

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: 14-0091

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

Worksheet S
Parts I-III
Date/Time Prepared:
5/29/2019 4:31 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 5/29/2019	Time: 4:31 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	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 number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(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 CARLE FOUNDATION HOSPITAL (14-0091) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-863,940	148,632	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-10,545	8		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-874,485	148,640	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: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:31 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 611 W. PARK STREET			PO Box:		1.00			
2.00	City: URBANA			State: IL		Zip Code: 61801-2595		County: CHAMPAIGN	
		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		CARLE FOUNDATION HOSPITAL	140091	16580	1	07/01/1966	N	P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF		CARLE INPATIENT REHAB	14T091	16580	5	07/01/1991	N	P
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA		CARLE HOME CARE	147241	16580		09/13/1983	N	P
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice		CARLE HOSPICE	141526	16580		05/09/1989		
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
17.20	Hospital-Based (OPT) I								
17.30	Hospital-Based (OOT) I								
17.40	Hospital-Based (OSP) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	12,738	6,278	0	0	15,587	970	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	619	380	0	0	445		25.00	
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:31 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		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
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N
		Unweighted FTEs 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)	0.43		5.82		0.068800	

Worksheet S-2
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)	FAMILY MEDICINE	1350	0.93	12.58	0.068838		
65.01		OSTEOPATHIC	3600	0.00	1.76	0.000000		
65.02		INTERNAL MEDICINE	1400	0.00	26.87	0.000000		
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	15.64	0.000000		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.10	16.95	0.005865		
67.01		INTERNAL MEDICINE	1400	0.21	24.00	0.008674		
67.02		PSYCHIATRY	2200	0.24	1.73	0.121827		
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			

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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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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	N		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	N		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	N		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	N		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: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:31 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.		N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.					N	111.00
						1.00	
						2.00	
						3.00	
115.00	Miscellaneous Cost Reporting Information 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.					N	117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.					1	118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.					N	118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.					N	N
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: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:31 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		04H077		140.00
			1.00		2.00			
141.00			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.					
Name: THE CARLE FOUNDATION			Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00450			
142.00			PO Box:		142.00			
143.00			City: URBANA		State: IL		Zip Code: 61801	
			1.00		2.00			
144.00			Are provider based physicians' costs included in Worksheet A?					
			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.					
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.					
			1.00		2.00			
147.00			Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
148.00			Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
149.00			Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
			Part A		Part B		Title V	
			1.00		2.00		3.00	
			Title XIX		4.00			
155.00			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)					
156.00			Hospital					
157.00			Subprovider - IPF					
158.00			Subprovider - IRF					
159.00			SUBPROVIDER					
160.00			SNF					
161.00			HOME HEALTH AGENCY					
161.10			CMHC					
161.20			CORF					
161.30			OUTPATIENT PHYSICAL THERAPY					
161.40			OUTPATIENT OCCUPATIONAL THERAPY					
			1.00		2.00			
165.00			Multicampus					
166.00			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.					
			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)					
			1.00		2.00			
167.00			Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
168.00			Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					
168.01			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)					
169.00			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)					
			1.00		2.00			
			3.00		4.00			
			5.00		6.00			
			7.00		8.00			
			9.00		10.00			
			11.00		12.00			
			13.00		14.00			
			15.00		16.00			
			17.00		18.00			
			19.00		20.00			
			21.00		22.00			
			23.00		24.00			
			25.00		26.00			
			27.00		28.00			
			29.00		30.00			
			31.00		32.00			
			33.00		34.00			
			35.00		36.00			
			37.00		38.00			
			39.00		40.00			
			41.00		42.00			
			43.00		44.00			
			45.00		46.00			
			47.00		48.00			
			49.00		50.00			
			51.00		52.00			
			53.00		54.00			
			55.00		56.00			
			57.00		58.00			
			59.00		60.00			
			61.00		62.00			
			63.00		64.00			
			65.00		66.00			
			67.00		68.00			
			69.00		70.00			
			71.00		72.00			
			73.00		74.00			
			75.00		76.00			
			77.00		78.00			
			79.00		80.00			
			81.00		82.00			
			83.00		84.00			
			85.00		86.00			
			87.00		88.00			
			89.00		90.00			
			91.00		92.00			
			93.00		94.00			
			95.00		96.00			
			97.00		98.00			
			99.00		100.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:31 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:31 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)	N					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?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/20/2018	Y	04/20/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part II
Date/Time Prepared:
5/29/2019 4:31 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.	THERESA	O'BANION		41.00
42.00	Enter the employer/company name of the cost report preparer.	CARLE FOUNDATION HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-383-4717	THERESA.OBANION@CARLE.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:31 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.	MANAGER - BUDGET & REIMBURSEMENT		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: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	328	119,720	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)		328	119,720	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	26	9,490	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		391	142,715	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		411			0	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)		12	4,380			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 4:31 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)	29,084	13,760	90,009		1.00
2.00	HMO and other (see instructions)	20,315	15,587			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	910	445			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)	29,084	13,760	90,009		7.00
8.00	INTENSIVE CARE UNIT					8.00
8.01	NEONATAL ICU	0	1,843	4,061		8.01
9.00	CORONARY CARE UNIT	1,723	888	5,331		9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT	2,003	1,023	6,199		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		1,502	10,633		13.00
14.00	Total (see instructions)	32,810	19,016	116,233	58.31	3,029.87
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,574	999	5,667	0.00	33.44
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	11,231	3,254	32,247	0.00	58.81
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	40,568	2,300	46,545	0.00	33.54
24.10	HOSPICE (non-distinct part)			541		24.10
25.00	CMHC - CMHC					25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				58.31	3,155.66
28.00	Observation Bed Days		1,790	4,191		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	970	2,078		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			207		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: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 4:31 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	6,730	6,537	27,238	1.00
2.00 HMO and other (see instructions)			4,377	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
8.01 NEONATAL ICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,730	6,537	27,238	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	104	76	359	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 4:31 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	204,926,547	11,553,526	216,480,073	7,762,484.00	27.89 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		0	0	0	0.00	0.00 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	4,231,643	36,898	4,268,541	111,636.00	38.24 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		16,452,715	51,313	16,504,028	474,863.00	34.76 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,577,481	0	12,577,481	193,970.00	64.84 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		0	0	0	0.00	0.00 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		73,212,256	0	73,212,256	2,519,223.00	29.06 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)		49,723,035	0	49,723,035		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,290,364	0	3,290,364		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		773,532	0	773,532		
25.50	Home office wage-related (core)		23,829,876	0	23,829,876		
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: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 4:31 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	0	3,555,364	3,555,364	85,045.00	41.81 26.00
27.00	Administrative & General	5.00	7,733,274	-328,287	7,404,987	426,821.00	17.35 27.00
28.00	Administrative & General under contract (see inst.)		8,934,046	0	8,934,046	106,673.00	83.75 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00 29.00
30.00	Operation of Plant	7.00	0	4,265,253	4,265,253	284,616.00	14.99 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00 31.00
32.00	Housekeeping	9.00	0	4,482,671	4,482,671	311,543.00	14.39 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	0	2,678,722	2,678,722	170,168.00	15.74 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	2,282,374	4,988	2,287,362	58,867.00	38.86 38.00
39.00	Central Services and Supply	14.00	0	2,727,954	2,727,954	164,017.00	16.63 39.00
40.00	Pharmacy	15.00	4,823,073	95,203	4,918,276	116,745.00	42.13 40.00
41.00	Medical Records & Medical Records Library	16.00	542,459	4,789,463	5,331,922	198,208.00	26.90 41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 4:31 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)	209,628,950	11,516,628	221,145,578	7,757,521.00	28.51	1.00
2.00	Excluded area salaries (see instructions)	16,452,715	51,313	16,504,028	474,863.00	34.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	193,176,235	11,465,315	204,641,550	7,282,658.00	28.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	85,789,737	0	85,789,737	2,713,193.00	31.62	4.00
5.00	Subtotal wage-related costs (see inst.)	73,552,911	0	73,552,911	0.00	35.94	5.00
6.00	Total (sum of lines 3 thru 5)	352,518,883	11,465,315	363,984,198	9,995,851.00	36.41	6.00
7.00	Total overhead cost (see instructions)	24,315,226	22,271,331	46,586,557	1,922,703.00	24.23	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2019 4:31 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	10,383,600	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
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)	26,230,677	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	121,602	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)	656,396	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	879,237	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	13,939,773	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	67,547	19.00
20.00	State or Federal Unemployment Taxes	1,019	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,507,080	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	53,786,931	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: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part V
Date/Time Prepared:
5/29/2019 4:31 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	12,577,481	53,786,931	1.00
2.00	Hospital	12,577,481	53,304,907	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	482,024	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0091 Component CCN: 14-7241		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/29/2019 4:31 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	1,486	0	1,160	2,646	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,283.00	0.00	2,427.00	3,710.00	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			1.92	0.33	2.25	5.00
6.00	Direct Nursing Service			18.99	1.24	20.23	6.00
7.00	Nursing Supervisor			1.74	0.00	1.74	7.00
8.00	Physical Therapy Service			12.50	0.80	13.30	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.34	0.04	4.38	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.71	0.00	1.71	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.15	0.00	0.15	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.27	0.00	1.27	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.			5			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				19180			20.02
20.03				19500			20.03
20.04				99914			20.04
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,189	216	276	29	4,710	21.00
22.00	Skilled Nursing Visit Charges	832,270	41,580	56,580	5,990	936,420	22.00
23.00	Physical Therapy Visits	4,006	36	131	65	4,238	23.00
24.00	Physical Therapy Visit Charges	852,415	7,695	30,545	13,820	904,475	24.00
25.00	Occupational Therapy Visits	1,342	56	28	4	1,430	25.00
26.00	Occupational Therapy Visit Charges	281,820	11,760	5,880	840	300,300	26.00
27.00	Speech Pathology Visits	209	14	5	1	229	27.00
28.00	Speech Pathology Visit Charges	48,375	3,225	1,200	225	53,025	28.00
29.00	Medical Social Service Visits	26	1	3	1	31	29.00
30.00	Medical Social Service Visit Charges	7,930	305	915	305	9,455	30.00
31.00	Home Health Aide Visits	539	39	2	13	593	31.00
32.00	Home Health Aide Visit Charges	45,815	3,315	170	1,105	50,405	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,311	362	445	113	11,231	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)	2,068,625	67,880	95,290	22,285	2,254,080	35.00
36.00	Total Number of Episodes (standard/non outlier)	912		172	14	1,098	36.00
37.00	Total Number of Outlier Episodes		11		0	11	37.00
38.00	Total Non-Routine Medical Supply Charges	289,230	24,030	31,639	758	345,657	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA			Provider CCN: 14-0091 Hospice CCN: 14-1526		Period: From 01/01/2018 To 12/31/2018		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/29/2019 4:31 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	10.00	
11.00	Hospice Routine Home Care		39,799	2,165	3,502	45,466	11.00	
12.00	Hospice Inpatient Respite Care		28	0	10	38	12.00	
13.00	Hospice General Inpatient Care		741	127	173	1,041	13.00	
14.00	Total Hospice Days		40,568	2,292	3,685	46,545	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: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 4:31 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)		0.192907		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		131,992,029		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		625,619,463		6.00
7.00	Medicaid cost (line 1 times line 6)		120,686,374		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)		0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		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)	91,414,440	12,470,077	103,884,517	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,634,485	12,470,077	30,104,562	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	17,634,485	12,470,077	30,104,562	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)		28,585,861		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,331,440		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,586,830		27.01
28.00	Non-Medicare bad debt expense (see instructions)		24,999,031		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,077,878		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		36,182,440		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		36,182,440		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/29/2019 4:31 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		44,194	44,194	-521,628	-477,434	1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP		18,163,842	18,163,842	0	18,163,842	2.00		
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00		
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	0	5.01		
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02		
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	0	5.03		
5.04	00570	ADMITTING	5,100,913	2,359,438	7,460,351	-353,136	7,107,215	5.04		
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	-1,181,310	108,327,634	107,146,324	81,426,889	188,573,213	5.05		
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,813,671	61,394,240	65,207,911	-37,703,580	27,504,331	5.06		
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00		
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00		
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00		
10.00	01000	DIETARY	0	0	0	0	0	10.00		
11.00	01100	CAFETERIA	0	0	0	0	0	11.00		
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00		
13.00	01300	NURSING ADMINISTRATION	2,282,374	1,515,527	3,797,901	-148,053	3,649,848	13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00		
15.00	01500	PHARMACY	4,823,073	21,439,880	26,262,953	-19,746,306	6,516,647	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	542,459	478,220	1,020,679	0	1,020,679	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00		
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,231,643	5,795,276	10,026,919	-3,794,654	6,232,265	21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,671,942	3,671,942	22.00		
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	593,104	593,104	23.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	40,837,219	26,214,819	67,052,038	-14,835,017	52,217,021	30.00		
31.01	03101	NEONATAL ICU	7,115,932	3,723,840	10,839,772	-532,830	10,306,942	31.01		
32.00	03200	CORONARY CARE UNIT	4,272,240	2,836,149	7,108,389	-523,266	6,585,123	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,002,584	3,000,067	8,002,651	-528,292	7,474,359	34.00		
41.00	04100	SUBPROVIDER - IRF	2,418,775	1,240,963	3,659,738	-333,725	3,326,013	41.00		
43.00	04300	NURSERY	0	0	0	2,290,430	2,290,430	43.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	9,000,852	41,749,899	50,750,751	-20,263,595	30,487,156	50.00		
51.00	05100	RECOVERY ROOM	1,543,035	697,207	2,240,242	-141,229	2,099,013	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,982,695	6,982,695	52.00		
53.00	05300	ANESTHESIOLOGY	69,679	1,286,894	1,356,573	-1,356,573	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,826,140	15,099,935	26,926,075	-3,670,992	23,255,083	54.00		
57.00	05700	CT SCAN	1,957,500	2,781,587	4,739,087	-157,090	4,581,997	57.00		
58.00	05800	MRI	1,501,051	2,505,413	4,006,464	-169,705	3,836,759	58.00		
59.00	05900	CARDIAC CATHETERIZATION	1,176,251	5,479,731	6,655,982	-4,579,630	2,076,352	59.00		
60.00	06000	LABORATORY	7,816,019	17,593,865	25,409,884	-2,909,167	22,500,717	60.00		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	357,070	2,468,721	2,825,791	-42,180	2,783,611	62.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30		
65.00	06500	RESPIRATORY THERAPY	4,018,986	2,799,154	6,818,140	-250,236	6,567,904	65.00		
66.00	06600	PHYSICAL THERAPY	14,397,945	9,907,657	24,305,602	-4,544,775	19,760,827	66.00		
69.00	06900	ELECTROCARDIOLOGY	2,841,151	2,376,787	5,217,938	-341,204	4,876,734	69.00		
69.01	03650	SPECIAL PROCEDURES	4,544,646	15,365,492	19,910,138	-11,452,125	8,458,013	69.01		
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02		
70.00	07000	ELECTROENCEPHALOGRAPHY	323,309	261,884	585,193	-32,675	552,518	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,760,470	19,760,470	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,101,512	19,101,512	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	19,293,927	19,293,927	73.00		
75.00	07500	ASC (NON-DISTINCT PART)	852,784	1,643,087	2,495,871	-794,052	1,701,819	75.00		
75.01	07501	WOUND CARE	0	0	0	0	0	75.01		
76.00	03950	ACUTE DIALYSIS	0	1,094,561	1,094,561	-1,094,561	0	76.00		
76.97	07697	CARDIAC REHABILITATION	244,210	342,874	587,084	-213,600	373,484	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	245,852	86,728	332,580	0	332,580	76.98		
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS										
90.01	09001	340B CLINICS	34,458,129	47,745,117	82,203,246	-13,701,374	68,501,872	90.01		
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02		
91.00	09100	EMERGENCY	7,466,437	8,771,061	16,237,498	-846,800	15,390,698	91.00		
91.01	09101	SLEEP LAB	1,043,473	664,163	1,707,636	-229,804	1,477,832	91.01		
91.02	09102	BRONCH & GASTRO LAB	2,855,370	5,140,370	7,995,740	-883,663	7,112,077	91.02		
91.03	09103	SURGICENTER	0	0	0	0	0	91.03		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00		
92.01	09201	OBSERVATION BEDS-DISTINCT	3,093,145	1,820,037	4,913,182	-430,640	4,482,542	92.01		
OTHER REIMBURSABLE COST CENTERS										
99.10	09910	CORF	0	0	0	0	0	99.10		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
5/29/2019 4:31 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	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	5,123,202	3,008,254	8,131,456	-1,145,988	6,985,468	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,331,932	5,069,518	7,401,450	-807,170	6,594,280	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	198,347,741	452,294,085	650,641,826	4,041,654	654,683,480	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	152,944	152,944	-119,184	33,760	190.00
191.00	19100	RESEARCH	971,517	305,177	1,276,694	0	1,276,694	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	644,766	28,955,844	29,600,610	-59,007	29,541,603	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	92,509	51,938	144,447	0	144,447	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	105	105	0	105	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	32,228	32,228	192.12
192.13	19213	PARISH NRSG	27,685	29,000	56,685	-6,936	49,749	192.13
192.14	19214	COMM HLTH & WLNS	116,693	2,582,501	2,699,194	0	2,699,194	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	203,987	167,902	371,889	-43,392	328,497	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	184,400	184,400	0	184,400	193.01
193.02	19302	TELEMEDICINE	901,112	445,070	1,346,182	0	1,346,182	193.02
193.04	19304	NORTH GARAGE	0	0	0	489,400	489,400	193.04
193.05	19305	HOME INFUSION	955,756	10,791,059	11,746,815	-1,819,339	9,927,476	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	2,130,115	4,269,964	6,400,079	-2,178,620	4,221,459	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	315,048	287,863	602,911	0	602,911	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	68,456	1,077,434	1,145,890	0	1,145,890	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	151,162	28,559,986	28,711,148	0	28,711,148	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	350,873	350,873	-336,804	14,069	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	204,926,547	530,506,145	735,432,692	0	735,432,692	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
5/29/2019 4:31 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	-477,434	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	18,163,842	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,873,598	7,873,598	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	5.03
5.04	00570	ADMITTING	-952	7,106,263	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	-13,166,536	175,406,677	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-22,011,477	5,492,854	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	23,335,257	23,335,257	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	7,003,886	7,003,886	9.00
10.00	01000	DIETARY	4,361,848	4,361,848	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-139	3,649,709	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,419,310	6,419,310	14.00
15.00	01500	PHARMACY	-2,000	6,514,647	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,164,089	8,184,768	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-146,581	6,085,684	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,671,942	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	593,104	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-222,626	51,994,395	30.00
31.01	03101	NEONATAL ICU	-3,000	10,303,942	31.01
32.00	03200	CORONARY CARE UNIT	-18,767	6,566,356	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-8,118	7,466,241	34.00
41.00	04100	SUBPROVIDER - IRF	-2,603	3,323,410	41.00
43.00	04300	NURSERY	-40,686	2,249,744	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-108,000	30,379,156	50.00
51.00	05100	RECOVERY ROOM	0	2,099,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-80,322	6,902,373	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-17,959	23,237,124	54.00
57.00	05700	CT SCAN	0	4,581,997	57.00
58.00	05800	MRI	0	3,836,759	58.00
59.00	05900	CARDIAC CATHETERIZATION	-13,688	2,062,664	59.00
60.00	06000	LABORATORY	-59,113	22,441,604	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,783,611	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-15,575	6,552,329	65.00
66.00	06600	PHYSICAL THERAPY	-329,082	19,431,745	66.00
69.00	06900	ELECTROCARDIOLOGY	-197	4,876,537	69.00
69.01	03650	SPECIAL PROCEDURES	-44	8,457,969	69.01
69.02	06901	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	552,518	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,760,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,101,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,293,927	73.00
75.00	07500	ASC (NON-DISTINCT PART)	-30,408	1,671,411	75.00
75.01	07501	WOUND CARE	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-29,645	343,839	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	332,580	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	340B CLINICS	-168,918	68,332,954	90.01
90.02	09002	HOME INFUSION	0	0	90.02
91.00	09100	EMERGENCY	-1,219,525	14,171,173	91.00
91.01	09101	SLEEP LAB	-25,849	1,451,983	91.01
91.02	09102	BRONCH & GASTRO LAB	-2,640	7,109,437	91.02
91.03	09103	SURGICENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	4,482,542	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet A
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-48,705	6,936,763	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	-29,810	6,564,470	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,355,023	673,038,503	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,760	190.00
191.00	19100	RESEARCH	0	1,276,694	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	29,541,603	192.01
192.02	19202	RURAL HEALTH	0	0	192.02
192.03	19203	ARBOURS RX	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	192.04
192.05	19205	MARKETING	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	144,447	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	192.10
192.11	19211	CASC PHARMACY	0	105	192.11
192.12	19212	SOUTH PARKING GARAGE	0	32,228	192.12
192.13	19213	PARISH NRSG	0	49,749	192.13
192.14	19214	COMM HLTH & WLNS	0	2,699,194	192.14
192.15	19215	MOBILE CLINIC	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	328,497	192.16
192.17	19217	SMOKING CESSATION	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	192.18
192.19	19219	STRATUM	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	184,400	193.01
193.02	19302	TELEMEDICINE	0	1,346,182	193.02
193.04	19304	NORTH GARAGE	0	489,400	193.04
193.05	19305	HOME INFUSION	0	9,927,476	193.05
193.06	19306	MISSION RELATED	0	0	193.06
193.07	19307	GRANT RELATED	0	4,221,459	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	602,911	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	1,145,890	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	648,801	648,801	193.12
193.13	19311	RELATED PARTY PHARMACISTS	113,684	113,684	193.13
193.14	19312	RETAIL PHARM	0	28,711,148	193.14
193.15	19313	RELATED PARTY DIETITIANS	21,252	21,252	193.15
193.16	19314	RELATED PARTY LABORATORY	576,796	576,796	193.16
193.17	19315	RELATED PARTY RADIOLOGY	528,282	528,282	193.17
193.18	19316	RELATED PARTY RHC	87,650	87,650	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	14,069	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	20,331,488	755,764,180	200.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	3,671,942		1.00
	COSTS APPRV					
	0		0	3,671,942		
	B - PARKING GARAGE DEPRECIATION					
1.00	SOUTH PARKING GARAGE	192.12	0	32,228		1.00
2.00	NORTH GARAGE	193.04	0	489,400		2.00
	0		0	521,628		
	C - INTERNAL FEES					
1.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	81,426,890		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
	0		0	81,426,890		
	D - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	19,293,927		1.00
	0		0	19,293,927		
	E - OBSTETRICS					
1.00	NURSERY	43.00	1,249,085	1,041,345		1.00
	0		1,249,085	1,041,345		
	F - ACUTE RENAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,016,981		1.00
	0		0	1,016,981		
	G - L&D DEPT FROM ROUTINE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	4,576,758	2,405,937		1.00
	0		4,576,758	2,405,937		
	H - RX RESIDENT					
1.00	PARAMED ED PRGM-RX RESIDENT	23.00	530,401	62,703		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		530,401	62,703		
	I - BONUSES					
1.00	ADMITTING	5.04	1,750	0		1.00
2.00	SHARED ADMINISTRATIVE & GENERAL	5.05	1,250	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	8,464	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	NURSING ADMINISTRATION	13.00	4,988	0	4.00
5.00	PHARMACY	15.00	6,750	0	5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	36,898	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	370,576	0	7.00
8.00	NEONATAL ICU	31.01	46,125	0	8.00
9.00	CORONARY CARE UNIT	32.00	124,625	0	9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	113,625	0	10.00
11.00	SUBPROVIDER - IRF	41.00	16,875	0	11.00
12.00	OPERATING ROOM	50.00	26,125	0	12.00
13.00	RECOVERY ROOM	51.00	4,250	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	46,000	0	14.00
15.00	CT SCAN	57.00	9,375	0	15.00
16.00	MRI	58.00	5,375	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	5,000	0	17.00
18.00	LABORATORY	60.00	21,250	0	18.00
19.00	RESPIRATORY THERAPY	65.00	12,375	0	19.00
20.00	PHYSICAL THERAPY	66.00	66,000	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	3,750	0	21.00
22.00	SPECIAL PROCEDURES	69.01	8,000	0	22.00
23.00	ASC (NON-DISTINCT PART)	75.00	1,250	0	23.00
24.00	340B CLINICS	90.01	127,875	0	24.00
25.00	EMERGENCY	91.00	73,375	0	25.00
26.00	SLEEP LAB	91.01	1,750	0	26.00
27.00	BRONCH & GASTRO LAB	91.02	8,250	0	27.00
28.00	OBSERVATION BEDS-DISTINCT	92.01	20,625	0	28.00
29.00	HOME HEALTH AGENCY	101.00	103,091	0	29.00
30.00	HOSPICE	116.00	12,125	0	30.00
31.00	SPECIALTY TRANSPORT PROGRAM	192.07	5,000	0	31.00
32.00	TELEMEDICINE	193.02	5,778	0	32.00
33.00	DELIVERY ROOM & LABOR ROOM	52.00	15,375	0	33.00
0			1,313,920	0	
J - SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,760,470	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,101,512	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
0			0	38,861,982	
K - CONTRACT LABOR					
1.00	PARAMED ED PRGM-RX RESIDENT	23.00	0	152,827	1.00
2.00	PHARMACY	15.00	266,704	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,235,186	3.00
4.00	NEONATAL ICU	31.01	0	684,147	4.00
5.00	CORONARY CARE UNIT	32.00	0	388,696	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	894,738	6.00
7.00	SUBPROVIDER - IRF	41.00	0	335	7.00
8.00	OPERATING ROOM	50.00	0	1,403,154	8.00
9.00	RECOVERY ROOM	51.00	0	29,724	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	272,631	10.00

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
11.00	CARDIAC CATHETERIZATION	59.00	0	146,560	11.00
12.00	LABORATORY	60.00	0	420,418	12.00
13.00	RESPIRATORY THERAPY	65.00	0	681,750	13.00
14.00	PHYSICAL THERAPY	66.00	0	423,207	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	305,035	15.00
16.00	SPECIAL PROCEDURES	69.01	0	124,894	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	88,023	17.00
18.00	ASC (NON-DISTINCT PART)	75.00	0	20,556	18.00
19.00	340B CLINICS	90.01	0	567,168	19.00
20.00	EMERGENCY	91.00	0	2,072,841	20.00
21.00	SLEEP LAB	91.01	0	270,798	21.00
22.00	BRONCH & GASTRO LAB	91.02	0	78,557	22.00
23.00	OBSERVATION BEDS-DISTINCT	92.01	0	146,891	23.00
24.00	HOME HEALTH AGENCY	101.00	0	352,710	24.00
25.00	HOSPICE	116.00	0	73,701	25.00
26.00	CHEMOTHERAPY RX	192.01	12,399	0	26.00
27.00	COMM HLTH & WLNS	192.14	0	15	27.00
28.00	OTHER NONREIMBURSABLE ADMIN	193.10	0	42,369	28.00
29.00	DELIVERY ROOM & LABOR ROOM	52.00	0	661,993	29.00
TOTALS			279,103	12,538,924	
L - ANESTHESIA					
1.00	OPERATING ROOM	50.00	69,679	1,286,874	1.00
	0		69,679	1,286,874	
M - HO SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,555,364	0	1.00
2.00	OPERATION OF PLANT	7.00	4,265,253	0	2.00
3.00	HOUSEKEEPING	9.00	4,482,671	0	3.00
4.00	DIETARY	10.00	2,678,722	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	2,727,954	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	4,789,463	0	6.00
	0		22,499,427	0	
500.00	Grand Total: Increases		30,518,373	162,129,133	500.00

RECLASSIFICATIONS

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Period:
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To 12/31/2018

Worksheet A-6

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	3,671,942	0		1.00
	0		0	3,671,942			
	B - PARKING GARAGE DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	521,628	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	521,628			
	C - INTERNAL FEES						
1.00	ADMITTING	5.04	0	353,136	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35,620,596	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	148,053	0		3.00
4.00	PHARMACY	15.00	0	271,620	0		4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	122,712	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	6,550,368	0		6.00
7.00	NEONATAL ICU	31.01	0	532,800	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	520,860	0		8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	524,112	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	331,920	0		10.00
11.00	OPERATING ROOM	50.00	0	1,685,460	0		11.00
12.00	RECOVERY ROOM	51.00	0	140,460	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,816,112	0		13.00
14.00	CT SCAN	57.00	0	146,748	0		14.00
15.00	MRI	58.00	0	166,956	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	150,432	0		16.00
17.00	LABORATORY	60.00	0	2,895,936	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	42,180	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	250,236	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	4,225,505	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	341,028	0		21.00
22.00	SPECIAL PROCEDURES	69.01	0	1,103,256	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,340	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.00	0	771,034	0		24.00
25.00	ACUTE DIALYSIS	76.00	0	77,580	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	213,600	0		26.00
27.00	340B CLINICS	90.01	0	12,875,702	0		27.00
28.00	EMERGENCY	91.00	0	794,028	0		28.00
29.00	SLEEP LAB	91.01	0	229,800	0		29.00
30.00	BRONCH & GASTRO LAB	91.02	0	700,956	0		30.00
31.00	OBSERVATION BEDS-DISTINCT	92.01	0	428,400	0		31.00
32.00	HOME HEALTH AGENCY	101.00	0	1,007,911	0		32.00
33.00	HOSPICE	116.00	0	807,170	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	119,184	0		34.00
35.00	CHEMOTHERAPY RX	192.01	0	46,608	0		35.00
36.00	PARISH NRSG	192.13	0	6,936	0		36.00
37.00	PALLIATIVE CARE	192.16	0	43,392	0		37.00
38.00	HOME INFUSION	193.05	0	1,819,339	0		38.00
39.00	GRANT RELATED	193.07	0	2,178,620	0		39.00
40.00	UNDERGRADUATE MEDICAL EDUCATION	194.00	0	336,804	0		40.00
	0		0	81,426,890			
	D - DRUGS CHARGED						
1.00	PHARMACY	15.00	0	19,293,927	0		1.00
	0		0	19,293,927			
	E - OBSTETRICS						
1.00	ADULTS & PEDIATRICS	30.00	1,249,085	1,041,345	0		1.00
	0		1,249,085	1,041,345			
	F - ACUTE RENAL						
1.00	ACUTE DIALYSIS	76.00	0	1,016,981	0		1.00
	0		0	1,016,981			
	G - L&D DEPT FROM ROUTINE						
1.00	ADULTS & PEDIATRICS	30.00	4,576,758	2,405,937	0		1.00
	0		4,576,758	2,405,937			
	H - RX RESIDENT						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	339,751	62,703	0		1.00
2.00	PHARMACY	15.00	178,251	0	0		2.00
3.00	CHEMOTHERAPY RX	192.01	12,399	0	0		3.00
	0		530,401	62,703			

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - BONUSES						
1.00	ADMITTING	5.04	0	1,750	0		1.00
2.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	1,250	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	8,464	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	4,988	0		4.00
5.00	PHARMACY	15.00	0	6,750	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	36,898	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	370,576	0		7.00
8.00	NEONATAL ICU	31.01	0	46,125	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	124,625	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	113,625	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	16,875	0		11.00
12.00	OPERATING ROOM	50.00	0	26,125	0		12.00
13.00	RECOVERY ROOM	51.00	0	4,250	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,000	0		14.00
15.00	CT SCAN	57.00	0	9,375	0		15.00
16.00	MRI	58.00	0	5,375	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	5,000	0		17.00
18.00	LABORATORY	60.00	0	21,250	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	12,375	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	66,000	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	3,750	0		21.00
22.00	SPECIAL PROCEDURES	69.01	0	8,000	0		22.00
23.00	ASC (NON-DISTINCT PART)	75.00	0	1,250	0		23.00
24.00	340B CLINICS	90.01	0	127,875	0		24.00
25.00	EMERGENCY	91.00	0	73,375	0		25.00
26.00	SLEEP LAB	91.01	0	1,750	0		26.00
27.00	BRONCH & GASTRO LAB	91.02	0	8,250	0		27.00
28.00	OBSERVATION BEDS-DISTINCT	92.01	0	20,625	0		28.00
29.00	HOME HEALTH AGENCY	101.00	0	103,091	0		29.00
30.00	HOSPICE	116.00	0	12,125	0		30.00
31.00	SPECIALTY TRANSPORT PROGRAM	192.07	0	5,000	0		31.00
32.00	TELEMEDICINE	193.02	0	5,778	0		32.00
33.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,375	0		33.00
	0		0	1,313,920			
	J - SUPPLIES CHARGED						
1.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	1	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,680,530	0		2.00
3.00	PHARMACY	15.00	0	2,508	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	28,505	0		4.00
5.00	NEONATAL ICU	31.01	0	30	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	2,406	0		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	4,180	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	1,805	0		8.00
9.00	OPERATING ROOM	50.00	0	19,934,688	0		9.00
10.00	RECOVERY ROOM	51.00	0	769	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	20	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	854,880	0		12.00
13.00	CT SCAN	57.00	0	10,342	0		13.00
14.00	MRI	58.00	0	2,749	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	4,429,198	0		15.00
16.00	LABORATORY	60.00	0	13,231	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	319,270	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	176	0		18.00
19.00	SPECIAL PROCEDURES	69.01	0	10,348,869	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,335	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.00	0	23,018	0		21.00
22.00	340B CLINICS	90.01	0	825,672	0		22.00
23.00	EMERGENCY	91.00	0	52,772	0		23.00
24.00	SLEEP LAB	91.01	0	4	0		24.00
25.00	BRONCH & GASTRO LAB	91.02	0	182,707	0		25.00
26.00	OBSERVATION BEDS-DISTINCT	92.01	0	2,240	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	138,077	0		27.00
	0		0	38,861,982			
	K - CONTRACT LABOR						
1.00	PARAMED ED PRGM-RX RESIDENT	23.00	152,827	0	0		1.00
2.00	PHARMACY	15.00	0	266,704	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	2,235,186	0	0		3.00
4.00	NEONATAL ICU	31.01	684,147	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Date/Time Prepared:
5/29/2019 4:31 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	CORONARY CARE UNIT	32.00	388,696	0	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	894,738	0	0		6.00
7.00	SUBPROVIDER - IRF	41.00	335	0	0		7.00
8.00	OPERATING ROOM	50.00	1,403,154	0	0		8.00
9.00	RECOVERY ROOM	51.00	29,724	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	272,631	0	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	146,560	0	0		11.00
12.00	LABORATORY	60.00	420,418	0	0		12.00
13.00	RESPIRATORY THERAPY	65.00	681,750	0	0		13.00
14.00	PHYSICAL THERAPY	66.00	423,207	0	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	305,035	0	0		15.00
16.00	SPECIAL PROCEDURES	69.01	124,894	0	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	88,023	0	0		17.00
18.00	ASC (NON-DISTINCT PART)	75.00	20,556	0	0		18.00
19.00	340B CLINICS	90.01	567,168	0	0		19.00
20.00	EMERGENCY	91.00	2,072,841	0	0		20.00
21.00	SLEEP LAB	91.01	270,798	0	0		21.00
22.00	BRONCH & GASTRO LAB	91.02	78,557	0	0		22.00
23.00	OBSERVATION BEDS-DISTINCT	92.01	146,891	0	0		23.00
24.00	HOME HEALTH AGENCY	101.00	352,710	0	0		24.00
25.00	HOSPICE	116.00	73,701	0	0		25.00
26.00	CHEMOTHERAPY RX	192.01	0	12,399	0		26.00
27.00	COMM HLTH & WLNS	192.14	15	0	0		27.00
28.00	OTHER NONREIMBURSABLE ADMIN	193.10	42,369	0	0		28.00
29.00	DELIVERY ROOM & LABOR ROOM	52.00	661,993	0	0		29.00
	TOTALS		12,538,924	279,103			
	L - ANESTHESIA						
1.00	ANESTHESIOLOGY	53.00	69,679	1,286,874	0		1.00
	0		69,679	1,286,874			
	M - HO SALARIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,555,364	0		1.00
2.00	OPERATION OF PLANT	7.00	0	4,265,253	0		2.00
3.00	HOUSEKEEPING	9.00	0	4,482,671	0		3.00
4.00	DIETARY	10.00	0	2,678,722	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,727,954	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,789,463	0		6.00
	0		0	22,499,427			
500.00	Grand Total: Decreases		18,964,847	173,682,659			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 4:31 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	0	0	0	0	0	1.00
2.00	Land Improvements	652,707	0	0	0	0	2.00
3.00	Buildings and Fixtures	203,650	5,504	0	5,504	0	3.00
4.00	Building Improvements	989,107	0	0	0	61,609	4.00
5.00	Fixed Equipment	162,978,603	26,841,821	0	26,841,821	0	5.00
6.00	Movable Equipment	145,380	571,648	0	571,648	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	164,969,447	27,418,973	0	27,418,973	61,609	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	164,969,447	27,418,973	0	27,418,973	61,609	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	652,707	0				2.00
3.00	Buildings and Fixtures	209,154	0				3.00
4.00	Building Improvements	927,498	0				4.00
5.00	Fixed Equipment	189,820,424	0				5.00
6.00	Movable Equipment	717,028	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	192,326,811	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	192,326,811	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 4:31 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	44,194	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	18,163,842	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,208,036	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed 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	44,194				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	18,163,842				2.00
3.00	Total (sum of lines 1-2)	0	18,208,036				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 4:31 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	191,609,783	0	191,609,783	0.996272	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	717,028	0	717,028	0.003728	0	2.00
3.00	Total (sum of lines 1-2)	192,326,811	0	192,326,811	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	-477,434	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,163,842	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,686,408	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	0	0	0	-477,434	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	18,163,842	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	17,686,408	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 4:31 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
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)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,396,589			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	48,184,462			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	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
30.99	Hospice (non-distinct) (see instructions)	B	-216,400	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	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	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	AHA AND IHA LOBBYING EXPENSE	A	-3,112	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00	CAOS TUITION	B	-206,027	PHYSICAL THERAPY	66.00	0	35.00
35.01	EDUCATION REVENUE	B	-3,000	NEONATAL ICU	31.01	0	35.01
35.06	EDUCATION REVENUE	B	0	ADULTS & PEDIATRICS	30.00	0	35.06
35.07	EDUCATION REVENUE	B	-5,400	EMERGENCY	91.00	0	35.07
36.00	OTHER REVENUE- GRANT REVENUE	B	-235,088	SHARED ADMINISTRATIVE & GENERAL	5.05	0	36.00
36.01	OTHER REVENUE - GRANT REVENUE	B	-10,000	340B CLINICS	90.01	0	36.01
36.02	OTHER REVENUE - GRANT REVENUE	B	-10,625	EMERGENCY	91.00	0	36.02
37.00	MISC	B	-210,458	SHARED ADMINISTRATIVE & GENERAL	5.05	0	37.00
38.00	MISC REVENUE & CCA REVENUE, SER	B	-58,819	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
38.02	MISC	B	-3,904	ADULTS & PEDIATRICS	30.00	0	38.02
38.06	MISC	B	-8,799	PHYSICAL THERAPY	66.00	0	38.06
39.00	OUTSIDE CONTRACT	B	-14,621	PHYSICAL THERAPY	66.00	0	39.00
39.02	RENT REVENUE	B	0	SHARED ADMINISTRATIVE & GENERAL	5.05	0	39.02
39.03	RENT REVENUE	B	-103,146	340B CLINICS	90.01	0	39.03
40.00	U OF I SUBSIDY	B	-146,555	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	40.00
41.00	U OF I SUBSIDY	B	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	41.00
44.00	PROVIDER TAX	A	-20,853,048	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
45.00	REF LAB	B	-28,085	CARDIAC REHABILITATION	76.97	0	45.00
45.01	MISC & CCA REVENUE	B	-19,683	LABORATORY	60.00	0	45.01
45.07	MISC REVENUE	B	-15,575	RESPIRATORY THERAPY	65.00	0	45.07
45.09	DONATIONS	A	-80	NURSING ADMINISTRATION	13.00	0	45.09
45.11	MISC REVENUE	B	-291	340B CLINICS	90.01	0	45.11
45.12	UNALLOWABLE EXPENSE	A	-835	340B CLINICS	90.01	0	45.12
45.13	UNALLOWABLE EXPENSE	A	-26	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	45.13
45.16	UNALLOWABLE EXPENSE	A	-182	ADULTS & PEDIATRICS	30.00	0	45.16
45.17	UNALLOWABLE EXPENSE	A	-9	RADIOLOGY-DIAGNOSTIC	54.00	0	45.17
45.22	UNALLOWABLE EXPENSE	A	-44	SPECIAL PROCEDURES	69.01	0	45.22
45.38	DONATIONS	A	-187,990	SHARED ADMINISTRATIVE & GENERAL	5.05	0	45.38
45.39	DONATIONS	A	-9,404	OTHER ADMINISTRATIVE & GENERAL	5.06	0	45.39
46.00	MISC REVENUE	B	-396	BRONCH & GASTRO LAB	91.02	0	46.00
46.01	MICS REVENUE	B	0	ADMITTING	5.04	0	46.01
46.02	MICS REVENUE	B	-107	OTHER ADMINISTRATIVE & GENERAL	5.06	0	46.02
47.00	MISC REVENUE	B	-82	HOME HEALTH AGENCY	101.00	0	47.00
47.01	MISC REVENUE	B	-2,000	PHARMACY	15.00	0	47.01
47.02	CONF TRAINING REVENUE	B	-2,140	ADULTS & PEDIATRICS	30.00	0	47.02
47.03	CONF TRAINING REVENUE	B	0	SUBPROVIDER - IRF	41.00	0	47.03
47.04	RELATED PARTY	A	648,801	RELATED PARTY PHARMACY	193.12	0	47.04
47.05	RELATED PARTY	A	113,684	RELATED PARTY PHARMACISTS	193.13	0	47.05
47.06	RELATED PARTY	A	21,252	RELATED PARTY DIETITIANS	193.15	0	47.06
47.07	RELATED PARTY	A	576,796	RELATED PARTY LABORATORY	193.16	0	47.07
47.08	RELATED PARTY	A	528,282	RELATED PARTY RADIOLOGY	193.17	0	47.08
47.09	RELATED PARTY	A	87,650	RELATED PARTY RHC	193.18	0	47.09
49.00	WORKERS COMP	A	-659,261	SHARED ADMINISTRATIVE & GENERAL	5.05	0	49.00
49.01	WORKERS COMP	A	-97,815	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.01
49.02	WORKERS COMP	A	-5,077	LABORATORY	60.00	0	49.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
49.03	WORKERS COMP	A	-31,709	PHYSICAL THERAPY	66.00	0	49.03
49.04	WORKERS COMP	A	-4,140	ASC (NON-DISTINCT PART)	75.00	0	49.04
49.05	WORKERS COMP	A	-44,473	HOME HEALTH AGENCY	101.00	0	49.05
49.06	WORKERS COMP	A	-21,635	HOSPICE	116.00	0	49.06
49.07	PROF LIABILITY	A	-4,150	HOME HEALTH AGENCY	101.00	0	49.07
49.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.08
49.10	PROF LIABILITY	A	-3,320,709	SHARED ADMINISTRATIVE & GENERAL	5.05	0	49.10
49.11	PROF LIABILITY	A	-811,403	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.11
49.12	PROF LIABILITY	A	-27,027	LABORATORY	60.00	0	49.12
49.13	PROF LIABILITY	A	-15,077	PHYSICAL THERAPY	66.00	0	49.13
49.14	PROF LIABILITY	A	-26,268	ASC (NON-DISTINCT PART)	75.00	0	49.14
49.15	PROF LIABILITY	A	-8,175	HOSPICE	116.00	0	49.15
49.20	GL ADD ON	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	49.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		20,331,488				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: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 4:31 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	0.00			0	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	7,873,598	0	2.00
3.00	5.05	SHARED ADMINISTRATIVE & GENE	HO ALLOCATION	139,144,017	147,162,255	3.00
3.01	7.00	OPERATION OF PLANT	HO ALLOCATION	23,335,257	0	3.01
3.02	9.00	HOUSEKEEPING	HO ALLOCATION	7,003,886	0	3.02
3.03	10.00	DIETARY	HO ALLOCATION	4,361,848	0	3.03
3.04	14.00	CENTRAL SERVICES & SUPPLY	HO ALLOCATION	6,419,310	0	3.04
3.05	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATION	7,208,801	0	3.05
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.			195,346,717	147,162,255	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	CARLE FOUNDATIO	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:					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: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 4:31 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	0	0		1.00
2.00	7,873,598	0		2.00
3.00	-8,018,238	0		3.00
3.01	23,335,257	0		3.01
3.02	7,003,886	0		3.02
3.03	4,361,848	0		3.03
3.04	6,419,310	0		3.04
3.05	7,208,801	0		3.05
4.00	0	0		4.00
5.00	48,184,462			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	HOME 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: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 4:31 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	5.04	AGGREGATE-ADMITTING	6,240	0	6,240	211,500	52	1.00
2.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	1,355,575	0	1,355,575	211,500	8,072	2.00
3.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	319,210	25,539	293,671	211,500	1,391	3.00
4.00	13.00	AGGREGATE-NURSING ADMINISTRATION	59	59	0	0	0	4.00
5.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	166,731	0	166,731	211,500	1,200	5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	447,270	0	447,270	211,500	4,576	6.00
7.00	32.00	AGGREGATE-CORONARY CARE UNIT	24,055	12,355	11,700	211,500	52	7.00
8.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	31,218	18	31,200	246,400	195	8.00
9.00	41.00	AGGREGATE-SUBPROVIDER - IRF	7,280	0	7,280	211,500	46	9.00
10.00	43.00	AGGREGATE-NURSERY	311,921	40,686	271,235	211,500	2,775	10.00
11.00	50.00	AGGREGATE-OPERATING ROOM	108,000	108,000	0	0	0	11.00
12.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	195,680	0	195,680	237,100	1,012	12.00
13.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	46,186	98	46,088	271,900	216	13.00
14.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	24,975	0	24,975	211,500	111	14.00
15.00	60.00	AGGREGATE-LABORATORY	20,240	0	20,240	211,500	127	15.00
16.00	66.00	AGGREGATE-PHYSICAL THERAPY	68,712	42,207	26,505	211,500	156	16.00
17.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	197	197	0	0	0	17.00
18.00	69.01	AGGREGATE-SPECIAL PROCEDURES	1,538	0	1,538	211,500	16	18.00
19.00	76.97	AGGREGATE-CARDIAC REHABILITATION	1,560	1,560	0	0	0	19.00
20.00	90.01	AGGREGATE-340B CLINICS	54,646	54,646	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	3,675,962	1,203,500	2,472,462	211,500	25,812	21.00
22.00	91.01	AGGREGATE-SLEEP LAB	34,492	20,892	13,600	211,500	85	22.00
23.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	2,244	2,244	0	0	0	23.00
200.00			6,903,991	1,512,001	5,391,990		45,894	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	5.04	AGGREGATE-ADMITTING	5,288	264	0	0	0	1.00
2.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	820,783	41,039	0	0	0	2.00
3.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	141,441	7,072	0	0	0	3.00
4.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	4.00
5.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	122,019	6,101	0	0	0	5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	465,300	23,265	0	0	0	6.00
7.00	32.00	AGGREGATE-CORONARY CARE UNIT	5,288	264	0	0	0	7.00
8.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	23,100	1,155	0	0	0	8.00
9.00	41.00	AGGREGATE-SUBPROVIDER - IRF	4,677	234	0	0	0	9.00
10.00	43.00	AGGREGATE-NURSERY	282,170	14,109	0	0	0	10.00
11.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	11.00
12.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	115,358	5,768	0	0	0	12.00
13.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	28,236	1,412	0	0	0	13.00
14.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	11,287	564	0	0	0	14.00
15.00	60.00	AGGREGATE-LABORATORY	12,914	646	0	0	0	15.00
16.00	66.00	AGGREGATE-PHYSICAL THERAPY	15,863	793	0	0	0	16.00
17.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	17.00
18.00	69.01	AGGREGATE-SPECIAL PROCEDURES	1,627	81	0	0	0	18.00
19.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	19.00
20.00	90.01	AGGREGATE-340B CLINICS	0	0	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	2,624,634	131,232	0	0	0	21.00
22.00	91.01	AGGREGATE-SLEEP LAB	8,643	432	0	0	0	22.00
23.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	0	0	23.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 4:31 pm

	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	
200.00			4,688,628	234,431	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	5.04	AGGREGATE-ADMITTING	0	5,288	952	952		1.00
2.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	0	820,783	534,792	534,792		2.00
3.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	141,441	152,230	177,769		3.00
4.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	59		4.00
5.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	122,019	44,712	44,712		5.00
6.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	465,300	0	0		6.00
7.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	5,288	6,412	18,767		7.00
8.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	0	23,100	8,100	8,118		8.00
9.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	4,677	2,603	2,603		9.00
10.00	43.00	AGGREGATE-NURSERY	0	282,170	0	40,686		10.00
11.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	108,000		11.00
12.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	115,358	80,322	80,322		12.00
13.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	28,236	17,852	17,950		13.00
14.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	11,287	13,688	13,688		14.00
15.00	60.00	AGGREGATE-LABORATORY	0	12,914	7,326	7,326		15.00
16.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	15,863	10,642	52,849		16.00
17.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	197		17.00
18.00	69.01	AGGREGATE-SPECIAL PROCEDURES	0	1,627	0	0		18.00
19.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	1,560		19.00
20.00	90.01	AGGREGATE-340B CLINICS	0	0	0	54,646		20.00
21.00	91.00	AGGREGATE-EMERGENCY	0	2,624,634	0	1,203,500		21.00
22.00	91.01	AGGREGATE-SLEEP LAB	0	8,643	4,957	25,849		22.00
23.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	2,244		23.00
200.00			0	4,688,628	884,588	2,396,589		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	-477,434	-477,434			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	18,163,842		18,163,842		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,873,598	0	0	7,873,598	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	7,106,263	0	202,275	187,013	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	175,406,677	0	120,331	22,447	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,492,854	0	111,482	127,629	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	23,335,257	0	0	156,322	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,003,886	0	0	164,290	9.00
10.00	01000	DIETARY	4,361,848	0	0	98,175	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,649,709	0	375,312	83,832	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,419,310	0	0	99,980	14.00
15.00	01500	PHARMACY	6,514,647	0	178,823	180,255	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,184,768	0	5,719	195,415	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,085,684	0	4,439	156,442	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,671,942	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	593,104	0	0	13,838	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,994,395	0	860,746	1,214,829	30.00
31.01	03101	NEONATAL ICU	10,303,942	0	398,759	237,415	31.01
32.00	03200	CORONARY CARE UNIT	6,566,356	0	148,402	146,899	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,466,241	0	207,267	154,717	34.00
41.00	04100	SUBPROVIDER - IRF	3,323,410	0	160,482	89,254	41.00
43.00	04300	NURSERY	2,249,744	0	137,893	45,779	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,379,156	0	2,483,509	281,967	50.00
51.00	05100	RECOVERY ROOM	2,099,013	0	14,483	55,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,902,373	0	84,364	144,040	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,237,124	0	3,173,817	425,122	54.00
57.00	05700	CT SCAN	4,581,997	0	388,191	72,086	57.00
58.00	05800	MRI	3,836,759	0	568,602	55,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,062,664	0	998,020	37,921	59.00
60.00	06000	LABORATORY	22,441,604	0	605,186	271,828	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,783,611	0	19,281	13,087	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,552,329	0	243,416	122,763	65.00
66.00	06600	PHYSICAL THERAPY	19,431,745	0	154,344	514,593	66.00
69.00	06900	ELECTROCARDIOLOGY	4,876,537	0	469,262	93,086	69.00
69.01	03650	SPECIAL PROCEDURES	8,457,969	0	1,110,688	162,277	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	552,518	0	128,520	8,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,760,470	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,101,512	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,293,927	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,671,411	0	86,158	30,547	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	343,839	0	31,613	8,950	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	332,580	0	0	9,010	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	68,332,954	0	1,375,488	1,246,832	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	14,171,173	0	1,144,059	200,364	91.00
91.01	09101	SLEEP LAB	1,451,983	0	52,983	28,383	91.01
91.02	09102	BRONCH & GASTRO LAB	7,109,437	0	1,470,498	102,073	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,482,542	0	65,086	108,736	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	6,936,763	0	148,475	178,617	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	6,564,470	0	85,110	83,209	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	673,038,503	0	17,813,083	7,629,475	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,760	0	0	0	0	190.00
191.00	19100 RESEARCH	1,276,694	0	0	35,606	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CHEMOTHERAPY RX	29,541,603	0	4,921	23,631	0	192.01
192.02	19202 RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203 ARBOURS RX	0	0	0	0	0	192.03
192.04	19204 FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 MARKETING	0	0	0	0	0	192.05
192.06	19206 CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207 SPECIALTY TRANSPORT PROGRAM	144,447	0	0	3,574	0	192.07
192.08	19208 CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209 CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210 OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211 CASC PHARMACY	105	0	0	0	0	192.11
192.12	19212 SOUTH PARKING GARAGE	32,228	0	0	0	0	192.12
192.13	19213 PARISH NRSG	49,749	0	0	1,015	0	192.13
192.14	19214 COMM HLTH & WLNS	2,699,194	0	28,992	4,276	0	192.14
192.15	19215 MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216 PALLIATIVE CARE	328,497	0	1,225	7,476	0	192.16
192.17	19217 SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218 HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219 STRATUM	0	0	0	0	0	192.19
193.01	19301 CONTRACT MANAGEMENT	184,400	0	0	0	0	193.01
193.02	19302 TELEMEDICINE	1,346,182	0	30,212	33,238	0	193.02
193.04	19304 NORTH GARAGE	489,400	0	0	0	0	193.04
193.05	19305 HOME INFUSION	9,927,476	0	5,589	35,028	0	193.05
193.06	19306 MISSION RELATED	0	0	0	0	0	193.06
193.07	19307 GRANT RELATED	4,221,459	0	276,443	78,069	0	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	602,911	0	3,377	11,547	0	193.08
193.10	19303 OTHER NONREIMBURSABLE ADMIN	1,145,890	0	0	956	0	193.10
193.11	19309 RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310 RELATED PARTY PHARMACY	648,801	0	0	0	0	193.12
193.13	19311 RELATED PARTY PHARMACISTS	113,684	0	0	4,167	0	193.13
193.14	19312 RETAIL PHARM	28,711,148	0	0	5,540	0	193.14
193.15	19313 RELATED PARTY DIETITIANS	21,252	0	0	0	0	193.15
193.16	19314 RELATED PARTY LABORATORY	576,796	0	0	0	0	193.16
193.17	19315 RELATED PARTY RADIOLOGY	528,282	0	0	0	0	193.17
193.18	19316 RELATED PARTY RHC	87,650	0	0	0	0	193.18
194.00	07950 UNDERGRADUATE MEDICAL EDUCATION	14,069	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		-477,434	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	755,764,180	-477,434	18,163,842	7,873,598	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
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Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	FOUNDATION OVERHEAD	0	0				5.03
5.04	00570	ADMITTING	0	0	7,495,551			5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	175,549,455		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0		175,549,455	181,281,420	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	23,491,579	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	7,168,176	9.00
10.00	01000	DIETARY	0	0	0	0	4,460,023	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,108,853	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	6,519,290	14.00
15.00	01500	PHARMACY	0	0	0	0	6,873,725	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	8,385,902	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,246,565	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3,671,942	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	606,942	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	741,463	0	54,811,433	30.00
31.01	03101	NEONATAL ICU	0	0	25,458	0	10,965,574	31.01
32.00	03200	CORONARY CARE UNIT	0	0	73,204	0	6,934,861	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	94,512	0	7,922,737	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	41,988	0	3,615,134	41.00
43.00	04300	NURSERY	0	0	82,220	0	2,515,636	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	365,966	0	33,510,598	50.00
51.00	05100	RECOVERY ROOM	0	0	47,056	0	2,216,171	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	60,817	0	7,191,594	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	557,694	0	27,393,757	54.00
57.00	05700	CT SCAN	0	0	480,428	0	5,522,702	57.00
58.00	05800	MRI	0	0	205,937	0	4,666,509	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	109,759	0	3,208,364	59.00
60.00	06000	LABORATORY	0	0	954,623	0	24,273,241	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	40,422	0	2,856,401	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	239,099	0	7,157,607	65.00
66.00	06600	PHYSICAL THERAPY	0	0	204,924	0	20,305,606	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	217,933	0	5,656,818	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	125,144	0	9,856,078	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,596	0	700,257	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	310,511	0	20,070,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	279,463	0	19,380,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	384,225	0	19,678,152	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	19,910	0	1,808,026	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,758	0	388,160	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,437	0	343,027	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	856,361	0	71,811,635	90.01
90.02	09002	HOME INFUSION	0	0	206,314	0	206,314	90.02
91.00	09100	EMERGENCY	0	0	472,265	0	15,987,861	91.00
91.01	09101	SLEEP LAB	0	0	29,195	0	1,562,544	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	165,342	0	8,847,350	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	52,954	0	4,709,318	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	4,465	0	7,268,320	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	30,108	0	6,762,897	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	7,495,551	175,549,455	672,921,055	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	33,760	190.00
191.00	19100	RESEARCH	0	0	0	0	1,312,300	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	29,570,155	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	148,021	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	105	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	32,228	192.12
192.13	19213	PARISH NRSG	0	0	0	0	50,764	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	2,732,462	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	337,198	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	184,400	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	1,409,632	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	489,400	193.04
193.05	19305	HOME INFUSION	0	0	0	0	9,968,093	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	4,575,971	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	617,835	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,146,846	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	648,801	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	117,851	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	28,716,688	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	21,252	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	576,796	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	528,282	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	87,650	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	14,069	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-477,434	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	7,495,551	175,549,455	755,764,180	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	181,281,420					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	7,406,754	0	30,898,333			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	2,260,083	0	177,187	0	9,605,446	9.00
10.00	01000	DIETARY	1,406,218	0	821,664	0	261,888	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,295,497	0	51,819	0	16,516	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,055,493	0	0	0	0	14.00
15.00	01500	PHARMACY	2,167,244	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,644,025	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,969,504	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,157,741	0	90,270	0	28,772	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	191,365	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,281,716	0	6,399,829	0	2,039,809	30.00
31.01	03101	NEONATAL ICU	3,457,380	0	675,829	0	215,406	31.01
32.00	03200	CORONARY CARE UNIT	2,186,520	0	645,826	0	205,844	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,497,991	0	652,924	0	208,106	34.00
41.00	04100	SUBPROVIDER - IRF	1,139,830	0	436,502	0	139,126	41.00
43.00	04300	NURSERY	793,165	0	164,080	0	52,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,565,690	0	1,999,967	0	637,447	50.00
51.00	05100	RECOVERY ROOM	698,745	0	140,783	0	44,872	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,267,466	0	691,941	0	220,542	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,637,087	0	2,941,904	0	937,670	54.00
57.00	05700	CT SCAN	1,741,275	0	172,397	0	39,528	57.00
58.00	05800	MRI	1,471,322	0	241,722	0	60,736	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,011,578	0	159,464	0	50,826	59.00
60.00	06000	LABORATORY	7,653,207	0	979,212	0	312,103	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	900,606	0	49,250	0	15,697	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,256,751	0	321,150	0	102,360	65.00
66.00	06600	PHYSICAL THERAPY	6,402,236	0	1,917,404	0	588,551	66.00
69.00	06900	ELECTROCARDIOLOGY	1,783,561	0	283,831	0	90,465	69.00
69.01	03650	SPECIAL PROCEDURES	3,107,562	0	1,103,492	0	351,715	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	220,787	0	32,267	0	10,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,328,260	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,110,705	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,204,403	0	368,571	0	117,474	73.00
75.00	07500	ASC (NON-DISTINCT PART)	570,060	0	508,483	0	160,111	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	122,385	0	127,197	0	40,541	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	108,154	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	22,641,698	0	5,074,207	0	1,487,290	90.01
90.02	09002	HOME INFUSION	65,050	0	90,401	0	28,813	90.02
91.00	09100	EMERGENCY	5,040,877	0	1,111,417	0	354,241	91.00
91.01	09101	SLEEP LAB	492,661	0	198,438	0	63,248	91.01
91.02	09102	BRONCH & GASTRO LAB	2,789,516	0	684,321	0	218,113	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1,484,820	0	520,023	0	165,746	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Part I
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,291,658	0	4,137	0	1,319	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,132,301	0	4,137	0	1,319	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,010,947	0	29,842,046	0	9,268,776	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,644	0	155,240	0	49,480	190.00
191.00	19100	RESEARCH	413,760	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	9,323,292	0	56,000	0	17,849	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	46,670	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	33	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	10,161	0	0	0	0	192.12
192.13	19213	PARISH NRSG	16,006	0	5,051	0	1,610	192.13
192.14	19214	COMM HLTH & WLNS	861,529	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	106,317	0	44,678	0	14,240	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	58,140	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	444,449	0	4,093	0	1,305	193.02
193.04	19304	NORTH GARAGE	154,305	0	0	0	0	193.04
193.05	19305	HOME INFUSION	3,142,880	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	1,442,776	0	470,337	0	149,910	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	194,800	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	361,594	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	204,563	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	37,158	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	9,054,199	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	6,701	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	181,860	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	166,564	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	27,636	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	4,436	0	320,888	0	102,276	194.00
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)	181,281,420	0	30,898,333	0	9,605,446	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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	6,949,793					10.00
11.00	01100	CAFETERIA	4,174,146	4,174,146				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	41,359	0	5,514,044		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	8,574,783	14.00
15.00	01500	PHARMACY	0	82,031	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,449	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	78,436	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 PRGM-RX RESIDENT	0	7,073	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,207,277	777,459	0	3,478,105	0	30.00
31.01	03101	NEONATAL ICU	0	127,423	0	570,033	0	31.01
32.00	03200	CORONARY CARE UNIT	142,442	87,204	0	390,122	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	164,042	85,918	0	384,383	0	34.00
41.00	04100	SUBPROVIDER - IRF	153,603	48,871	0	0	0	41.00
43.00	04300	NURSERY	0	25,721	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	172,041	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	28,410	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	79,093	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	262,081	0	0	0	54.00
57.00	05700	CT SCAN	0	40,102	0	0	0	57.00
58.00	05800	MRI	0	31,903	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,867	0	0	0	59.00
60.00	06000	LABORATORY	0	209,819	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,307	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	64,727	0	289,573	0	65.00
66.00	06600	PHYSICAL THERAPY	0	269,519	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	57,318	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	88,213	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,094	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,360,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,214,691	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	15,930	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	9,032	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,604	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	1,034,208	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	108,249	0	0	0	91.00
91.01	09101	SLEEP LAB	0	20,299	0	90,831	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	65,853	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	108,283	68,571	0	306,763	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2018Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,949,793	4,034,184	0	5,509,810	8,574,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,562	0	0	0	190.00
191.00	19100	RESEARCH	0	23,164	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	8,842	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	1,461	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	950	0	4,234	0	192.13
192.14	19214	COMM HLTH & WLNS	0	2,309	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	4,618	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	17,596	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	16,295	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	50,566	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	7,307	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	292	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	6,949,793	4,174,146	0	5,514,044	8,574,783	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
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Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
		15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	9,123,000				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,040,376			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	8,294,505	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4	1,092,360	0	0	30.00
31.01	03101	NEONATAL ICU	0	37,507	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	107,848	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	139,239	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	61,858	0	0	41.00
43.00	04300	NURSERY	0	121,130	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,872	539,160	0	0	50.00
51.00	05100	RECOVERY ROOM	0	69,325	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	89,598	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,476	821,622	0	0	54.00
57.00	05700	CT SCAN	27	707,790	0	0	57.00
58.00	05800	MRI	10	303,397	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	161,703	0	0	59.00
60.00	06000	LABORATORY	0	1,403,962	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	59,552	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	352,252	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,746	301,905	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	112,372	321,070	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	34,796	184,368	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,610	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	457,460	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	411,718	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,949,735	566,059	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,103	29,333	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,536	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,116	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	1,875,710	1,261,633	0	0	90.01
90.02	09002	HOME INFUSION	0	303,952	0	0	90.02
91.00	09100	EMERGENCY	0	695,764	0	0	91.00
91.01	09101	SLEEP LAB	0	43,011	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	243,590	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	78,014	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	69	6,578	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	70,645	44,356	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,135,565	11,040,376	0	0	8,294,505	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,312,528	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	1,556,731	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	118,176	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	9,123,000	11,040,376	0	0	8,294,505	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHE R PRGM COSTS APPRV					
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,948,725				22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		805,380			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,471,739	0	100,054,766	-11,966,774	30.00
31.01	03101	NEONATAL ICU	298,116	0	16,846,937	-797,785	31.01
32.00	03200	CORONARY CARE UNIT	0	202,815	10,903,482	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	12,055,340	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,594,924	0	41.00
43.00	04300	NURSERY	149,058	0	4,070,921	-398,892	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	279,238	47,706,013	0	50.00
51.00	05100	RECOVERY ROOM	0	0	3,198,306	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,540,234	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	41,080,597	0	54.00
57.00	05700	CT SCAN	0	0	8,223,821	0	57.00
58.00	05800	MRI	0	0	6,775,599	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,610,802	0	59.00
60.00	06000	LABORATORY	0	0	34,831,544	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,888,813	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	10,544,420	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	29,786,967	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,305,435	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	14,726,224	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	985,300	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	31,216,793	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	30,118,089	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	30,884,394	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	3,094,046	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	692,851	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	457,901	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	0	0	105,186,381	0	90.01
90.02	09002	HOME INFUSION	0	5,879	700,409	0	90.02
91.00	09100	EMERGENCY	29,812	317,448	23,695,636	-79,779	91.00
91.01	09101	SLEEP LAB	0	0	2,471,032	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	12,848,743	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	7,441,538	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			SERVICES-OTHE R PRGM COSTS APPRV						
			22.00						23.00
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	0	0	9,572,081	0	9,572,081	101.00	
	SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE		0	9,015,655	0	9,015,655	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,948,725	805,380	642,125,994	-13,243,230	628,882,764	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	255,686	0	255,686	190.00	
191.00	19100	RESEARCH	0	0	1,749,224	0	1,749,224	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01	19201	CHEMOTHERAPY RX	0	0	40,288,666	0	40,288,666	192.01	
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02	
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03	
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04	
192.05	19205	MARKETING	0	0	0	0	0	192.05	
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06	
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	196,152	0	196,152	192.07	
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08	
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09	
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10	
192.11	19211	CASC PHARMACY	0	0	138	0	138	192.11	
192.12	19212	SOUTH PARKING GARAGE	0	0	42,389	0	42,389	192.12	
192.13	19213	PARISH NRSG	0	0	78,615	0	78,615	192.13	
192.14	19214	COMM HLTH & WLNS	0	0	3,596,300	0	3,596,300	192.14	
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15	
192.16	19216	PALLIATIVE CARE	0	0	507,051	0	507,051	192.16	
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17	
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18	
192.19	19219	STRATUM	0	0	0	0	0	192.19	
193.01	19301	CONTRACT MANAGEMENT	0	0	242,540	0	242,540	193.01	
193.02	19302	TELEMEDICINE	0	0	1,877,075	0	1,877,075	193.02	
193.04	19304	NORTH GARAGE	0	0	643,705	0	643,705	193.04	
193.05	19305	HOME INFUSION	0	0	14,683,999	0	14,683,999	193.05	
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06	
193.07	19307	GRANT RELATED	0	0	6,689,560	0	6,689,560	193.07	
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	819,942	0	819,942	193.08	
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	1,626,908	0	1,626,908	193.10	
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11	
193.12	19310	RELATED PARTY PHARMACY	0	0	853,364	0	853,364	193.12	
193.13	19311	RELATED PARTY PHARMACISTS	0	0	155,009	0	155,009	193.13	
193.14	19312	RETAIL PHARM	0	0	37,770,887	0	37,770,887	193.14	
193.15	19313	RELATED PARTY DIETITIANS	0	0	27,953	0	27,953	193.15	
193.16	19314	RELATED PARTY LABORATORY	0	0	758,656	0	758,656	193.16	
193.17	19315	RELATED PARTY RADIOLOGY	0	0	694,846	0	694,846	193.17	
193.18	19316	RELATED PARTY RHC	0	0	115,286	0	115,286	193.18	
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	441,669	0	441,669	194.00	
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	-477,434	0	-477,434	201.00	
202.00		TOTAL (sum lines 118 through 201)	4,948,725	805,380	755,764,180	-13,243,230	742,520,950	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	3,237	0	202,275	205,512	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	18,679	0	120,331	139,010	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	52,206,733	0	111,482	52,318,215	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	375,312	375,312	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	8,068	0	178,823	186,891	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,719	5,719	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	37,661	0	4,439	42,100	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	293,207	0	860,746	1,153,953	30.00
31.01	03101	NEONATAL ICU	18,790	0	398,759	417,549	31.01
32.00	03200	CORONARY CARE UNIT	34,455	0	148,402	182,857	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	39,520	0	207,267	246,787	34.00
41.00	04100	SUBPROVIDER - IRF	49,652	0	160,482	210,134	41.00
43.00	04300	NURSERY	236	0	137,893	138,129	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,392	0	2,483,509	2,487,901	50.00
51.00	05100	RECOVERY ROOM	0	0	14,483	14,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	84,364	84,364	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,756	0	3,173,817	3,200,573	54.00
57.00	05700	CT SCAN	0	0	388,191	388,191	57.00
58.00	05800	MRI	0	0	568,602	568,602	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,999	0	998,020	1,013,019	59.00
60.00	06000	LABORATORY	0	0	605,186	605,186	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	19,281	19,281	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	233,076	0	243,416	476,492	65.00
66.00	06600	PHYSICAL THERAPY	69,593	0	154,344	223,937	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	469,262	469,262	69.00
69.01	03650	SPECIAL PROCEDURES	31,312	0	1,110,688	1,142,000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	128,520	128,520	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	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	206	0	86,158	86,364	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	79	0	31,613	31,692	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	230,082	0	1,375,488	1,605,570	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	48,756	0	1,144,059	1,192,815	91.00
91.01	09101	SLEEP LAB	6,671	0	52,983	59,654	91.01
91.02	09102	BRONCH & GASTRO LAB	8,285	0	1,470,498	1,478,783	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,317	0	65,086	69,403	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	148,475	148,475	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	85,110	85,110	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,388,762	0	17,813,083	71,201,845	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	4,921	4,921	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	3,914	0	28,992	32,906	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	1,225	1,225	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	3,795	0	30,212	34,007	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	5,589	5,589	193.05
193.06	19306	MISSION RELATED	0	0	0	0	193.06
193.07	19307	GRANT RELATED	29,576	0	276,443	306,019	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	1,127	0	3,377	4,504	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	9,822	0	0	9,822	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		-477,434	0	-477,434	201.00
202.00		TOTAL (sum lines 118 through 201)	53,436,996	-477,434	18,163,842	71,123,404	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	205,512		5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	0	139,010	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	139,010	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	20,318	0	30.00
31.01	03101	NEONATAL ICU	0	0	0	698	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	2,006	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	2,590	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,151	0	41.00
43.00	04300	NURSERY	0	0	0	2,253	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	10,029	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,289	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,667	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,283	0	54.00
57.00	05700	CT SCAN	0	0	0	13,165	0	57.00
58.00	05800	MRI	0	0	0	5,643	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,008	0	59.00
60.00	06000	LABORATORY	0	0	0	26,269	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,108	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,552	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,616	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,972	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	3,429	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	290	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,509	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,658	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,529	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	546	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	103	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	39	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	0	23,467	0	90.01
90.02	09002	HOME INFUSION	0	0	0	5,654	0	90.02
91.00	09100	EMERGENCY	0	0	0	12,942	0	91.00
91.01	09101	SLEEP LAB	0	0	0	800	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	4,531	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	1,451	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	122	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	825	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	205,512	139,010	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	0	0	0	205,512	139,010	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	52,457,225					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,143,278	0	2,143,278			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	653,996	0	12,291	0	666,287	9.00
10.00	01000	DIETARY	406,915	0	56,995	0	18,166	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	374,875	0	3,594	0	1,146	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	594,794	0	0	0	0	14.00
15.00	01500	PHARMACY	627,131	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	765,096	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	569,912	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	335,013	0	6,262	0	1,996	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	55,375	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,000,776	0	443,928	0	141,492	30.00
31.01	03101	NEONATAL ICU	1,000,455	0	46,879	0	14,942	31.01
32.00	03200	CORONARY CARE UNIT	632,709	0	44,798	0	14,278	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	722,839	0	45,290	0	14,435	34.00
41.00	04100	SUBPROVIDER - IRF	329,830	0	30,278	0	9,651	41.00
43.00	04300	NURSERY	229,517	0	11,382	0	3,628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,057,373	0	138,729	0	44,217	50.00
51.00	05100	RECOVERY ROOM	202,195	0	9,765	0	3,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	656,132	0	47,997	0	15,298	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,499,297	0	204,067	0	65,042	54.00
57.00	05700	CT SCAN	503,869	0	11,958	0	2,742	57.00
58.00	05800	MRI	425,754	0	16,767	0	4,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	292,718	0	11,061	0	3,526	59.00
60.00	06000	LABORATORY	2,214,593	0	67,924	0	21,649	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	260,607	0	3,416	0	1,089	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	653,031	0	22,277	0	7,100	65.00
66.00	06600	PHYSICAL THERAPY	1,852,602	0	133,002	0	40,825	66.00
69.00	06900	ELECTROCARDIOLOGY	516,105	0	19,688	0	6,275	69.00
69.01	03650	SPECIAL PROCEDURES	899,229	0	76,544	0	24,397	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	63,889	0	2,238	0	713	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,831,196	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,768,243	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,795,356	0	25,566	0	8,149	73.00
75.00	07500	ASC (NON-DISTINCT PART)	164,957	0	35,271	0	11,106	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	35,414	0	8,823	0	2,812	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,296	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	6,551,962	0	351,975	0	103,167	90.01
90.02	09002	HOME INFUSION	18,823	0	6,271	0	1,999	90.02
91.00	09100	EMERGENCY	1,458,668	0	77,094	0	24,572	91.00
91.01	09101	SLEEP LAB	142,560	0	13,765	0	4,387	91.01
91.02	09102	BRONCH & GASTRO LAB	807,197	0	47,468	0	15,130	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	429,659	0	36,072	0	11,497	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
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Part II
Date/Time Prepared:
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	663,132	0	287	0	91	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	617,020	0	287	0	91	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,855,388	0	2,070,009	0	642,934	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,080	0	10,768	0	3,432	190.00
191.00	19100	RESEARCH	119,729	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	2,697,863	0	3,884	0	1,238	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	13,505	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	10	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	2,940	0	0	0	0	192.12
192.13	19213	PARISH NRSG	4,632	0	350	0	112	192.13
192.14	19214	COMM HLTH & WLNS	249,299	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	30,765	0	3,099	0	988	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	16,824	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	128,609	0	284	0	90	193.02
193.04	19304	NORTH GARAGE	44,651	0	0	0	0	193.04
193.05	19305	HOME INFUSION	909,449	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	417,493	0	32,625	0	10,399	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	56,369	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	104,634	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	59,194	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	10,752	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	2,619,996	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	1,939	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	52,625	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	48,198	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	7,997	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	1,284	0	22,259	0	7,094	194.00
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)	52,457,225	0	2,143,278	0	666,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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	482,076					10.00
11.00	01100	CAFETERIA	289,541	289,541				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,869	0	757,796		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	594,794	14.00
15.00	01500	PHARMACY	0	5,690	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	725	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5,441	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 PRGM-RX RESIDENT	0	491	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	153,109	53,929	0	477,995	0	30.00
31.01	03101	NEONATAL ICU	0	8,839	0	78,340	0	31.01
32.00	03200	CORONARY CARE UNIT	9,881	6,049	0	53,615	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,379	5,960	0	52,826	0	34.00
41.00	04100	SUBPROVIDER - IRF	10,655	3,390	0	0	0	41.00
43.00	04300	NURSERY	0	1,784	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,934	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,971	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,486	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,179	0	0	0	54.00
57.00	05700	CT SCAN	0	2,782	0	0	0	57.00
58.00	05800	MRI	0	2,213	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,309	0	0	0	59.00
60.00	06000	LABORATORY	0	14,554	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	507	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,490	0	39,796	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,695	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,976	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	6,119	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	423	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	302,445	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	292,349	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,105	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	626	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	319	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	71,737	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	7,509	0	0	0	91.00
91.01	09101	SLEEP LAB	0	1,408	0	12,483	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	4,568	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,511	4,756	0	42,159	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	482,076	279,833	0	757,214	594,794	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	455	0	0	0	190.00
191.00	19100	RESEARCH	0	1,607	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	613	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	101	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	66	0	582	0	192.13
192.14	19214	COMM HLTH & WLNS	0	160	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	320	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	1,221	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	1,130	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	3,508	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	507	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	20	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	482,076	289,541	0	757,796	594,794	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	819,712					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	771,540				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		617,453	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	76,436	0			30.00
31.01	03101	NEONATAL ICU	0	2,624	0			31.01
32.00	03200	CORONARY CARE UNIT	0	7,546	0			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,743	0			34.00
41.00	04100	SUBPROVIDER - IRF	0	4,328	0			41.00
43.00	04300	NURSERY	0	8,476	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	168	37,727	0			50.00
51.00	05100	RECOVERY ROOM	0	4,851	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,269	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,770	57,492	0			54.00
57.00	05700	CT SCAN	2	49,527	0			57.00
58.00	05800	MRI	1	21,230	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,315	0			59.00
60.00	06000	LABORATORY	0	97,248	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,167	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	0	24,648	0			65.00
66.00	06600	PHYSICAL THERAPY	157	21,125	0			66.00
69.00	06900	ELECTROCARDIOLOGY	10,097	22,466	0			69.00
69.01	03650	SPECIAL PROCEDURES	3,127	12,901	0			69.01
69.02	06901	CARDIAC REHAB	0	0	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,092	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,010	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,809	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	354,881	39,609	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	189	2,053	0			75.00
75.01	07501	WOUND CARE	0	0	0			75.01
76.00	03950	ACUTE DIALYSIS	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	387	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	148	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	168,538	88,281	0			90.01
90.02	09002	HOME INFUSION	0	21,269	0			90.02
91.00	09100	EMERGENCY	0	48,685	0			91.00
91.01	09101	SLEEP LAB	0	3,010	0			91.01
91.02	09102	BRONCH & GASTRO LAB	0	17,045	0			91.02
91.03	09103	SURGICENTER	0	0	0			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	5,459	0			92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	6	460	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	6,348	3,104	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	551,284	771,540	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CHEMOTHERAPY RX	117,934	0	0			192.01
192.02	19202	RURAL HEALTH	0	0	0			192.02
192.03	19203	ARBOURS RX	0	0	0			192.03
192.04	19204	FUND DEVELOPMENT	0	0	0			192.04
192.05	19205	MARKETING	0	0	0			192.05
192.06	19206	CARLE CLINIC	0	0	0			192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0			192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0			192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0			192.09
192.10	19210	OTHER REL ENTITIES	0	0	0			192.10
192.11	19211	CASC PHARMACY	0	0	0			192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0			192.12
192.13	19213	PARISH NRSG	0	0	0			192.13
192.14	19214	COMM HLTH & WLNS	0	0	0			192.14
192.15	19215	MOBILE CLINIC	0	0	0			192.15
192.16	19216	PALLIATIVE CARE	0	0	0			192.16
192.17	19217	SMOKING CESSATION	0	0	0			192.17
192.18	19218	HRT DISEASE PRVT	0	0	0			192.18
192.19	19219	STRATUM	0	0	0			192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0			193.01
193.02	19302	TELEMEDICINE	0	0	0			193.02
193.04	19304	NORTH GARAGE	0	0	0			193.04
193.05	19305	HOME INFUSION	139,876	0	0			193.05
193.06	19306	MISSION RELATED	0	0	0			193.06
193.07	19307	GRANT RELATED	0	0	0			193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0			193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	10,618	0	0			193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0			193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0			193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0			193.13
193.14	19312	RETAIL PHARM	0	0	0			193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0			193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0			193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0			193.17
193.18	19316	RELATED PARTY RHC	0	0	0			193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0			194.00
200.00		Cross Foot Adjustments				0	617,453	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	819,712	771,540	0	0	617,453	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHE R PRGM COSTS APPRV					
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	343,271				22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		55,866			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		7,521,936	0	7,521,936	30.00
31.01	03101	NEONATAL ICU		1,570,326	0	1,570,326	31.01
32.00	03200	CORONARY CARE UNIT		953,739	0	953,739	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		1,111,849	0	1,111,849	34.00
41.00	04100	SUBPROVIDER - IRF		599,417	0	599,417	41.00
43.00	04300	NURSERY		395,169	0	395,169	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		5,788,078	0	5,788,078	50.00
51.00	05100	RECOVERY ROOM		237,667	0	237,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		817,213	0	817,213	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,067,703	0	6,067,703	54.00
57.00	05700	CT SCAN		972,236	0	972,236	57.00
58.00	05800	MRI		1,044,423	0	1,044,423	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,335,956	0	1,335,956	59.00
60.00	06000	LABORATORY		3,047,423	0	3,047,423	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		290,175	0	290,175	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		1,234,386	0	1,234,386	65.00
66.00	06600	PHYSICAL THERAPY		2,295,959	0	2,295,959	66.00
69.00	06900	ELECTROCARDIOLOGY		1,053,841	0	1,053,841	69.00
69.01	03650	SPECIAL PROCEDURES		2,167,746	0	2,167,746	69.01
69.02	06901	CARDIAC REHAB		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		197,165	0	197,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2,174,160	0	2,174,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		2,097,059	0	2,097,059	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,234,090	0	2,234,090	73.00
75.00	07500	ASC (NON-DISTINCT PART)		301,591	0	301,591	75.00
75.01	07501	WOUND CARE		0	0	0	75.01
76.00	03950	ACUTE DIALYSIS		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		79,857	0	79,857	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		31,802	0	31,802	76.98
76.99	07699	LITHOTRIPS		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS		8,964,697	0	8,964,697	90.01
90.02	09002	HOME INFUSION		54,016	0	54,016	90.02
91.00	09100	EMERGENCY		2,822,285	0	2,822,285	91.00
91.01	09101	SLEEP LAB		238,067	0	238,067	91.01
91.02	09102	BRONCH & GASTRO LAB		2,374,722	0	2,374,722	91.02
91.03	09103	SURGICENTER		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		607,967	0	607,967	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			SERVICES-OTHE R PRGM COSTS APPRV						
			22.00						23.00
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY			0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY			812,573	0	812,573	101.00	
	SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE			712,785	0	712,785	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	62,208,078	0	62,208,078	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			17,735	0	17,735	190.00	
191.00	19100	RESEARCH			121,336	0	121,336	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00	
192.01	19201	CHEMOTHERAPY RX			2,826,453	0	2,826,453	192.01	
192.02	19202	RURAL HEALTH			0	0	0	192.02	
192.03	19203	ARBOURS RX			0	0	0	192.03	
192.04	19204	FUND DEVELOPMENT			0	0	0	192.04	
192.05	19205	MARKETING			0	0	0	192.05	
192.06	19206	CARLE CLINIC			0	0	0	192.06	
192.07	19207	SPECIALTY TRANSPORT PROGRAM			13,606	0	13,606	192.07	
192.08	19208	CARLE FOUNDATION #14-8077			0	0	0	192.08	
192.09	19209	CARLE ARBOURS #14-1439			0	0	0	192.09	
192.10	19210	OTHER REL ENTITIES			0	0	0	192.10	
192.11	19211	CASC PHARMACY			10	0	10	192.11	
192.12	19212	SOUTH PARKING GARAGE			2,940	0	2,940	192.12	
192.13	19213	PARISH NRSG			5,742	0	5,742	192.13	
192.14	19214	COMM HLTH & WLNS			282,365	0	282,365	192.14	
192.15	19215	MOBILE CLINIC			0	0	0	192.15	
192.16	19216	PALLIATIVE CARE			36,397	0	36,397	192.16	
192.17	19217	SMOKING CESSATION			0	0	0	192.17	
192.18	19218	HRT DISEASE PRVT			0	0	0	192.18	
192.19	19219	STRATUM			0	0	0	192.19	
193.01	19301	CONTRACT MANAGEMENT			16,824	0	16,824	193.01	
193.02	19302	TELEMEDICINE			164,211	0	164,211	193.02	
193.04	19304	NORTH GARAGE			44,651	0	44,651	193.04	
193.05	19305	HOME INFUSION			1,056,044	0	1,056,044	193.05	
193.06	19306	MISSION RELATED			0	0	0	193.06	
193.07	19307	GRANT RELATED			770,044	0	770,044	193.07	
193.08	19308	EMERGENCY MEDICAL SERVICES			61,380	0	61,380	193.08	
193.10	19303	OTHER NONREIMBURSABLE ADMIN			125,094	0	125,094	193.10	
193.11	19309	RELATED PARTY THERAPY			0	0	0	193.11	
193.12	19310	RELATED PARTY PHARMACY			59,194	0	59,194	193.12	
193.13	19311	RELATED PARTY PHARMACISTS			10,752	0	10,752	193.13	
193.14	19312	RETAIL PHARM			2,619,996	0	2,619,996	193.14	
193.15	19313	RELATED PARTY DIETITIANS			1,939	0	1,939	193.15	
193.16	19314	RELATED PARTY LABORATORY			52,625	0	52,625	193.16	
193.17	19315	RELATED PARTY RADIOLOGY			48,198	0	48,198	193.17	
193.18	19316	RELATED PARTY RHC			7,997	0	7,997	193.18	
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION			30,637	0	30,637	194.00	
200.00		Cross Foot Adjustments	343,271	55,866	1,016,590	0	1,016,590	200.00	
201.00		Negative Cost Centers	0	0	-477,434	0	-477,434	201.00	
202.00		TOTAL (sum lines 118 through 201)	343,271	55,866	71,123,404	0	71,123,404	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INSTR)	DATA PROCESSING (INVOICES)	
		BLDG & FIXT (SQ FEET FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,587,744				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		18,103,158			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	214,830,916		4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	8,331	201,599	5,102,663	0	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	3,753	119,929	612,463	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	10,081	111,110	3,482,384	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	635,720	0	4,265,253	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,069	0	4,482,671	0	9.00
10.00	01000	DIETARY	18,869	0	2,678,722	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,190	374,058	2,287,362	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,727,954	0	14.00
15.00	01500	PHARMACY	0	178,226	4,918,276	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,700	5,331,922	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,424	4,268,541	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,043	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	30	0	377,574	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	146,968	857,870	33,146,766	0	30.00
31.01	03101	NEONATAL ICU	15,520	397,427	6,477,910	0	31.01
32.00	03200	CORONARY CARE UNIT	14,831	147,906	4,008,169	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,994	206,575	4,221,471	0	34.00
41.00	04100	SUBPROVIDER - IRF	10,024	159,946	2,435,315	0	41.00
43.00	04300	NURSERY	3,768	137,432	1,249,085	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,928	2,475,212	7,693,502	0	50.00
51.00	05100	RECOVERY ROOM	3,233	14,435	1,517,561	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,890	84,082	3,930,140	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,393	3,163,212	11,599,509	0	54.00
57.00	05700	CT SCAN	3,959	386,894	1,966,875	0	57.00
58.00	05800	MRI	4,376	566,702	1,506,426	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,662	994,686	1,034,691	0	59.00
60.00	06000	LABORATORY	22,487	603,164	7,416,851	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,131	19,217	357,070	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,043	242,603	3,349,611	0	65.00
66.00	06600	PHYSICAL THERAPY	60,767	153,828	14,040,738	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,518	467,694	2,539,866	0	69.00
69.01	03650	SPECIAL PROCEDURES	25,341	1,106,977	4,427,752	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	741	128,091	235,286	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	8,464	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,677	85,870	833,478	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,257	31,507	244,210	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	245,852	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	339,410	1,370,893	34,018,836	0	90.01
90.02	09002	HOME INFUSION	2,076	0	0	0	90.02
91.00	09100	EMERGENCY	25,523	1,140,237	5,466,971	0	91.00
91.01	09101	SLEEP LAB	4,599	52,806	774,425	0	91.01
91.02	09102	BRONCH & GASTRO LAB	15,715	1,465,585	2,785,063	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	11,942	64,869	2,966,879	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INSTR)	DATA PROCESSING (INVOICES)	
			BLDG & FIXT (SQ FEET FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	95	147,979	4,873,583	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	95	84,826	2,270,356	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,564,513	17,753,571	208,170,032	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,565	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	971,517	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,286	4,905	644,766	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	97,509	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	116	0	27,685	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	28,895	116,678	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	1,221	203,987	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	94	30,111	906,890	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	5,570	955,756	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	10,801	275,519	2,130,115	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	3,366	315,048	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	26,087	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	113,684	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	151,162	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	7,369	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-477,434	18,163,842	7,873,598	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.003352	0.036650	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVENUE)	SHARED ADMINISTRATIVE & GENERAL (TOTAL COST)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD	0					5.03
5.04	00570	ADMITTING	0	3,260,023,917				5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	1,000,000			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	1,000,000	-181,281,420	574,960,194	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	23,491,579	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	7,168,176	9.00
10.00	01000	DIETARY	0	0	0	0	4,460,023	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,108,853	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	6,519,290	14.00
15.00	01500	PHARMACY	0	0	0	0	6,873,725	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	8,385,902	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,246,565	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3,671,942	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	606,942	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	322,515,598	0	0	54,811,433	30.00
31.01	03101	NEONATAL ICU	0	11,073,680	0	0	10,965,574	31.01
32.00	03200	CORONARY CARE UNIT	0	31,841,750	0	0	6,934,861	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	41,109,956	0	0	7,922,737	34.00
41.00	04100	SUBPROVIDER - IRF	0	18,263,432	0	0	3,615,134	41.00
43.00	04300	NURSERY	0	35,763,349	0	0	2,515,636	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	159,185,071	0	0	33,510,598	50.00
51.00	05100	RECOVERY ROOM	0	20,468,044	0	0	2,216,171	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,453,539	0	0	7,191,594	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	242,580,927	0	0	27,393,757	54.00
57.00	05700	CT SCAN	0	208,972,669	0	0	5,522,702	57.00
58.00	05800	MRI	0	89,576,947	0	0	4,666,509	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	47,742,223	0	0	3,208,364	59.00
60.00	06000	LABORATORY	0	414,905,185	0	0	24,273,241	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	17,582,607	0	0	2,856,401	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	104,001,301	0	0	7,157,607	65.00
66.00	06600	PHYSICAL THERAPY	0	89,136,333	0	0	20,305,606	66.00
69.00	06900	ELECTROCARDIOLOGY	0	94,794,780	0	0	5,656,818	69.00
69.01	03650	SPECIAL PROCEDURES	0	54,433,964	0	0	9,856,078	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,608,900	0	0	700,257	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,063,620	0	0	20,070,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	121,558,340	0	0	19,380,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	167,126,933	0	0	19,678,152	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	8,660,443	0	0	1,808,026	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,634,450	0	0	388,160	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	624,880	0	0	343,027	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	372,492,750	0	0	71,811,635	90.01
90.02	09002	HOME INFUSION	0	89,740,868	0	0	206,314	90.02
91.00	09100	EMERGENCY	0	205,421,935	0	0	15,987,861	91.00
91.01	09101	SLEEP LAB	0	12,698,820	0	0	1,562,544	91.01
91.02	09102	BRONCH & GASTRO LAB	0	71,919,082	0	0	8,847,350	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	23,033,456	0	0	4,709,318	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVENUE)	SHARED ADMINISTRATIVE & GENERAL (TOTAL COST)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	1,942,039	0	0	7,268,320	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	13,096,046	0	0	6,762,897	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,260,023,917	1,000,000	-181,281,420	491,639,635	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	33,760	190.00
191.00	19100	RESEARCH	0	0	0	0	1,312,300	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	29,570,155	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	148,021	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	105	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	32,228	192.12
192.13	19213	PARISH NRSG	0	0	0	0	50,764	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	2,732,462	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	337,198	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	184,400	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	1,409,632	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	489,400	193.04
193.05	19305	HOME INFUSION	0	0	0	0	9,968,093	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	4,575,971	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	617,835	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,146,846	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	648,801	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	117,851	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	28,716,688	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	21,252	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	576,796	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	528,282	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	87,650	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	14,069	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	7,495,551	175,549,455		181,281,420	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.002299	175.549455		0.315294	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	205,512	139,010		52,457,225	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000063	0.139010		0.091236	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	1,345,281					6.00
7.00	00700	OPERATION OF PLANT	635,720	709,561				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,892,874			8.00
9.00	00900	HOUSEKEEPING	4,069	4,069	0	692,071		9.00
10.00	01000	DIETARY	18,869	18,869	0	18,869	1,308,853	10.00
11.00	01100	CAFETERIA	0	0	0	0	786,116	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,190	1,190	0	1,190	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	2,073	2,073	0	2,073	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	146,968	146,968	534,669	146,968	415,696	30.00
31.01	03101	NEONATAL ICU	15,520	15,520	41,296	15,520	0	31.01
32.00	03200	CORONARY CARE UNIT	14,831	14,831	46,656	14,831	26,826	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,994	14,994	44,994	14,994	30,894	34.00
41.00	04100	SUBPROVIDER - IRF	10,024	10,024	36,417	10,024	28,928	41.00
43.00	04300	NURSERY	3,768	3,768	41,027	3,768	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,928	45,928	95,753	45,928	0	50.00
51.00	05100	RECOVERY ROOM	3,233	3,233	23,962	3,233	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,890	15,890	57,728	15,890	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,559	67,559	147,747	67,559	0	54.00
57.00	05700	CT SCAN	3,959	3,959	29,372	2,848	0	57.00
58.00	05800	MRI	5,551	5,551	4,432	4,376	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,662	3,662	31,070	3,662	0	59.00
60.00	06000	LABORATORY	22,487	22,487	129	22,487	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,131	1,131	0	1,131	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,375	7,375	0	7,375	0	65.00
66.00	06600	PHYSICAL THERAPY	44,032	44,032	126,050	42,405	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,518	6,518	31,160	6,518	0	69.00
69.01	03650	SPECIAL PROCEDURES	25,341	25,341	25,466	25,341	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	741	741	2,081	741	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	8,464	8,464	0	8,464	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,677	11,677	31,518	11,536	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,921	2,921	0	2,921	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	116,526	116,526	224,601	107,159	0	90.01
90.02	09002	HOME INFUSION	2,076	2,076	0	2,076	0	90.02
91.00	09100	EMERGENCY	25,523	25,523	195,433	25,523	0	91.00
91.01	09101	SLEEP LAB	4,557	4,557	10,404	4,557	0	91.01
91.02	09102	BRONCH & GASTRO LAB	15,715	15,715	40,934	15,715	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	11,942	11,942	69,975	11,942	20,393	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	95	95	0	95	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	95	95	0	95	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,321,024	685,304	1,892,874	667,814	1,308,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,565	3,565	0	3,565	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,286	1,286	0	1,286	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	116	116	0	116	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	1,026	1,026	0	1,026	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	94	94	0	94	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	10,801	10,801	0	10,801	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	7,369	7,369	0	7,369	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	30,898,333	0	9,605,446	6,949,793	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	43.545704	0.000000	13.879278	5.309835	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,143,278	0	666,287	482,076	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.020569	0.000000	0.962744	0.368319	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (FTES NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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	285,618					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,830	0	1,754,244			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	38,861,982		14.00
15.00	01500	PHARMACY	5,613	0	0	0	44,564,745	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	715	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,367	0	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 PRGM-RX RESIDENT	484	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,198	0	1,106,528	0	21	30.00
31.01	03101	NEONATAL ICU	8,719	0	181,351	0	0	31.01
32.00	03200	CORONARY CARE UNIT	5,967	0	124,114	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,879	0	122,288	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	3,344	0	0	0	0	41.00
43.00	04300	NURSERY	1,760	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,772	0	0	0	9,145	50.00
51.00	05100	RECOVERY ROOM	1,944	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,412	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,933	0	0	0	422,425	54.00
57.00	05700	CT SCAN	2,744	0	0	0	130	57.00
58.00	05800	MRI	2,183	0	0	0	47	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,291	0	0	0	0	59.00
60.00	06000	LABORATORY	14,357	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	500	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,429	0	92,125	0	1	65.00
66.00	06600	PHYSICAL THERAPY	18,442	0	0	0	8,529	66.00
69.00	06900	ELECTROCARDIOLOGY	3,922	0	0	3,922	548,924	69.00
69.01	03650	SPECIAL PROCEDURES	6,036	0	0	0	169,975	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	417	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,760,470	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,101,512	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,293,927	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,090	0	0	0	10,274	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	618	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	315	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	70,766	0	0	0	9,162,635	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	7,407	0	0	0	0	91.00
91.01	09101	SLEEP LAB	1,389	0	28,897	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	4,506	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,692	0	97,594	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (FTES NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	336	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	345,091	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	276,041	0	1,752,897	38,861,982	29,971,460	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	449	0	0	0	0	190.00
191.00	19100	RESEARCH	1,585	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	605	0	0	0	6,411,551	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	100	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	65	0	1,347	0	0	192.13
192.14	19214	COMM HLTH & WLNS	158	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	316	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,204	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	1,115	0	0	0	7,604,458	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	3,460	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	500	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	20	0	0	0	577,276	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,174,146	0	5,514,044	8,574,783	9,123,000	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.614436	0.000000	3.143259	0.220647	0.204713	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	289,541	0	757,796	594,794	819,712	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.013735	0.000000	0.431979	0.015305	0.018394	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
					16.00	17.00		19.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NON-PATIENT TELEPHONE					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	FOUNDATION OVERHEAD					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05	
5.06	00590	OTHER ADMINISTRATIVE & 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	
12.00	01200	MAINTENANCE OF PERSONNEL					12.00	
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	3,260,023,917				16.00	
17.00	01700	SOCIAL SERVICE	0	0			17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS		0			19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		332	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00	
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0		332	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	322,515,598	0	0	300	300	30.00
31.01	03101	NEONATAL ICU	11,073,680	0	0	20	20	31.01
32.00	03200	CORONARY CARE UNIT	31,841,750	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	41,109,956	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	18,263,432	0	0	0	0	41.00
43.00	04300	NURSERY	35,763,349	0	0	10	10	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	159,185,071	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	20,468,044	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,453,539	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,580,927	0	0	0	0	54.00
57.00	05700	CT SCAN	208,972,669	0	0	0	0	57.00
58.00	05800	MRI	89,576,947	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,742,223	0	0	0	0	59.00
60.00	06000	LABORATORY	414,905,185	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,582,607	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	104,001,301	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	89,136,333	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	94,794,780	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	54,433,964	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,608,900	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	135,063,620	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,558,340	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	167,126,933	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,660,443	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,634,450	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	624,880	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	372,492,750	0	0	0	0	90.01
90.02	09002	HOME INFUSION	89,740,868	0	0	0	0	90.02
91.00	09100	EMERGENCY	205,421,935	0	0	2	2	91.00
91.01	09101	SLEEP LAB	12,698,820	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	71,919,082	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	23,033,456	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	21.00	22.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	1,942,039	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	13,096,046	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,260,023,917	0	0	332	332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202 RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203 ARBOURS RX	0	0	0	0	0	192.03
192.04	19204 FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 MARKETING	0	0	0	0	0	192.05
192.06	19206 CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207 SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208 CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209 CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210 OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211 CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212 SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213 PARISH NRSG	0	0	0	0	0	192.13
192.14	19214 COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215 MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216 PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217 SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218 HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219 STRATUM	0	0	0	0	0	192.19
193.01	19301 CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302 TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304 NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305 HOME INFUSION	0	0	0	0	0	193.05
193.06	19306 MISSION RELATED	0	0	0	0	0	193.06
193.07	19307 GRANT RELATED	0	0	0	0	0	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303 OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309 RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310 RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311 RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312 RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313 RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314 RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315 RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316 RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950 UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,040,376	0	0	8,294,505	4,948,725	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003387	0.000000	0.000000	24,983.448795	14,905.798193	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	771,540	0	0	617,453	343,271	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000237	0.000000	0.000000	1,859.798193	1,033.948795	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NON-PATIENT TELEPHONE	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	FOUNDATION OVERHEAD	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
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 PRGM-RX RESIDENT	23.00
		274	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.01	03101	NEONATAL ICU	31.01
32.00	03200	CORONARY CARE UNIT	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	03650	SPECIAL PROCEDURES	69.01
69.02	06901	CARDIAC REHAB	69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	WOUND CARE	75.01
76.00	03950	ACUTE DIALYSIS	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPS	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	340B CLINICS	90.01
90.02	09002	HOME INFUSION	90.02
91.00	09100	EMERGENCY	91.00
91.01	09101	SLEEP LAB	91.01
91.02	09102	BRONCH & GASTRO LAB	91.02
91.03	09103	SURGICENTER	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
			23.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	192.01
192.02	19202	RURAL HEALTH	0	192.02
192.03	19203	ARBOURS RX	0	192.03
192.04	19204	FUND DEVELOPMENT	0	192.04
192.05	19205	MARKETING	0	192.05
192.06	19206	CARLE CLINIC	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	192.09
192.10	19210	OTHER REL ENTITIES	0	192.10
192.11	19211	CASC PHARMACY	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	192.12
192.13	19213	PARISH NRSG	0	192.13
192.14	19214	COMM HLTH & WLNS	0	192.14
192.15	19215	MOBILE CLINIC	0	192.15
192.16	19216	PALLIATIVE CARE	0	192.16
192.17	19217	SMOKING CESSATION	0	192.17
192.18	19218	HRT DISEASE PRVT	0	192.18
192.19	19219	STRATUM	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	193.01
193.02	19302	TELEMEDICINE	0	193.02
193.04	19304	NORTH GARAGE	0	193.04
193.05	19305	HOME INFUSION	0	193.05
193.06	19306	MISSION RELATED	0	193.06
193.07	19307	GRANT RELATED	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	193.13
193.14	19312	RETAIL PHARM	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	193.17
193.18	19316	RELATED PARTY RHC	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	805,380	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,939.343066	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,866	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	203.890511	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 4:31 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	88,087,992		88,087,992	0	88,087,992
31.01	03101	NEONATAL ICU	16,049,152		16,049,152	0	16,049,152
32.00	03200	CORONARY CARE UNIT	10,903,482		10,903,482	6,412	10,909,894
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,055,340		12,055,340	8,100	12,063,440
41.00	04100	SUBPROVIDER - IRF	5,594,924		5,594,924	2,603	5,597,527
43.00	04300	NURSERY	3,672,029		3,672,029	0	3,672,029
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,706,013		47,706,013	0	47,706,013
51.00	05100	RECOVERY ROOM	3,198,306		3,198,306	0	3,198,306
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,540,234		10,540,234	80,322	10,620,556
53.00	05300	ANESTHESIOLOGY	0		0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,080,597		41,080,597	17,852	41,098,449
57.00	05700	CT SCAN	8,223,821		8,223,821	0	8,223,821
58.00	05800	MRI	6,775,599		6,775,599	0	6,775,599
59.00	05900	CARDIAC CATHETERIZATION	4,610,802		4,610,802	13,688	4,624,490
60.00	06000	LABORATORY	34,831,544		34,831,544	7,326	34,838,870
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,888,813		3,888,813	0	3,888,813
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	10,544,420	0	10,544,420	0	10,544,420
66.00	06600	PHYSICAL THERAPY	29,786,967	0	29,786,967	10,642	29,797,609
69.00	06900	ELECTROCARDIOLOGY	8,305,435		8,305,435	0	8,305,435
69.01	03650	SPECIAL PROCEDURES	14,726,224		14,726,224	0	14,726,224
69.02	06901	CARDIAC REHAB	0		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	985,300		985,300	0	985,300
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,216,793		31,216,793	0	31,216,793
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,118,089		30,118,089	0	30,118,089
73.00	07300	DRUGS CHARGED TO PATIENTS	30,884,394		30,884,394	0	30,884,394
75.00	07500	ASC (NON-DISTINCT PART)	3,094,046		3,094,046	0	3,094,046
75.01	07501	WOUND CARE	0		0	0	0
76.00	03950	ACUTE DIALYSIS	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	692,851		692,851	0	692,851
76.98	07698	HYPERBARIC OXYGEN THERAPY	457,901		457,901	0	457,901
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	105,186,381		105,186,381	0	105,186,381
90.02	09002	HOME INFUSION	700,409		700,409	0	700,409
91.00	09100	EMERGENCY	23,615,857		23,615,857	0	23,615,857
91.01	09101	SLEEP LAB	2,471,032		2,471,032	4,957	2,475,989
91.02	09102	BRONCH & GASTRO LAB	12,848,743		12,848,743	0	12,848,743
91.03	09103	SURGICENTER	0		0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,919,088		3,919,088	0	3,919,088
92.01	09201	OBSERVATION BEDS-DISTINCT	7,441,538		7,441,538	0	7,441,538
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	9,572,081		9,572,081	0	9,572,081
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	9,015,655		9,015,655	0	9,015,655
200.00		Subtotal (see instructions)	632,801,852	0	632,801,852	151,902	632,953,754
201.00		Less Observation Beds	3,919,088		3,919,088	0	3,919,088
202.00		Total (see instructions)	628,882,764	0	628,882,764	151,902	629,034,666

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
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			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		10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	292,356,155		292,356,155		30.00
31.01	03101	NEONATAL ICU	11,073,680		11,073,680		31.01
32.00	03200	CORONARY CARE UNIT	31,841,750		31,841,750		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	41,109,956		41,109,956		34.00
41.00	04100	SUBPROVIDER - IRF	18,263,432		18,263,432		41.00
43.00	04300	NURSERY	35,763,349		35,763,349		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	91,284,050	67,901,021	159,185,071	0.299689	0.000000
51.00	05100	RECOVERY ROOM	10,870,292	9,597,752	20,468,044	0.156259	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,574,544	2,878,995	26,453,539	0.398443	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,682,673	210,898,254	242,580,927	0.169348	0.000000
57.00	05700	CT SCAN	71,012,732	137,959,937	208,972,669	0.039354	0.000000
58.00	05800	MRI	18,073,436	71,503,511	89,576,947	0.075640	0.000000
59.00	05900	CARDIAC CATHETERIZATION	27,173,182	20,569,041	47,742,223	0.096577	0.000000
60.00	06000	LABORATORY	133,800,243	281,104,942	414,905,185	0.083951	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,728,795	4,853,812	17,582,607	0.221174	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	97,411,720	6,589,581	104,001,301	0.101387	0.000000
66.00	06600	PHYSICAL THERAPY	33,505,718	55,630,615	89,136,333	0.334173	0.000000
69.00	06900	ELECTROCARDIOLOGY	40,107,419	54,687,361	94,794,780	0.087615	0.000000
69.01	03650	SPECIAL PROCEDURES	19,080,219	35,353,745	54,433,964	0.270534	0.000000
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	3,803,810	805,090	4,608,900	0.213782	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,249,409	60,814,211	135,063,620	0.231127	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70,300,912	51,257,428	121,558,340	0.247767	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	137,822,218	29,304,715	167,126,933	0.184796	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	8,660,443	8,660,443	0.357262	0.000000
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	2,625	1,631,825	1,634,450	0.423905	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	618,520	6,360	624,880	0.732782	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	1,230,847	371,261,903	372,492,750	0.282385	0.000000
90.02	09002	HOME INFUSION	0	89,740,868	89,740,868	0.007805	0.000000
91.00	09100	EMERGENCY	57,020,633	148,401,302	205,421,935	0.114963	0.000000
91.01	09101	SLEEP LAB	3,225	12,695,595	12,698,820	0.194588	0.000000
91.02	09102	BRONCH & GASTRO LAB	14,056,002	57,863,080	71,919,082	0.178656	0.000000
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,447,294	25,712,149	30,159,443	0.129946	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	5,166,020	17,867,436	23,033,456	0.323075	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	1,942,039	1,942,039		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	13,096,046	13,096,046		116.00
200.00		Subtotal (see instructions)	1,409,434,860	1,850,589,057	3,260,023,917		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,409,434,860	1,850,589,057	3,260,023,917		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.01	03101	NEONATAL ICU			31.01
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.299689		50.00
51.00	05100	RECOVERY ROOM	0.156259		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401480		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169422		54.00
57.00	05700	CT SCAN	0.039354		57.00
58.00	05800	MRI	0.075640		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096864		59.00
60.00	06000	LABORATORY	0.083968		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.221174		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.101387		65.00
66.00	06600	PHYSICAL THERAPY	0.334293		66.00
69.00	06900	ELECTROCARDIOLOGY	0.087615		69.00
69.01	03650	SPECIAL PROCEDURES	0.270534		69.01
69.02	06901	CARDIAC REHAB	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213782		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.231127		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247767		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184796		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357262		75.00
75.01	07501	WOUND CARE	0.000000		75.01
76.00	03950	ACUTE DIALYSIS	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.423905		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.732782		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	340B CLINICS	0.282385		90.01
90.02	09002	HOME INFUSION	0.007805		90.02
91.00	09100	EMERGENCY	0.114963		91.00
91.01	09101	SLEEP LAB	0.194978		91.01
91.02	09102	BRONCH & GASTRO LAB	0.178656		91.02
91.03	09103	SURGICENTER	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.129946		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.323075		92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,054,766		100,054,766	0	100,054,766	30.00
31.01	03101	NEONATAL ICU	16,846,937		16,846,937	0	16,846,937	31.01
32.00	03200	CORONARY CARE UNIT	10,903,482		10,903,482	6,412	10,909,894	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,055,340		12,055,340	8,100	12,063,440	34.00
41.00	04100	SUBPROVIDER - IRF	5,594,924		5,594,924	2,603	5,597,527	41.00
43.00	04300	NURSERY	4,070,921		4,070,921	0	4,070,921	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,706,013		47,706,013	0	47,706,013	50.00
51.00	05100	RECOVERY ROOM	3,198,306		3,198,306	0	3,198,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,540,234		10,540,234	80,322	10,620,556	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,080,597		41,080,597	17,852	41,098,449	54.00
57.00	05700	CT SCAN	8,223,821		8,223,821	0	8,223,821	57.00
58.00	05800	MRI	6,775,599		6,775,599	0	6,775,599	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,610,802		4,610,802	13,688	4,624,490	59.00
60.00	06000	LABORATORY	34,831,544		34,831,544	7,326	34,838,870	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,888,813		3,888,813	0	3,888,813	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,544,420	0	10,544,420	0	10,544,420	65.00
66.00	06600	PHYSICAL THERAPY	29,786,967	0	29,786,967	10,642	29,797,609	66.00
69.00	06900	ELECTROCARDIOLOGY	8,305,435		8,305,435	0	8,305,435	69.00
69.01	03650	SPECIAL PROCEDURES	14,726,224		14,726,224	0	14,726,224	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	985,300		985,300	0	985,300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,216,793		31,216,793	0	31,216,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,118,089		30,118,089	0	30,118,089	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,884,394		30,884,394	0	30,884,394	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,094,046		3,094,046	0	3,094,046	75.00
75.01	07501	WOUND CARE	0		0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	692,851		692,851	0	692,851	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	457,901		457,901	0	457,901	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	105,186,381		105,186,381	0	105,186,381	90.01
90.02	09002	HOME INFUSION	700,409		700,409	0	700,409	90.02
91.00	09100	EMERGENCY	23,695,636		23,695,636	0	23,695,636	91.00
91.01	09101	SLEEP LAB	2,471,032		2,471,032	4,957	2,475,989	91.01
91.02	09102	BRONCH & GASTRO LAB	12,848,743		12,848,743	0	12,848,743	91.02
91.03	09103	SURGICENTER	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,451,471		4,451,471	0	4,451,471	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,441,538		7,441,538	0	7,441,538	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,572,081		9,572,081	0	9,572,081	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	9,015,655		9,015,655	0	9,015,655	116.00
200.00		Subtotal (see instructions)	646,577,465	0	646,577,465	151,902	646,729,367	200.00
201.00		Less Observation Beds	4,451,471		4,451,471	0	4,451,471	201.00
202.00		Total (see instructions)	642,125,994	0	642,125,994	151,902	642,277,896	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.01	03101	NEONATAL ICU	0		0			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	0	0	0	0.000000	0.000000	90.01
90.02	09002	HOME INFUSION	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
91.01	09101	SLEEP LAB	0	0	0	0.000000	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0.000000	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 4:31 pm
			Title XIX	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.01	03101	NEONATAL ICU			31.01
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
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
69.01	03650	SPECIAL PROCEDURES	0.000000		69.01
69.02	06901	CARDIAC REHAB	0.000000		69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	WOUND CARE	0.000000		75.01
76.00	03950	ACUTE DIALYSIS	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	340B CLINICS	0.000000		90.01
90.02	09002	HOME INFUSION	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	SLEEP LAB	0.000000		91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000		91.02
91.03	09103	SURGICENTER	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,706,013	5,788,078	41,917,935	0	50.00
51.00	05100	RECOVERY ROOM	3,198,306	237,667	2,960,639	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,540,234	817,213	9,723,021	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,080,597	6,067,703	35,012,894	0	54.00
57.00	05700	CT SCAN	8,223,821	972,236	7,251,585	0	57.00
58.00	05800	MRI	6,775,599	1,044,423	5,731,176	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,610,802	1,335,956	3,274,846	0	59.00
60.00	06000	LABORATORY	34,831,544	3,047,423	31,784,121	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,888,813	290,175	3,598,638	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,544,420	1,234,386	9,310,034	0	65.00
66.00	06600	PHYSICAL THERAPY	29,786,967	2,295,959	27,491,008	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,305,435	1,053,841	7,251,594	0	69.00
69.01	03650	SPECIAL PROCEDURES	14,726,224	2,167,746	12,558,478	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	985,300	197,165	788,135	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,216,793	2,174,160	29,042,633	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,118,089	2,097,059	28,021,030	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,884,394	2,234,090	28,650,304	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,094,046	301,591	2,792,455	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	692,851	79,857	612,994	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	457,901	31,802	426,099	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	105,186,381	8,964,697	96,221,684	0	90.01
90.02	09002	HOME INFUSION	700,409	54,016	646,393	0	90.02
91.00	09100	EMERGENCY	23,695,636	2,822,285	20,873,351	0	91.00
91.01	09101	SLEEP LAB	2,471,032	238,067	2,232,965	0	91.01
91.02	09102	BRONCH & GASTRO LAB	12,848,743	2,374,722	10,474,021	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,451,471	334,653	4,116,818	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,441,538	607,967	6,833,571	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,572,081	812,573	8,759,508	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	9,015,655	712,785	8,302,870	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	497,051,095	50,390,295	446,660,800	0	200.00
201.00		Less Observation Beds	4,451,471	334,653	4,116,818	0	201.00
202.00		Total (line 200 minus line 201)	492,599,624	50,055,642	442,543,982	0	202.00

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

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Title XIX		Hospital	PPS
			Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,706,013	159,185,071	0.299689	50.00
51.00	05100	RECOVERY ROOM	3,198,306	20,468,044	0.156259	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,540,234	26,453,539	0.398443	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,080,597	242,580,927	0.169348	54.00
57.00	05700	CT SCAN	8,223,821	208,972,669	0.039354	57.00
58.00	05800	MRI	6,775,599	89,576,947	0.075640	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,610,802	47,742,223	0.096577	59.00
60.00	06000	LABORATORY	34,831,544	414,905,185	0.083951	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,888,813	17,582,607	0.221174	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	10,544,420	104,001,301	0.101387	65.00
66.00	06600	PHYSICAL THERAPY	29,786,967	89,136,333	0.334173	66.00
69.00	06900	ELECTROCARDIOLOGY	8,305,435	94,794,780	0.087615	69.00
69.01	03650	SPECIAL PROCEDURES	14,726,224	54,433,964	0.270534	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	985,300	4,608,900	0.213782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,216,793	135,063,620	0.231127	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,118,089	121,558,340	0.247767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,884,394	167,126,933	0.184796	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,094,046	8,660,443	0.357262	75.00
75.01	07501	WOUND CARE	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	692,851	1,634,450	0.423905	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	457,901	624,880	0.732782	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	340B CLINICS	105,186,381	372,492,750	0.282385	90.01
90.02	09002	HOME INFUSION	700,409	89,740,868	0.007805	90.02
91.00	09100	EMERGENCY	23,695,636	205,421,935	0.115351	91.00
91.01	09101	SLEEP LAB	2,471,032	12,698,820	0.194588	91.01
91.02	09102	BRONCH & GASTRO LAB	12,848,743	71,919,082	0.178656	91.02
91.03	09103	SURGICENTER	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,451,471	30,159,443	0.147598	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,441,538	23,033,456	0.323075	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0.000000	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0.000000	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000	99.40
101.00	10100	HOME HEALTH AGENCY	9,572,081	1,942,039	4.928882	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	9,015,655	13,096,046	0.688426	116.00
200.00		Subtotal (sum of lines 50 thru 199)	497,051,095	2,829,615,595		200.00
201.00		Less Observation Beds	4,451,471	0		201.00
202.00		Total (line 200 minus line 201)	492,599,624	2,829,615,595		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/29/2019 4:31 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	7,521,936	0	7,521,936	94,200	79.85	30.00
31.01	NEONATAL ICU	1,570,326		1,570,326	4,061	386.68	31.01
32.00	CORONARY CARE UNIT	953,739		953,739	5,331	178.90	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,111,849		1,111,849	6,199	179.36	34.00
41.00	SUBPROVIDER - IRF	599,417	0	599,417	5,667	105.77	41.00
43.00	NURSERY	395,169		395,169	10,633	37.16	43.00
200.00	Total (lines 30 through 199)	12,152,436		12,152,436	126,091		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	29,084	2,322,357				30.00
31.01	NEONATAL ICU	0	0				31.01
32.00	CORONARY CARE UNIT	1,723	308,245				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,003	359,258				34.00
41.00	SUBPROVIDER - IRF	1,574	166,482				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	34,384	3,156,342				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

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	5,788,078	159,185,071	0.036361	23,101,562	839,996	50.00	
51.00	05100	RECOVERY ROOM	237,667	20,468,044	0.011612	2,865,919	33,279	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	817,213	26,453,539	0.030892	122,046	3,770	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,067,703	242,580,927	0.025013	9,408,789	235,342	54.00	
57.00	05700	CT SCAN	972,236	208,972,669	0.004652	22,225,284	103,392	57.00	
58.00	05800	MRI	1,044,423	89,576,947	0.011660	5,384,462	62,783	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,335,956	47,742,223	0.027983	9,810,654	274,532	59.00	
60.00	06000	LABORATORY	3,047,423	414,905,185	0.007345	42,400,770	311,434	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	290,175	17,582,607	0.016504	3,746,190	61,827	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	1,234,386	104,001,301	0.011869	29,507,635	350,226	65.00	
66.00	06600	PHYSICAL THERAPY	2,295,959	89,136,333	0.025758	7,653,916	197,150	66.00	
69.00	06900	ELECTROCARDIOLOGY	1,053,841	94,794,780	0.011117	13,675,314	152,028	69.00	
69.01	03650	SPECIAL PROCEDURES	2,167,746	54,433,964	0.039823	7,060,746	281,180	69.01	
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	197,165	4,608,900	0.042779	1,125,220	48,136	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,174,160	135,063,620	0.016097	20,555,803	330,887	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,097,059	121,558,340	0.017251	23,961,702	413,363	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,234,090	167,126,933	0.013368	43,207,573	577,599	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	301,591	8,660,443	0.034824	0	0	75.00	
75.01	07501	WOUND CARE	0	0	0.000000	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	79,857	1,634,450	0.048859	1,540	75	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,802	624,880	0.050893	216,215	11,004	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	8,964,697	372,492,750	0.024067	488,275	11,751	90.01	
90.02	09002	HOME INFUSION	54,016	89,740,868	0.000602	0	0	90.02	
91.00	09100	EMERGENCY	2,822,285	205,421,935	0.013739	17,558,521	241,237	91.00	
91.01	09101	SLEEP LAB	238,067	12,698,820	0.018747	1,959	37	91.01	
91.02	09102	BRONCH & GASTRO LAB	2,374,722	71,919,082	0.033019	5,260,686	173,703	91.02	
91.03	09103	SURGICENTER	0	0	0.000000	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	334,655	30,159,443	0.011096	1,510,107	16,756	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	607,967	23,033,456	0.026395	1,579,409	41,689	92.01	
200.00		Total (lines 50 through 199)	48,864,939	2,814,577,510		292,430,297	4,773,176	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/29/2019 4:31 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	0	0	0	0	0	0	30.00	
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	202,815	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	202,815	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	94,200	0.00	29,084	0	0	30.00	
31.01	03101	NEONATAL ICU	0	0	4,061	0.00	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	202,815	5,331	38.04	1,723	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	6,199	0.00	2,003	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,667	0.00	1,574	0	0	41.00	
43.00	04300	NURSERY	0	0	10,633	0.00	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	202,815	126,091	0	34,384	0	0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	65,543	0	0	0	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	65,543	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:31 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	279,238	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
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	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
69.01	03650	SPECIAL PROCEDURES		0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB		0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	07501	WOUND CARE		0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS		0	0	0	0	0	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
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS		0	0	0	0	0	90.01
90.02	09002	HOME INFUSION		0	0	0	0	5,879	90.02
91.00	09100	EMERGENCY		0	0	0	0	317,448	91.00
91.01	09101	SLEEP LAB		0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB		0	0	0	0	0	91.02
91.03	09103	SURGICENTER		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	602,565	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	279,238	279,238	159,185,071	0.001754
51.00	05100	RECOVERY ROOM	0	0	0	20,468,044	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,453,539	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	242,580,927	0.000000
57.00	05700	CT SCAN	0	0	0	208,972,669	0.000000
58.00	05800	MRI	0	0	0	89,576,947	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	47,742,223	0.000000
60.00	06000	LABORATORY	0	0	0	414,905,185	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	17,582,607	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	104,001,301	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	89,136,333	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	94,794,780	0.000000
69.01	03650	SPECIAL PROCEDURES	0	0	0	54,433,964	0.000000
69.02	06901	CARDIAC REHAB	0	0	0	0	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,608,900	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	135,063,620	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	121,558,340	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	167,126,933	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	8,660,443	0.000000
75.01	07501	WOUND CARE	0	0	0	0	0.000000
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,634,450	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	624,880	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	0	0	0	372,492,750	0.000000
90.02	09002	HOME INFUSION	0	5,879	5,879	89,740,868	0.000066
91.00	09100	EMERGENCY	0	317,448	317,448	205,421,935	0.001545
91.01	09101	SLEEP LAB	0	0	0	12,698,820	0.000000
91.02	09102	BRONCH & GASTRO LAB	0	0	0	71,919,082	0.000000
91.03	09103	SURGICENTER	0	0	0	0	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	30,159,443	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	23,033,456	0.000000
200.00		Total (lines 50 through 199)	0	602,565	602,565	2,814,577,510	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 4:31 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	0.001754	23,101,562	40,520	12,779,955	22,416	50.00	
51.00	05100	RECOVERY ROOM	0.000000	2,865,919	0	1,529,137	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	122,046	0	4,551	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,408,789	0	37,816,663	0	54.00	
57.00	05700	CT SCAN	0.000000	22,225,284	0	30,162,086	0	57.00	
58.00	05800	MRI	0.000000	5,384,462	0	11,697,273	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,810,654	0	6,483,445	0	59.00	
60.00	06000	LABORATORY	0.000000	42,400,770	0	26,906,418	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	3,746,190	0	758,349	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	29,507,635	0	1,323,496	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	7,653,916	0	2,998,576	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	13,675,314	0	11,945,177	0	69.00	
69.01	03650	SPECIAL PROCEDURES	0.000000	7,060,746	0	11,649,299	0	69.01	
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,125,220	0	124,775	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	20,555,803	0	13,131,012	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,961,702	0	15,965,563	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	43,207,573	0	6,930,031	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	1,873,441	0	75.00	
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	1,540	0	491,994	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	216,215	0	938	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0.000000	488,275	0	63,013,672	0	90.01	
90.02	09002	HOME INFUSION	0.000066	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.001545	17,558,521	27,128	17,306,330	26,738	91.00	
91.01	09101	SLEEP LAB	0.000000	1,959	0	2,127,244	0	91.01	
91.02	09102	BRONCH & GASTRO LAB	0.000000	5,260,686	0	11,481,717	0	91.02	
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,510,107	0	5,781,621	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	1,579,409	0	4,349,829	0	92.01	
200.00		Total (lines 50 through 199)		292,430,297	67,648	298,632,592	49,154	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/29/2019 4:31 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		0.299689	12,779,955	0	0	3,830,012	50.00
51.00	05100	RECOVERY ROOM		0.156259	1,529,137	0	279	238,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.398443	4,551	0	0	1,813	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.169348	37,816,663	79	9,392	6,404,176	54.00
57.00	05700	CT SCAN		0.039354	30,162,086	1	0	1,186,999	57.00
58.00	05800	MRI		0.075640	11,697,273	2	0	884,782	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.096577	6,483,445	0	0	626,152	59.00
60.00	06000	LABORATORY		0.083951	26,906,418	0	0	2,258,821	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.221174	758,349	0	0	167,727	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.101387	1,323,496	0	0	134,185	65.00
66.00	06600	PHYSICAL THERAPY		0.334173	2,998,576	18	0	1,002,043	66.00
69.00	06900	ELECTROCARDIOLOGY		0.087615	11,945,177	54	0	1,046,577	69.00
69.01	03650	SPECIAL PROCEDURES		0.270534	11,649,299	0	0	3,151,531	69.01
69.02	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.213782	124,775	0	0	26,675	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.231127	13,131,012	447	0	3,034,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.247767	15,965,563	0	0	3,955,740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.184796	6,930,031	274	0	1,280,642	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.357262	1,873,441	8	0	669,309	75.00
75.01	07501	WOUND CARE		0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.423905	491,994	0	0	208,559	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.732782	938	0	0	687	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS		0.282385	63,013,672	904	649,406	17,794,116	90.01
90.02	09002	HOME INFUSION		0.007805	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.114963	17,306,330	0	23,267	1,989,588	91.00
91.01	09101	SLEEP LAB		0.194588	2,127,244	0	0	413,936	91.01
91.02	09102	BRONCH & GASTRO LAB		0.178656	11,481,717	0	0	2,051,278	91.02
91.03	09103	SURGICENTER		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.129946	5,781,621	0	2,368	751,299	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0.323075	4,349,829	0	4,040	1,405,321	92.01
200.00		Subtotal (see instructions)			298,632,592	1,787	688,752	54,515,840	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			298,632,592	1,787	688,752	54,515,840	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 4:31 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
51.00	05100	RECOVERY ROOM	0	44		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	13	1,591		54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	6	0		66.00
69.00	06900	ELECTROCARDIOLOGY	5	0		69.00
69.01	03650	SPECIAL PROCEDURES	0	0		69.01
69.02	06901	CARDIAC REHAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	3	0		75.00
75.01	07501	WOUND CARE	0	0		75.01
76.00	03950	ACUTE DIALYSIS	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	09001	340B CLINICS	255	183,383		90.01
90.02	09002	HOME INFUSION	0	0		90.02
91.00	09100	EMERGENCY	0	2,675		91.00
91.01	09101	SLEEP LAB	0	0		91.01
91.02	09102	BRONCH & GASTRO LAB	0	0		91.02
91.03	09103	SURGICENTER	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	308		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	1,305		92.01
200.00		Subtotal (see instructions)	436	189,306		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	436	189,306		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 4:31 pm
				Component CCN: 14-T091		
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,788,078	159,185,071	0.036361	649	24	50.00
51.00 05100 RECOVERY ROOM	237,667	20,468,044	0.011612	1,079	13	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	817,213	26,453,539	0.030892	21	1	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,067,703	242,580,927	0.025013	48,603	1,216	54.00
57.00 05700 CT SCAN	972,236	208,972,669	0.004652	153,716	715	57.00
58.00 05800 MRI	1,044,423	89,576,947	0.011660	52,549	613	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,335,956	47,742,223	0.027983	726	20	59.00
60.00 06000 LABORATORY	3,047,423	414,905,185	0.007345	285,780	2,099	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	290,175	17,582,607	0.016504	7,619	126	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	1,234,386	104,001,301	0.011869	508,607	6,037	65.00
66.00 06600 PHYSICAL THERAPY	2,295,959	89,136,333	0.025758	3,259,808	83,966	66.00
69.00 06900 ELECTROCARDIOLOGY	1,053,841	94,794,780	0.011117	46,191	514	69.00
69.01 03650 SPECIAL PROCEDURES	2,167,746	54,433,964	0.039823	9,176	365	69.01
69.02 06901 CARDIAC REHAB	0	0	0.000000	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	197,165	4,608,900	0.042779	4,366	187	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,174,160	135,063,620	0.016097	38,731	623	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,097,059	121,558,340	0.017251	313	5	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,234,090	167,126,933	0.013368	556,711	7,442	73.00
75.00 07500 ASC (NON-DISTINCT PART)	301,591	8,660,443	0.034824	0	0	75.00
75.01 07501 WOUND CARE	0	0	0.000000	0	0	75.01
76.00 03950 ACUTE DIALYSIS	0	0	0.000000	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	79,857	1,634,450	0.048859	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	31,802	624,880	0.050893	2,585	132	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 340B CLINICS	8,964,697	372,492,750	0.024067	628	15	90.01
90.02 09002 HOME INFUSION	54,016	89,740,868	0.000602	0	0	90.02
91.00 09100 EMERGENCY	2,822,285	205,421,935	0.013739	6,733	93	91.00
91.01 09101 SLEEP LAB	238,067	12,698,820	0.018747	0	0	91.01
91.02 09102 BRONCH & GASTRO LAB	2,374,722	71,919,082	0.033019	36	1	91.02
91.03 09103 SURGICENTER	0	0	0.000000	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	30,159,443	0.000000	0	0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	607,967	23,033,456	0.026395	2,145	57	92.01
200.00 Total (lines 50 through 199)	48,530,284	2,814,577,510		4,986,772	104,264	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:31 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	279,238	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS	0	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	5,879	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	317,448	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	602,565	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:31 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		279,238	279,238	159,185,071	0.001754	50.00
51.00	05100	RECOVERY ROOM	0		0	0	20,468,044	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	26,453,539	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	242,580,927	0.000000	54.00
57.00	05700	CT SCAN	0		0	0	208,972,669	0.000000	57.00
58.00	05800	MRI	0		0	0	89,576,947	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	47,742,223	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	414,905,185	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	17,582,607	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0		0	0	104,001,301	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	89,136,333	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	94,794,780	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0		0	0	54,433,964	0.000000	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	4,608,900	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	135,063,620	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	121,558,340	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	167,126,933	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	8,660,443	0.000000	75.00
75.01	07501	WOUND CARE	0		0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	1,634,450	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	624,880	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS	0		0	0	372,492,750	0.000000	90.01
90.02	09002	HOME INFUSION	0		5,879	5,879	89,740,868	0.000066	90.02
91.00	09100	EMERGENCY	0		317,448	317,448	205,421,935	0.001545	91.00
91.01	09101	SLEEP LAB	0		0	0	12,698,820	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0		0	0	71,919,082	0.000000	91.02
91.03	09103	SURGICENTER	0		0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	30,159,443	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	23,033,456	0.000000	92.01
200.00		Total (lines 50 through 199)	0		602,565	602,565	2,814,577,510		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 4:31 pm

Component CCN: 14-T091

Title XVIII

Subprovider -

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	0.001754	649		1	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,079		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	21		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	48,603		0	6	54.00
57.00	05700 CT SCAN	0.000000	153,716		0	0	57.00
58.00	05800 MRI	0.000000	52,549		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	726		0	0	59.00
60.00	06000 LABORATORY	0.000000	285,780		0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	7,619		0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0		0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	508,607		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,259,808		0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	46,191		0	0	69.00
69.01	03650 SPECIAL PROCEDURES	0.000000	9,176		0	0	69.01
69.02	06901 CARDIAC REHAB	0.000000	0		0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,366		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	38,731		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	313		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	556,711		0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0		0	0	75.00
75.01	07501 WOUND CARE	0.000000	0		0	0	75.01
76.00	03950 ACUTE DIALYSIS	0.000000	0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0		0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	2,585		0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 340B CLINICS	0.000000	628		0	413	90.01
90.02	09002 HOME INFUSION	0.000066	0		0	0	90.02
91.00	09100 EMERGENCY	0.001545	6,733		10	15	91.00
91.01	09101 SLEEP LAB	0.000000	0		0	0	91.01
91.02	09102 BRONCH & GASTRO LAB	0.000000	36		0	0	91.02
91.03	09103 SURGICENTER	0.000000	0		0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	2,145		0	5	92.01
200.00	Total (lines 50 through 199)		4,986,772		11	439	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:31 pm	
				Component CCN:14-T091			
				Title XVIII	Subprovider - IRF	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	0.299689	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.156259	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.398443	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169348	6	0	0	54.00
57.00	05700	CT SCAN	0.039354	0	0	0	57.00
58.00	05800	MRI	0.075640	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096577	0	0	0	59.00
60.00	06000	LABORATORY	0.083951	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.221174	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.101387	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.334173	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.087615	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.270534	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213782	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.231127	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247767	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184796	0	0	139	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357262	0	0	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.423905	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.732782	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	0.282385	413	0	0	90.01
90.02	09002	HOME INFUSION	0.007805	0	0	0	90.02
91.00	09100	EMERGENCY	0.114963	15	0	0	91.00
91.01	09101	SLEEP LAB	0.194588	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0.178656	0	0	0	91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.129946	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.323075	5	0	0	92.01
200.00		Subtotal (see instructions)		439	0	139	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		439	0	139	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:31 pm
		Component CCN:14-T091		
		Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
69.01	03650	SPECIAL PROCEDURES	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	69.02
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	26	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	WOUND CARE	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	09001	340B CLINICS	0	0	90.01
90.02	09002	HOME INFUSION	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	SLEEP LAB	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	91.02
91.03	09103	SURGICENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	92.01
200.00		Subtotal (see instructions)	0	26	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	26	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/29/2019 4:31 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,521,936	0	7,521,936	94,200	79.85	30.00
31.01	NEONATAL ICU	1,570,326		1,570,326	4,061	386.68	31.01
32.00	CORONARY CARE UNIT	953,739		953,739	5,331	178.90	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,111,849		1,111,849	6,199	179.36	34.00
41.00	SUBPROVIDER - IRF	599,417	0	599,417	5,667	105.77	41.00
43.00	NURSERY	395,169		395,169	10,633	37.16	43.00
200.00	Total (lines 30 through 199)	12,152,436		12,152,436	126,091		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	13,760	1,098,736				
31.01	NEONATAL ICU	1,843	712,651				
32.00	CORONARY CARE UNIT	888	158,863				
34.00	SURGICAL INTENSIVE CARE UNIT	1,023	183,485				
41.00	SUBPROVIDER - IRF	999	105,664				
43.00	NURSERY	1,502	55,814				
200.00	Total (lines 30 through 199)	20,015	2,315,213				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/29/2019 4:31 pm

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	PPS	
						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	5,788,078	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	237,667	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	817,213	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,067,703	0	0.000000	0	54.00
57.00	05700	CT SCAN	972,236	0	0.000000	0	57.00
58.00	05800	MRI	1,044,423	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,335,956	0	0.000000	0	59.00
60.00	06000	LABORATORY	3,047,423	0	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	290,175	0	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,234,386	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	2,295,959	0	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,053,841	0	0.000000	0	69.00
69.01	03650	SPECIAL PROCEDURES	2,167,746	0	0.000000	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	197,165	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,174,160	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,097,059	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,234,090	0	0.000000	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	301,591	0	0.000000	0	75.00
75.01	07501	WOUND CARE	0	0	0.000000	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	79,857	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,802	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	8,964,697	0	0.000000	0	90.01
90.02	09002	HOME INFUSION	54,016	0	0.000000	0	90.02
91.00	09100	EMERGENCY	2,822,285	0	0.000000	0	91.00
91.01	09101	SLEEP LAB	238,067	0	0.000000	0	91.01
91.02	09102	BRONCH & GASTRO LAB	2,374,722	0	0.000000	0	91.02
91.03	09103	SURGICENTER	0	0	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	334,653	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	607,967	0	0.000000	0	92.01
200.00		Total (lines 50 through 199)	48,864,937	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/29/2019 4:31 pm		
					Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	202,815	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	202,815	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	94,200	0.00	13,760	30.00			
31.01	03101	NEONATAL ICU			4,061	0.00	1,843	31.01			
32.00	03200	CORONARY CARE UNIT		202,815	5,331	38.04	888	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	6,199	0.00	1,023	34.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,667	0.00	999	41.00			
43.00	04300	NURSERY		0	10,633	0.00	1,502	43.00			
200.00		Total (lines 30 through 199)		202,815	126,091		20,015	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00	
31.01	03101	NEONATAL ICU	0							31.01	
32.00	03200	CORONARY CARE UNIT	33,780							32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00	
41.00	04100	SUBPROVIDER - IRF	0							41.00	
43.00	04300	NURSERY	0							43.00	
200.00		Total (lines 30 through 199)	33,780							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description			Title XIX		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	279,238
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0
69.02	06901	CARDIAC REHAB	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	WOUND CARE	0	0	0	0	0
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	0	0	0	0	0
90.02	09002	HOME INFUSION	0	0	0	0	5,879
91.00	09100	EMERGENCY	0	0	0	0	317,448
91.01	09101	SLEEP LAB	0	0	0	0	0
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0
91.03	09103	SURGICENTER	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	0	0	602,565

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 4:31 pm

			Title XIX		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	279,238	279,238	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	0	0	0.000000	90.01
90.02	09002	HOME INFUSION	0	5,879	5,879	0	0.000000	90.02
91.00	09100	EMERGENCY	0	317,448	317,448	0	0.000000	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)		0	602,565	602,565	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
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	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.000000	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02
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	0.000000	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0.000000	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101	SLEEP LAB	0.000000	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000	0	0	0	0	91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:31 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)		94,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		94,200	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)		90,009	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)		29,084	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)		88,087,992	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)		88,087,992	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)		88,087,992	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)		935.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,197,030	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		27,197,030	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
5/29/2019 4:31 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	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
43.01	NEONATAL ICU	16,049,152	4,061	3,952.02	0	43.01
44.00	CORONARY CARE UNIT	10,909,894	5,331	2,046.50	1,723	44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	12,063,440	6,199	1,946.03	2,003	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					47,169,291
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					81,790,339
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,055,403
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,840,824
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,896,227
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					73,894,112
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)					4,191
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					935.12
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,919,088

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
5/29/2019 4:31 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	7,521,936	88,087,992	0.085391	3,919,088	334,655	90.00
91.00 Nursing School cost	0	88,087,992	0.000000	3,919,088	0	91.00
92.00 Allied health cost	0	88,087,992	0.000000	3,919,088	0	92.00
93.00 All other Medical Education	0	88,087,992	0.000000	3,919,088	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:31 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,667	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,667	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,667	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,574	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)		5,597,527	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)		5,597,527	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)		5,597,527	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)		987.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,554,703	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,554,703	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 14-T091		Date/Time Prepared: 5/29/2019 4:31 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,308,591	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,863,294	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)					166,482	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					104,275	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					270,757	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,592,537	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: 14-0091 Component CCN: 14-T091		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:31 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	599,417	5,597,527	0.107086	0	0	90.00
91.00	Nursing School cost	0	5,597,527	0.000000	0	0	91.00
92.00	Allied health cost	0	5,597,527	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,597,527	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:31 pm
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		94,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		94,200	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)		90,009	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		13,760	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)		10,633	15.00
16.00	Nursery days (title V or XIX only)		1,502	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)		100,054,766	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)		100,054,766	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)		100,054,766	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,062.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,615,184	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)		14,615,184	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
5/29/2019 4:31 pm

		Title XIX		Hospital	PPS			
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	4,070,921	10,633	382.86	1,502	575,056	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00	
43.01	NEONATAL ICU	16,846,937	4,061	4,148.47	1,843	7,645,630	43.01	
44.00	CORONARY CARE UNIT	10,909,894	5,331	2,046.50	888	1,817,292	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	12,063,440	6,199	1,946.03	1,023	1,990,789	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						26,643,951	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)						2,243,329	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						2,243,329	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						24,400,622	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						4,191	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,062.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						4,451,471	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:31 pm	
				Title XIX		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	7,521,936	100,054,766	0.075178	4,451,471	334,653	90.00		
91.00	Nursing School cost	0	100,054,766	0.000000	4,451,471	0	91.00		
92.00	Allied health cost	0	100,054,766	0.000000	4,451,471	0	92.00		
93.00	All other Medical Education	0	100,054,766	0.000000	4,451,471	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:31 pm
Cost Center Description			Title XVIII	Hospital	PPS
			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		95,976,740	30.00
31.01	03101	NEONATAL ICU		0	31.01
32.00	03200	CORONARY CARE UNIT		10,239,365	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		12,682,275	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.299689	23,101,562	50.00
51.00	05100	RECOVERY ROOM	0.156259	2,865,919	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401480	122,046	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169422	9,408,789	54.00
57.00	05700	CT SCAN	0.039354	22,225,284	57.00
58.00	05800	MRI	0.075640	5,384,462	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096864	9,810,654	59.00
60.00	06000	LABORATORY	0.083968	42,400,770	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.221174	3,746,190	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.101387	29,507,635	65.00
66.00	06600	PHYSICAL THERAPY	0.334293	7,653,916	66.00
69.00	06900	ELECTROCARDIOLOGY	0.087615	13,675,314	69.00
69.01	03650	SPECIAL PROCEDURES	0.270534	7,060,746	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213782	1,125,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.231127	20,555,803	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247767	23,961,702	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184796	43,207,573	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357262	0	75.00
75.01	07501	WOUND CARE	0.000000	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.423905	1,540	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.732782	216,215	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	340B CLINICS	0.282385	488,275	90.01
90.02	09002	HOME INFUSION	0.007805	0	90.02
91.00	09100	EMERGENCY	0.114963	17,558,521	91.00
91.01	09101	SLEEP LAB	0.194978	1,959	91.01
91.02	09102	BRONCH & GASTRO LAB	0.178656	5,260,686	91.02
91.03	09103	SURGICENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.129946	1,510,107	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.323075	1,579,409	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		292,430,297	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		292,430,297	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:31 pm	
		Component CCN:14-T091			
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.01	03101 NEONATAL ICU		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100 SUBPROVIDER - IRF		4,842,117		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.299689	649	194	50.00
51.00	05100 RECOVERY ROOM	0.156259	1,079	169	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.401480	21	8	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169422	48,603	8,234	54.00
57.00	05700 CT SCAN	0.039354	153,716	6,049	57.00
58.00	05800 MRI	0.075640	52,549	3,975	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.096864	726	70	59.00
60.00	06000 LABORATORY	0.083968	285,780	23,996	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.221174	7,619	1,685	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.101387	508,607	51,566	65.00
66.00	06600 PHYSICAL THERAPY	0.334293	3,259,808	1,089,731	66.00
69.00	06900 ELECTROCARDIOLOGY	0.087615	46,191	4,047	69.00
69.01	03650 SPECIAL PROCEDURES	0.270534	9,176	2,482	69.01
69.02	06901 CARDIAC REHAB	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.213782	4,366	933	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.231127	38,731	8,952	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.247767	313	78	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184796	556,711	102,878	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.357262	0	0	75.00
75.01	07501 WOUND CARE	0.000000	0	0	75.01
76.00	03950 ACUTE DIALYSIS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.423905	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.732782	2,585	1,894	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 340B CLINICS	0.282385	628	177	90.01
90.02	09002 HOME INFUSION	0.007805	0	0	90.02
91.00	09100 EMERGENCY	0.114963	6,733	774	91.00
91.01	09101 SLEEP LAB	0.194978	0	0	91.01
91.02	09102 BRONCH & GASTRO LAB	0.178656	36	6	91.02
91.03	09103 SURGICENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.129946	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.323075	2,145	693	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,986,772	1,308,591	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		4,986,772		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:31 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)		44,420,633	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,921,284	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)		1,660,857	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		38,991,946	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		389.47	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)		29.04	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		1.75	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)		27.29	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		52.34	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.97	11.00
12.00	Current year allowable FTE (see instructions)		33.26	12.00
13.00	Total allowable FTE count for the prior year.		33.21	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.		32.68	14.00
15.00	Sum of lines 12 through 14 divided by 3.		33.05	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		33.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.084859	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.085938	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.084859	21.00
22.00	IME payment adjustment (see instructions)		2,731,980	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,765,360	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).		25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		25.05	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)		25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.064190	26.00
27.00	IME payments adjustment factor. (see instructions)		0.016841	27.00
28.00	IME add-on adjustment amount (see instructions)		1,016,218	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		656,663	28.01
29.00	Total IME payment (sum of lines 22 and 28)		3,748,198	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,422,023	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.07	31.00
32.00	Sum of lines 30 and 31		35.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.38	33.00
34.00	Disproportionate share adjustment (see instructions)		2,772,711	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:31 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447
35.01	Factor 3 (see instructions)		0.000633980	0.000869680
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,289,949	7,194,752
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,208,646	1,813,473
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,022,119	
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		73,545,802	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		75,967,825	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,675,136	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).		1,512,528	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		5,250	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		65,543	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		67,648	58.00
59.00	Total (sum of amounts on lines 49 through 58)		83,293,930	59.00
60.00	Primary payer payments		147,199	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		83,146,731	61.00
62.00	Deductibles billed to program beneficiaries		6,006,832	62.00
63.00	Coinurance billed to program beneficiaries		130,973	63.00
64.00	Allowable bad debts (see instructions)		1,278,058	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		830,738	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		927,103	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		77,839,664	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)		59,244	70.93
70.94	HRR adjustment amount (see instructions)		-138,721	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:31 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)		596,232	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		77,163,955	71.00	
71.01	Sequestration adjustment (see instructions)		1,543,279	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		76,484,616	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)		-863,940	74.00	
75.00	Contested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,627,964	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVB Adjustment for HSP Bonus Payment					
101.00	HVB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVB 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	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 4:31 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	44,420,633	0	44,420,633		44,420,633
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,921,284	0		15,921,284	15,921,284
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	0
2.00	Outlier payments for discharges (see instructions)	2.00	1,660,857	0	1,242,230	418,627	1,660,857
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	38,991,946	0	29,163,831	9,828,115	38,991,946
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.084859	0.084859	0.084859	0.084859	
6.00	IME payment adjustment (see instructions)	22.00	2,731,980	0	2,011,144	720,836	2,731,980
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,765,360	0	1,765,360	0	1,765,360
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.016841	0.016841	0.016841	0.016841	
8.00	IME adjustment (see instructions)	28.00	1,016,218	0	748,088	268,130	1,016,218
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	656,663	0	491,148	165,515	656,663
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,748,198	0	2,759,232	988,966	3,748,198
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,422,023	0	2,256,508	165,515	2,422,023
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1838	0.1838	0.1838	0.1838	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,772,711	0	2,041,128	731,583	2,772,711
11.01	Uncompensated care payments	36.00	5,022,119	0	3,208,646	1,813,473	5,022,119
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	73,545,802	0	53,671,869	19,873,933	73,545,802
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	75,967,825	0	55,928,377	20,039,448	75,967,825
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,675,136	0	4,190,484	1,484,652	5,675,136
17.00	Special add-on payments for new technologies	54.00	5,250	0	0	5,250	5,250
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	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 4:31 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	60,118,861	21,529,350	81,648,211
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	4,865,531	0	3,584,546	1,280,985	4,865,531
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	170,761	0	135,287	35,474	170,761
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0571	0.0571	0.0571	0.0571	
23.00	Indirect medical education adjustment (see instructions)	6.00	277,822	0	204,678	73,144	277,822
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0742	0.0742	0.0742	0.0742	
25.00	Disproportionate share adjustment (see instructions)	11.00	361,022	0	265,973	95,049	361,022
26.00	Total prospective capital payments (see instructions)	12.00	5,675,136	0	4,190,484	1,484,652	5,675,136
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5				Provider CCN: 14-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2019 4:31 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	44,420,633	44,420,633			44,420,633		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,921,284			15,921,284	15,921,284		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0		0		0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0			0	0		1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,660,857	1,294,942		365,915	1,660,857		2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0	0	0		2.01
3.00	Operating outlier reconciliation	2.01	0		0	0	0		3.00
4.00	Managed care simulated payments	3.00	38,991,946	28,780,709		10,211,237	38,991,946		4.00
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.084859	0.084859		0.084859			5.00
6.00	IME payment adjustment (see instructions)	22.00	2,731,980	2,011,144		720,836	2,731,980		6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,765,360	1,303,046		462,314	1,765,360		6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.016841	0.016841		0.016841			7.00
8.00	IME adjustment (see instructions)	28.00	1,016,218	748,088		268,130	1,016,218		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	656,663	484,696		171,967	656,663		8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,748,198	2,759,232		988,966	3,748,198		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,422,023	1,787,742		634,281	2,422,023		9.01
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1838	0.1838		0.1838			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,772,711	2,041,128		731,583	2,772,711		11.00
11.01	Uncompensated care payments	36.00	5,022,119	3,208,646		1,813,473	5,022,119		11.01
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0		0	0		12.00
13.00	Subtotal (see instructions)	47.00	73,545,802	53,724,581		19,821,221	73,545,802		13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0		0	0		14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	75,967,825	55,512,323		20,455,502	75,967,825		15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,675,136	4,190,484		1,484,652	5,675,136		16.00
17.00	Special add-on payments for new technologies	54.00	5,250	5,250		0	5,250		17.00
17.01	Net organ acquisition cost								17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0		0	0		17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0	0		18.00
19.00	SUBTOTAL			59,708,057		21,940,154	81,648,211		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 4:31 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	4,865,531	3,584,546	1,280,985	4,865,531	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	170,761	135,287	35,474	170,761	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	0.0571	0.0571	0.0571		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	277,822	204,678	73,144	277,822	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0742	0.0742	0.0742		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	361,022	265,973	95,049	361,022	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,675,136	4,190,484	1,484,652	5,675,136	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	59,244	39,544	19,700	59,244	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	-138,721	-124,392	-14,329	-138,721	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		596,232	0	596,232	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 4:31 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		189,742	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		54,466,686	2.00
3.00	OPPS payments		58,025,629	3.00
4.00	Outlier payment (see instructions)		289,299	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		49,154	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		189,742	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		690,539	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)		690,539	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)		690,539	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		500,797	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)		189,742	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)		58,364,082	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		89	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11,208,351	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)		47,345,384	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		978,863	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)		48,324,247	30.00
31.00	Primary payer payments		12,314	31.00
32.00	Subtotal (line 30 minus line 31)		48,311,933	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)		2,308,772	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,500,702	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		873,552	36.00
37.00	Subtotal (see instructions)		49,812,635	37.00
38.00	MSP-LCC reconciliation amount from PS&R		63	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		49,812,572	40.00
40.01	Sequestration adjustment (see instructions)		996,251	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		48,667,689	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		148,632	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:14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 4:31 pm
		Component CCN:14-T091		
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		122	2.00
3.00	OPPS payments		138	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		139	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)		139	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)		139	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		113	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)		26	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)		138	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		164	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)		164	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		164	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)		164	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)		164	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		153	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		8	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: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 4:31 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		76,177,125		48,469,191	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	11/14/2018	307,491	11/14/2018	198,498	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)		307,491		198,498	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)		76,484,616		48,667,689	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		148,632	6.01
6.02	SETTLEMENT TO PROGRAM		863,940		0	6.02
7.00	Total Medicare program liability (see instructions)		75,620,676		48,816,321	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: 14-0091
 Component CCN: 14-T091

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 5/29/2019 4:31 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		2,451,671		153		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)		2,451,671		153		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		8		6.01
6.02	SETTLEMENT TO PROGRAM		10,545		0		6.02
7.00	Total Medicare program liability (see instructions)		2,441,126		161		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/29/2019 4:31 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		1,956,811	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0418	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		168,286	3.00
4.00	Outlier Payments		398,308	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		15.526027	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		2,523,405	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		2,523,405	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,523,405	19.00
20.00	Deductibles		17,396	20.00
21.00	Subtotal (line 19 minus line 20)		2,506,009	21.00
22.00	Coinurance		15,075	22.00
23.00	Subtotal (line 21 minus line 22)		2,490,934	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,490,934	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		11	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		2,490,945	32.00
32.01	Sequestration adjustment (see instructions)		49,819	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		2,451,671	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-10,545	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		398,308	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 4:31 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.			28.35	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			0.85	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)			27.50	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			52.34	6.00
7.00	Enter the lesser of line 5 or line 6			27.50	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.	42.56	9.42	51.98	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.	22.36	4.95	27.31	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.48		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.97		10.01
11.00	Total weighted FTE count	22.36	10.43		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.61	11.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	21.45	10.35		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	21.81	10.64		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	21.81	10.64		17.00
18.00	Per resident amount	87,936.30	87,936.30		18.00
19.00	Approved amount for resident costs	1,917,891	935,642	2,853,533	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)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			24.84	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.67	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,906.26	23.00
24.00	Multiply line 22 time line 23			2,514,027	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,367,560	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	34,384	21,225		26.00
27.00	Total Inpatient Days (see instructions)	113,345	113,345		27.00
28.00	Ratio of inpatient days to total inpatient days	0.303357	0.187260		28.00
29.00	Program direct GME amount	1,628,287	1,005,129		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		142,025		30.00
31.00	Net Program direct GME amount			2,491,391	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 4:31 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)		0	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)		84,653,633	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)		147,199	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		84,506,434	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		54,705,730	42.00
43.00	Primary payer payments (see instructions)		15,742	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		54,689,988	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		139,196,422	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.607102	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.392898	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,491,391	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,512,528	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		978,863	50.00

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

Provider CCN: 14-0091

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

Worksheet G

Date/Time Prepared:
5/29/2019 4:31 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	-15,999,226	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	585,946,593	0	0	0	4.00
5.00	Other receivable	6,868,736	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-486,431,804	0	0	0	6.00
7.00	Inventory	8,077,842	0	0	0	7.00
8.00	Prepaid expenses	8,212,566	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	106,674,707	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	652,707	0	0	0	13.00
14.00	Accumulated depreciation	-609,209	0	0	0	14.00
15.00	Buildings	2,123,250	0	0	0	15.00
16.00	Accumulated depreciation	-111,127	0	0	0	16.00
17.00	Leasehold improvements	927,498	0	0	0	17.00
18.00	Accumulated depreciation	-594,210	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	717,028	0	0	0	21.00
22.00	Accumulated depreciation	-176,416	0	0	0	22.00
23.00	Major movable equipment	189,820,424	0	0	0	23.00
24.00	Accumulated depreciation	-117,505,018	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	75,244,927	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	235,933,226	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	235,933,226	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	417,852,860	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,825,188	0	0	0	37.00
38.00	Salaries, wages, and fees payable	37,293,573	0	0	0	38.00
39.00	Payroll taxes payable	3,795	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	105,411	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	75,943,133	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	126,171,100	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	126,171,100	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	291,681,760	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	291,681,760	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	417,852,860	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0091

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 4:31 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		121,195,671		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		216,527,013				2.00
3.00	Total (sum of line 1 and line 2)		337,722,684		0		3.00
4.00	Additions (credit adjustments) (specify)	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)		337,722,684		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET AFFILIATE TRANSFERS	46,040,924		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)		46,040,924		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		291,681,760		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	NET AFFILIATE TRANSFERS		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: 14-0091

Period:
From 01/01/2018
To 12/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	328,119,504		328,119,504	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	18,263,432		18,263,432	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	346,382,936		346,382,936	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
11.01	NEONATAL ICU	11,073,680		11,073,680	11.01
12.00	CORONARY CARE UNIT	31,841,750		31,841,750	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	41,109,956		41,109,956	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	84,025,386		84,025,386	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	430,408,322		430,408,322	17.00
18.00	Ancillary services	897,102,517	1,112,008,640	2,009,111,157	18.00
19.00	Outpatient services	81,924,020	723,542,333	805,466,353	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,942,039	1,942,039	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	13,096,046	13,096,046	26.00
27.00	OTHER PATIENT REVENUES	19,195,941	320,000,619	339,196,560	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,428,630,800	2,170,589,677	3,599,220,477	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		735,432,692		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)		735,432,692		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0091

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 4:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,599,220,477	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,661,373,407	2.00
3.00	Net patient revenues (line 1 minus line 2)	937,847,070	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	735,432,692	4.00
5.00	Net income from service to patients (line 3 minus line 4)	202,414,378	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	14,112,635	24.00
25.00	Total other income (sum of lines 6-24)	14,112,635	25.00
26.00	Total (line 5 plus line 25)	216,527,013	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	216,527,013	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0091

Period:

Worksheet H

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 4:31 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	1,100,053	272,477	13,859	210,672	1,041,523	2,638,584
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	2,090,284	513,140	135,938	0	26,410	2,765,772
7.00 Physical Therapy	1,310,327	285,620	99,678	0	9,694	1,705,319
8.00 Occupational Therapy	400,686	94,437	50,436	0	7,500	553,059
9.00 Speech Pathology	151,482	35,942	18,382	0	645	206,451
10.00 Medical Social Services	9,099	2,594	3,568	0	0	15,261
11.00 Home Health Aide	61,272	26,535	21,126	0	0	108,933
12.00 Supplies (see instructions)	0	0	0	0	138,077	138,077
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)	5,123,203	1,230,745	342,987	210,672	1,223,849	8,131,456
	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	-1,007,911	1,630,673	-48,705	1,581,968		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	2,765,772	0	2,765,772		6.00
7.00 Physical Therapy	0	1,705,319	0	1,705,319		7.00
8.00 Occupational Therapy	0	553,059	0	553,059		8.00
9.00 Speech Pathology	0	206,451	0	206,451		9.00
10.00 Medical Social Services	0	15,261	0	15,261		10.00
11.00 Home Health Aide	0	108,933	0	108,933		11.00
12.00 Supplies (see instructions)	-138,077	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)	-1,145,988	6,985,468	-48,705	6,936,763		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: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pmHome Health
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		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	1,581,968	0	0	0	0	1,581,968	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,765,772	0	0	0	0	2,765,772	6.00
7.00	Physical Therapy	1,705,319	0	0	0	0	1,705,319	7.00
8.00	Occupational Therapy	553,059	0	0	0	0	553,059	8.00
9.00	Speech Pathology	206,451	0	0	0	0	206,451	9.00
10.00	Medical Social Services	15,261	0	0	0	0	15,261	10.00
11.00	Home Health Aide	108,933	0	0	0	0	108,933	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)	6,936,763	0	0	0	0	6,936,763	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	1,581,968						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	817,093	3,582,865					6.00
7.00	Physical Therapy	503,802	2,209,121					7.00
8.00	Occupational Therapy	163,390	716,449					8.00
9.00	Speech Pathology	60,992	267,443					9.00
10.00	Medical Social Services	4,509	19,770					10.00
11.00	Home Health Aide	32,182	141,115					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)		6,936,763					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 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	-1,581,968	5,354,795	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,765,772	6.00
7.00	Physical Therapy	0	0	0	0	0	1,705,319	7.00
8.00	Occupational Therapy	0	0	0	0	0	553,059	8.00
9.00	Speech Pathology	0	0	0	0	0	206,451	9.00
10.00	Medical Social Services	0	0	0	0	0	15,261	10.00
11.00	Home Health Aide	0	0	0	0	0	108,933	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)	0	0	0	0	-1,581,968	5,354,795	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,581,968	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.295430	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0	148,475	40,313	0	0	1.00
2.00	Skilled Nursing Care	3,582,865	0	0	71,056	0	0	2.00
3.00	Physical Therapy	2,209,121	0	0	44,406	0	0	3.00
4.00	Occupational Therapy	716,449	0	0	14,688	0	0	4.00
5.00	Speech Pathology	267,443	0	0	5,575	0	0	5.00
6.00	Medical Social Services	19,770	0	0	333	0	0	6.00
7.00	Home Health Aide	141,115	0	0	2,246	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)	6,936,763	0	148,475	178,617	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		FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIV E & GENERAL	Subtotal	OTHER ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	4,465	0	193,253	60,932	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,653,921	1,152,059	0	2.00
3.00	Physical Therapy	0	0	0	2,253,527	710,524	0	3.00
4.00	Occupational Therapy	0	0	0	731,137	230,523	0	4.00
5.00	Speech Pathology	0	0	0	273,018	86,081	0	5.00
6.00	Medical Social Services	0	0	0	20,103	6,338	0	6.00
7.00	Home Health Aide	0	0	0	143,361	45,201	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	4,465	0	7,268,320	2,291,658	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.				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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	4,137	0	1,319	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)	4,137	0	1,319	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		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	69	6,578	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	69	6,578	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

(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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV					
		21.00	22.00					
1.00	Administrative and General	0	0	0	266,288	0	266,288	1.00
2.00	Skilled Nursing Care	0	0	0	4,805,980	0	4,805,980	2.00
3.00	Physical Therapy	0	0	0	2,964,051	0	2,964,051	3.00
4.00	Occupational Therapy	0	0	0	961,660	0	961,660	4.00
5.00	Speech Pathology	0	0	0	359,099	0	359,099	5.00
6.00	Medical Social Services	0	0	0	26,441	0	26,441	6.00
7.00	Home Health Aide	0	0	0	188,562	0	188,562	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	9,572,081	0	9,572,081	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	137,525	4,943,505					2.00
3.00	Physical Therapy	84,816	3,048,867					3.00
4.00	Occupational Therapy	27,518	989,178					4.00
5.00	Speech Pathology	10,276	369,375					5.00
6.00	Medical Social Services	757	27,198					6.00
7.00	Home Health Aide	5,396	193,958					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	266,288	9,572,081					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.	0.028615						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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INSTR)	DATA PROCESSING (INVOICES)	FOUNDATION OVERHEAD (TOTAL COST)	
		BLDG & FIXT (SQ FEET FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00				4.00	
1.00	Administrative and General	95	147,979	1,099,956	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	1,938,754	0	0	0	2.00
3.00	Physical Therapy	0	0	1,211,637	0	0	0	3.00
4.00	Occupational Therapy	0	0	400,759	0	0	0	4.00
5.00	Speech Pathology	0	0	152,107	0	0	0	5.00
6.00	Medical Social Services	0	0	9,098	0	0	0	6.00
7.00	Home Health Aide	0	0	61,272	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)	95	147,979	4,873,583	0	0	0	20.00
21.00	Total cost to be allocated	0	148,475	178,617	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	1.003352	0.036650	0.000000	0.000000	0.000000	22.00
Cost Center Description		ADMITTING (GROSS REVENUE)	SHARED ADMINISTRATIV E & GENERAL (TOTAL COST)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	1,942,039	0	0	193,253	95	95	1.00
2.00	Skilled Nursing Care	0	0	0	3,653,921	0	0	2.00
3.00	Physical Therapy	0	0	0	2,253,527	0	0	3.00
4.00	Occupational Therapy	0	0	0	731,137	0	0	4.00
5.00	Speech Pathology	0	0	0	273,018	0	0	5.00
6.00	Medical Social Services	0	0	0	20,103	0	0	6.00
7.00	Home Health Aide	0	0	0	143,361	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)	1,942,039	0		7,268,320	95	95	20.00
21.00	Total cost to be allocated	4,465	0		2,291,658	0	4,137	21.00
22.00	Unit cost multiplier	0.002299	0.000000		0.315294	0.000000	43.547368	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 pmHome Health
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSNG HRS)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	95	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)	0	95	0	0	0	0	20.00
21.00	Total cost to be allocated	0	1,319	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	13.884211	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	21.00	
1.00	Administrative and General	0	336	1,942,039	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)	0	336	1,942,039	0	0	0	20.00
21.00	Total cost to be allocated	0	69	6,578	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.205357	0.003387	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 pmHome Health
Agency I

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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)		
		SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)			
		22.00			
1.00	Administrative and General	0	0		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0		20.00
21.00	Total cost to be allocated	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 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	4,943,505		4,943,505	13,941	354.60	1.00
2.00	Physical Therapy	3.00	3,048,867	0	3,048,867	12,029	253.46	2.00
3.00	Occupational Therapy	4.00	989,178	0	989,178	3,836	257.87	3.00
4.00	Speech Pathology	5.00	369,375	0	369,375	1,076	343.29	4.00
5.00	Medical Social Services	6.00	27,198		27,198	88	309.07	5.00
6.00	Home Health Aide	7.00	193,958		193,958	1,277	151.89	6.00
7.00	Total (sum of lines 1-6)		9,572,081	0	9,572,081	32,247		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Program Visits				
				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	56			8.00
8.01	Skilled Nursing Care		16580	0	2,657			8.01
8.02	Skilled Nursing Care		19180	0	1,155			8.02
8.03	Skilled Nursing Care		19500	0	30			8.03
8.04	Skilled Nursing Care		99914	0	812			8.04
9.00	Physical Therapy		14010	0	72			9.00
9.01	Physical Therapy		16580	0	2,549			9.01
9.02	Physical Therapy		19180	0	1,147			9.02
9.03	Physical Therapy		19500	0	7			9.03
9.04	Physical Therapy		99914	0	463			9.04
10.00	Occupational Therapy		14010	0	6			10.00
10.01	Occupational Therapy		16580	0	884			10.01
10.02	Occupational Therapy		19180	0	401			10.02
10.03	Occupational Therapy		19500	0	1			10.03
10.04	Occupational Therapy		99914	0	138			10.04
11.00	Speech Pathology		14010	0	1			11.00
11.01	Speech Pathology		16580	0	128			11.01
11.02	Speech Pathology		19180	0	58			11.02
11.03	Speech Pathology		19500	0	0			11.03
11.04	Speech Pathology		99914	0	42			11.04
12.00	Medical Social Services		14010	0	0			12.00
12.01	Medical Social Services		16580	0	24			12.01
12.02	Medical Social Services		19180	0	5			12.02
12.03	Medical Social Services		19500	0	0			12.03
12.04	Medical Social Services		99914	0	2			12.04
13.00	Home Health Aide		14010	0	8			13.00
13.01	Home Health Aide		16580	0	376			13.01
13.02	Home Health Aide		19180	0	65			13.02
13.03	Home Health Aide		19500	0	0			13.03
13.04	Home Health Aide		99914	0	144			13.04
14.00	Total (sum of lines 8-13)			0	11,231			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pm

				Title XVIII		Home Health Agency I	5/29/2019 4:31 PM 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 Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description		Program Visits			Cost of Services				
		Part B							
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Part B			
							Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	4,710		0	1,670,166		1.00	
2.00	Physical Therapy	0	4,238		0	1,074,163		2.00	
3.00	Occupational Therapy	0	1,430		0	368,754		3.00	
4.00	Speech Pathology	0	229		0	78,613		4.00	
5.00	Medical Social Services	0	31		0	9,581		5.00	
6.00	Home Health Aide	0	593		0	90,071		6.00	
7.00	Total (sum of lines 1-6)	0	11,231		0	3,291,348		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	
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	
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	
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	
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	
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	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Title XVIII

Home Health
Agency I

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	0	0	0	0	0	15.00	
16.00	Cost of Drugs		100	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	1,670,166							1.00
2.00	Physical Therapy	1,074,163							2.00
3.00	Occupational Therapy	368,754							3.00
4.00	Speech Pathology	78,613							4.00
5.00	Medical Social Services	9,581							5.00
6.00	Home Health Aide	90,071							6.00
7.00	Total (sum of lines 1-6)	3,291,348							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
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
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
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
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
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
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 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	0.334173	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	0.231127	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.184796	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 HHA CCN: 14-7241	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2019 4:31 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	100	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	100	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	100	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	3,428	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	-3,428	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,481,267	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	36,961	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	72,048	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	10,844	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	8,458	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,606,150	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,606,150	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,606,150	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,606,150	29.00
30.00	ADJ	0	102	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	2,606,252	31.00
31.01	Sequestration adjustment (see instructions)	0	52,125	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	2,554,127	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0091 HHA CCN: 14-7241		Period: From 01/01/2018 To 12/31/2018		Worksheet H-5 Date/Time Prepared: 5/29/2019 4:31 pm	
				Home 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		2,554,127	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		2,554,127	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		2,554,127	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: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 4:31 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*	408,079	4,413,425	4,821,504	-807,170	4,014,334
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	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	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,460,414	426,019	1,886,433	0	1,886,433
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	165,941	61,638	227,579	0	227,579
34.00	SPIRITUAL COUNSELING**	0	0	0	0	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**	217,071	134,214	351,285	0	351,285
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	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 *	51,660	26,354	78,014	0	78,014
61.00	VOLUNTEER PROGRAM *	28,766	7,869	36,635	0	36,635
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	2,331,931	5,069,519	7,401,450	-807,170	6,594,280

* 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: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 4:31 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		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*	-29,810	3,984,524		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	1,886,433		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	227,579		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	351,285		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
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	78,014		60.00
61.00	VOLUNTEER PROGRAM *	0	36,635		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	-29,810	6,564,470		100.00

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

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

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

Provider CCN: 14-0091

Period:

Worksheet 0-2

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 4:31 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						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	1,426,559	416,143	1,842,702	0	1,842,702	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	162,095	60,209	222,304	0	222,304	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	212,039	131,102	343,141	0	343,141	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 *	1,800,693	607,454	2,408,147	0	2,408,147	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,842,702	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	222,304	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	343,141	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	2,408,147	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: 14-0091

Period:

Worksheet 0-3

Hospice CCN: 14-1526

From 01/01/2018

To 12/31/2018

Date/Time Prepared:
5/29/2019 4:31 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	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	1,192	348	1,540	0	1,540	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	135	50	185	0	185	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	177	110	287	0	287	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 *	1,504	508	2,012	0	2,012	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	1,540	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	185	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	287	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	2,012	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: 14-0091

Period:

Worksheet 0-4

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 4:31 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	32,663	9,528	42,191	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	3,711	1,379	5,090	33.00
34.00	SPIRITUAL COUNSELING	0	0	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 & HOMEMAKER SERVICES	4,855	3,002	7,857	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	0	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 *	41,229	13,909	55,138	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	42,191	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	5,090	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	7,857	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	55,138	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: 14-0091

Period:

Worksheet 0-5

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 4:31 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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	85,110	85,110	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	83,209	83,209	3.00
4.00	ADMINISTRATIVE & GENERAL	3,984,524	2,162,409	6,146,933	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	4,137	4,137	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	1,319	1,319	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	44,356	44,356	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	70,645	70,645	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,408,147	0	2,408,147	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,012	0	2,012	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	55,138	0	55,138	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	78,014	0	78,014	60.00
61.00	VOLUNTEER PROGRAM	36,635	0	36,635	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	6,564,470	2,451,185	9,015,655	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	85,110		85,110			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	83,209	0	0	83,209		3.00
4.00	ADMINISTRATIVE & GENERAL	6,146,933	0	85,110	69,510	6,301,553	4.00
5.00	PLANT OPERATION & MAINTENANCE	4,137	0	0	0	4,137	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	1,319	0	0	0	1,319	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	44,356	0	0	0	44,356	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	70,645	0	0	0	70,645	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	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	2,408,147			0	2,408,147	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,012	0	0	0	2,012	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	55,138	0	0	0	55,138	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	78,014	0	0	8,799	86,813	60.00
61.00	VOLUNTEER PROGRAM	36,635	0	0	4,900	41,535	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	0	99.00
100.00	TOTAL	9,015,655	0	85,110	83,209	9,015,655	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS				Provider CCN: 14-0091 Hospice CCN: 14-1526		Period: From 01/01/2018 To 12/31/2018		Worksheet 0-6 Part I Date/Time Prepared: 5/29/2019 4:31 pm	
Descriptions				ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
				4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT								1.00
2.00	CAP REL COSTS-MVBLE EQUIP								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMINISTRATIVE & GENERAL	6,301,553							4.00
5.00	PLANT OPERATION & MAINTENANCE	9,605	13,742						5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0				6.00
7.00	HOUSEKEEPING	3,062	145				4,526		7.00
8.00	DIETARY	0	0				0	0	8.00
9.00	NURSING ADMINISTRATION	0	0				0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				0		10.00
11.00	MEDICAL RECORDS	102,985	1,157				385		11.00
12.00	STAFF TRANSPORTATION	0	0				0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0				0		13.00
14.00	PHARMACY	164,022	0				0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				0		15.00
16.00	OTHER GENERAL SERVICE	0	0				0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0				0		17.00
LEVEL OF CARE									
50.00	HOSPICE CONTINUOUS HOME CARE	0							50.00
51.00	HOSPICE ROUTINE HOME CARE	5,591,194							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,671	0		0		0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	128,018	0		0		0	0	53.00
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM	201,561	6,799				2,263		60.00
61.00	VOLUNTEER PROGRAM	96,435	5,641				1,878		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		99.00
100.00	TOTAL	6,301,553	13,742		0		4,526	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pm

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	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		148,883			11.00
12.00	STAFF TRANSPORTATION	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						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	145,431	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	122	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	3,330	0	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	0	0	0	0	0	99.00
100.00	TOTAL	0	0	148,883	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/29/2019 4:31 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
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	234,667					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	234,667	0	0		8,379,439	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	6,805	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	186,486	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		297,436	60.00
61.00	VOLUNTEER PROGRAM	0		0		145,489	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		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	0	99.00
100.00	TOTAL	234,667	0	0	0	9,015,655	100.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 pm

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	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		84,826				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	488,505			3.00
4.00	ADMINISTRATIVE & GENERAL	0	84,826	408,079	-6,301,553	2,714,102	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	4,137	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	1,319	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	44,356	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	70,645	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	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			0	0	2,408,147	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	2,012	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	55,138	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	51,660	0	86,813	60.00
61.00	VOLUNTEER PROGRAM	0	0	28,766	0	41,535	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)	0	85,110	83,209		6,301,553	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.003348	0.170334		2.321782	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING 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	95					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	1		94			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	8		8		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	47		47		0	60.00
61.00	VOLUNTEER PROGRAM	39		39		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	13,742	0	4,526	0	0	100.00
101.00	UNIT COST MULTIPLIER	144.652632	0.000000	48.148936	0.000000	0.000000	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATIO N (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		46,545				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	3,770	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	45,466	0	0	3,770	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	38	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,041	0	0	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	148,883	0	0	234,667	100.00
101.00	UNIT COST MULTIPLIER	0.000000	3.198689	0.000000	0.000000	62.245889	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/29/2019 4:31 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
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		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-7
		Hospice CCN: 14-1526	Date/Time Prepared: 5/29/2019 4:31 pm	

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.334173	0	10,828,183	9,283	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	0.184796	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.083951	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.231127	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	ACUTE DIALYSIS	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.423905	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.732782	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
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	1,099,931	0	3,618,486	3,102	367,567	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						9.00
10.00	ACUTE DIALYSIS	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
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	3,618,486	3,102	367,567	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0091

Period:

Worksheet 0-8

Hospice CCN: 14-1526

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 4:31 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)			11,997,925	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			45,466	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			263.89	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	39,799	2,165		9.00
10.00	Program cost (line 8 times line 9)	10,502,558	571,322		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)			9,907	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)			260.71	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	28	0		14.00
15.00	Program cost (line 13 times line 14)	7,300	0		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)			554,053	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,041	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			532.23	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	741	127		19.00
20.00	Program cost (line 18 times line 19)	394,382	67,593		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			12,561,885	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			46,545	22.00
23.00	Average cost per diem (line 21 divided by line 22)			269.89	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 4:31 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,865,531	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		170,761	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)		295.01	3.00
4.00	Number of interns & residents (see instructions)		58.05	4.00
5.00	Indirect medical education percentage (see instructions)		5.71	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)		277,822	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.07	8.00
9.00	Sum of lines 7 and 8		35.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.42	10.00
11.00	Disproportionate share adjustment (see instructions)		361,022	11.00
12.00	Total prospective capital payments (see instructions)		5,675,136	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