	288,492	0	0	4,268	292,760	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	517,624			90,078	607,702	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	942	0	0	240	1,182	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	77,954	0	0	23,802	101,756	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	1,632,427	15,330	0	165,114	1,632,427	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	182,400						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,180	55,310					5.00
6.00	LAUNDRY & LINEN SERVICE	4	0		33			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	241	0			0	2,160	8.00
9.00	NURSING ADMINISTRATION	21,152	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	3,817	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	8,788	0			0		13.00
14.00	PHARMACY	16,000	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	36,827	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	76,442						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	149	3,319		2	0	121	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	12,800	51,991		31	0	2,039	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	182,400	55,310		33	0	2,160	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

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Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	189,303					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			34,158		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	78,648	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	171,812	0	0	34,158	71,395	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,002	0	0	0	416	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	16,489	0	0	0	6,837	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	189,303	0	0	34,158	78,648	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

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Hospice CCN: 14-1503

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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	143,197					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		329,587			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	143,197	0	296,955		1,401,661	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	3,263	0	9,454	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	29,369	0	221,312	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	143,197	0	329,587	0	1,632,427	100.00

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

Provider CCN: 14-0053

Period:

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Hospice CCN: 14-1503

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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	15,330					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	518,685			3.00
4.00	ADMINISTRATIVE & GENERAL	15,330	0	0	-182,400	1,450,027	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	49,130	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	29	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	1,919	8.00
9.00	NURSING ADMINISTRATION	0	0	93,792	0	168,151	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	30,341	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	52,991	0	69,860	13.00
14.00	PHARMACY	0	0	0	0	127,197	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	13,406	0	292,760	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			282,971	0	607,702	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	753	0	1,182	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	74,772	0	101,756	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	15,330	0	165,114		182,400	100.00
101.00	UNIT COST MULTIPLIER	1.000000	0.000000	0.318332		0.125791	101.00

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

Provider CCN: 14-0053

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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	677				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	677		8.00
9.00	NURSING ADMINISTRATION	0		0		2,078	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,886	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6	38	0	38	11	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	94	639	0	639	181	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	55,310	33	0	2,160	189,303	100.00
101.00	UNIT COST MULTIPLIER	553.100000	0.048744	0.000000	3.190547	91.098653	101.00

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

Provider CCN: 14-0053

Period:

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,082		13.00
14.00	PHARMACY			0	0	136,069	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	100	1,890	136,069	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	11	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	181	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	34,158	78,648	143,197	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	341.580000	37.775216	1.052385	101.00

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

Provider CCN: 14-0053

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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		101			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			677		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	91			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1	38		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	9	639		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	329,587	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	3,263.237624	0.000000		101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-7

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

			Hospice I				
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.298095	0	1,890	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.155125	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.161224	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.331262	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.202489	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.390683	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.528819	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.307966	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	563	0	0	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	563	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0053

Period:

Worksheet 0-8

Hospice CCN: 14-1503

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/20/2018 3:53 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,402,224	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			6,653	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			210.77	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	4,333	128		9.00
10.00	Program cost (line 8 times line 9)	913,266	26,979		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			9,454	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			38	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			248.79	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	17	2		14.00
15.00	Program cost (line 13 times line 14)	4,229	498		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			221,312	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			639	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			346.34	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	412	29		19.00
20.00	Program cost (line 18 times line 19)	142,692	10,044		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,632,990	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,330	22.00
23.00	Average cost per diem (line 21 divided by line 22)			222.78	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0053	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/20/2018 3:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,736,652	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		293,179	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)		263.79	3.00
4.00	Number of interns & residents (see instructions)		59.19	4.00
5.00	Indirect medical education percentage (see instructions)		6.53	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)		374,603	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.80	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.66	8.00
9.00	Sum of lines 7 and 8		36.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.66	10.00
11.00	Disproportionate share adjustment (see instructions)		439,428	11.00
12.00	Total prospective capital payments (see instructions)		6,843,862	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