

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

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

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

Provider CCN: 14-0122

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

Worksheet 5
Parts I-III
Date/Time Prepared:
5/28/2019 6:48 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 5/28/2019	Time: 6:48 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter 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 ADVENTIST HINSDALE HOSPITAL (14-0122) 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.

Encryption Information

ECR: Date: 5/28/2019 Time: 6:48 am

14PB8Nwo0JUDrC4HjD41A:1:hNxy0

6I:1m0uThSdhpDD5viVoEUMn1ESUSy

KKAJ1vPgfl0Ha71w

PI: Date: 5/28/2019 Time: 6:48 am

WJX.dbSKVzyjUF6Abed1vuN1mv20w0

cmL0C0x1XXZZqmo105mv3HOZ732:VF

.MiI0C6y8e0CqDFT

(Signed)

Officer or Administrator of Provider(s)

VP/CFO

Title

Date

5/28/19

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	416,679	-138,928	0	0	1.00
2.00 Subprovider - IPF	0	777	-450		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	417,456	-139,378	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.

Health Financial Systems

ADVENTIST HINSDALE HOSPITAL

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0122		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:48 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 120 NORTH OAK STREET			PO Box:				1.00		
2.00	City: HINSDALE			State: IL		Zip Code: 60521-		County: DUPAGE		
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
				1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N P O	
4.00	Subprovider - IPF			HINSDALE HOSPITAL PSYCH SUB	145122	16974	4	01/01/1984	N P O	
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA			HEALTH CARE AT HOME	147207	16974		01/01/1994	N P N	
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice			ST THOMAS HOSPICE	141507	16974		01/01/2004		
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018	20.00	
21.00	Type of Control (see instructions)						1		21.00	
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						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	Y	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00	
					In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
					1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				1,356	2,068	0	9	4,397	155

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
5/28/2019 6:48 am

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.33	27.27	0.046503	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.50	24.51	0.057670	67.00
				1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	71.00
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.			N			75.00
76.00	If line 75 is yes: column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:48 am	
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				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	

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,521,035	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.	Y		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013	140.00

1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVENTHEALTH	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001	
142.00	Street: 900 HOPE WAY	PO Box:			
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714	
					1.00
144.00	Are provider based physicians' costs included in worksheet A?				Y
					1.00
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N
					1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N
		Name 0	County 1.00	State 2.00	Zip Code 3.00
					CBSA 4.00
					FTE/Campus 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
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99169.00
		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)				10/01/2017 09/30/2018
		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

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
			Date	Date
				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
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	04/01/2019	Y
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
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

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	
		1.00	2.00	
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?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE	THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTHEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338	MIKE.M.THOMPSON@ADVENTHEALTH.COM	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	186	67,890	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)		186	67,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,170	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		244	89,060	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		261				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		10	3,650			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: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,482	269	35,650			1.00
2.00 HMO and other (see instructions)	4,138	6,629				2.00
3.00 HMO IPF Subprovider	101	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,482	269	35,650			7.00
8.00 INTENSIVE CARE UNIT	1,832	897	10,411			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		178	5,250			13.00
14.00 Total (see instructions)	16,314	1,344	51,311	26.01	1,857.92	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	517	178	4,081	0.00	42.80	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	27,956	0	39,435	0.00	22.87	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	26,678	0	27,146	0.00	30.51	24.00
24.10 HOSPICE (non-distinct part)			274			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				26.01	1,954.10	27.00
28.00 Observation Bed Days		87	3,968			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	12	444			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			950			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: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Component		Full Time	Discharges			5/28/2019 6:48 am	
		Equivalents	Title V	Title XVIII	Title XIX	Total All Patients	
		Nonpaid Workers					
		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	3,566	250	10,966	1.00
2.00	HMO and other (see instructions)			829	847		2.00
3.00	HMO IPF Subprovider				148		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,566	250	10,966	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	77	40	805	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 6:48 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	92,020,485	254,771	92,275,256	4,066,922.00	22.69 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		1,066,854	0	1,066,854	10,320.00	103.38 4.00
4.01	Physicians - Part A - Teaching		449,298	0	449,298	4,569.00	98.34 4.01
5.00	Physician and Non-Physician-Part B		240,731	0	240,731	2,080.00	115.74 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	1,584,255	0	1,584,255	55,336.00	28.63 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)		9,675,283	0	9,675,283	231,228.00	41.84 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		389,989	0	389,989	6,132.00	63.60 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		107,327	0	107,327	724.00	148.24 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		10,730,966	0	10,730,966	196,083.00	54.73 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)		17,422,046	0	17,422,046		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,276,133	0	2,276,133		
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		198,576	0	198,576		
22.01	Physician Part A - Teaching		109,607	0	109,607		
23.00	Physician Part B		52,445	0	52,445		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		359,784	0	359,784		
25.50	Home office wage-related (core)		2,895,159	0	2,895,159		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-254,771	254,771	0	0.00	0.00 26.00
27.00	Administrative & General	5.00	7,996,448	-2,641,243	5,355,205	391,502.00	13.68 27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 6:48 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	74,220	0	74,220	424.00	175.05	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,072,758	0	2,072,758	120,183.00	17.25
31.00	Laundry & Linen Service	8.00	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	2,831,846	0	2,831,846	183,886.00	15.40	33.00
34.00	Dietary	10.00	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	2,632,905	0	2,632,905	105,295.00	25.01	35.00
36.00	Cafeteria	11.00	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,044,759	0	2,044,759	55,345.00	36.95
39.00	Central Services and Supply	14.00	841,007	-141	840,866	60,502.00	13.90
40.00	Pharmacy	15.00	3,395,902	1,538,805	4,934,707	168,718.00	29.25
41.00	Medical Records & Medical Records Library	16.00	436,904	0	436,904	30,020.00	14.55
42.00	Social Service	17.00	856,847	0	856,847	25,098.00	34.14
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 6:48 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	95,285,172	254,771	95,539,943	4,294,542.00	22.25	1.00
2.00	Excluded area salaries (see instructions)	9,675,283	0	9,675,283	231,228.00	41.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,609,889	254,771	85,864,660	4,063,314.00	21.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,228,282	0	11,228,282	202,939.00	55.33	4.00
5.00	Subtotal wage-related costs (see inst.)	20,515,781	0	20,515,781	0.00	23.89	5.00
6.00	Total (sum of lines 3 thru 5)	117,353,952	254,771	117,608,723	4,266,253.00	27.57	6.00
7.00	Total overhead cost (see instructions)	22,928,825	-847,808	22,081,017	1,140,973.00	19.35	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,444,472	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)	10,114,433	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)	33,693	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	884,264	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	6,679,543	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	154,458	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	107,728	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,418,591	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: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part V
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	389,989	20,418,591	1.00
2.00	Hospital	389,989	20,418,591	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

MCRI32 - 15.5.166.1

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0122

Period:
From 01/01/2018

Worksheet S-9

Hospice CCN: 14-1507

To 12/31/2018

PARTS I THROUGH IV

Date/Time Prepared:

5/28/2019 6:48 am

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

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

					Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
					1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
10.00	Hospice Continuous Home Care				0	0	0	0	10.00
11.00	Hospice Routine Home Care				25,841	181	118	26,140	11.00
12.00	Hospice Inpatient Respite Care				6	0	0	6	12.00
13.00	Hospice General Inpatient Care				831	0	169	1,000	13.00
14.00	Total Hospice Days				26,678	181	287	27,146	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: 14-0122

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

Worksheet S-10

Date/Time Prepared:
5/28/2019 6:48 am

				1.00	
	Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.262690	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			11,084,866	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			95,892,067	6.00
7.00	Medicaid cost (line 1 times line 6)			25,189,887	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)			14,105,021	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			34,403	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			14,105,021	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)	4,961,881	558,769	5,520,650	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,303,437	558,769	1,862,206	21.00
22.00	Payments received from patients for amounts previously written off as charity care	81,230	78,907	160,137	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,222,207	479,862	1,702,069	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)			5,754,689	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			224,890	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			345,985	27.01
28.00	Non-Medicare bad debt expense (see instructions)			5,408,704	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,541,907	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,243,976	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,348,997	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	17,951,349	17,951,349	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	10,164,409	10,164,409	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-254,771	13,941,087	13,686,316	0	4.00
5.01	00590	SHARED SERVICES	3,298,872	335,518	3,634,390	35,090	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	4,697,576	69,996,056	74,693,632	-3,793,959	5.03
7.00	00700	OPERATION OF PLANT	2,072,758	7,799,891	9,872,649	-40,895	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	730,841	8.00
9.00	00900	HOUSEKEEPING	0	4,198,949	4,198,949	-736,871	9.00
10.00	01000	DIETARY	0	4,051,896	4,051,896	-2,870,028	10.00
11.00	01100	CAFETERIA	0	0	0	2,869,636	11.00
13.00	01300	NURSING ADMINISTRATION	2,044,759	750,846	2,795,605	-274,205	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	841,007	-4,732,018	-3,891,011	4,002,956	14.00
15.00	01500	PHARMACY	3,395,902	36,996,994	40,392,896	-34,633,266	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	436,904	308,451	745,355	-110	16.00
17.00	01700	SOCIAL SERVICE	856,847	142,883	999,730	-77	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,584,255	183,097	1,767,352	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,946,375	866,245	2,812,620	-1,070	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,053,848	4,366,632	23,420,480	-6,606,250	30.00
31.00	03100	INTENSIVE CARE UNIT	7,057,426	3,296,354	10,353,780	-758,842	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,874,977	246,981	2,121,958	-12,028	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	854	507	1,361	1,489,067	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,484,451	25,333,170	31,817,621	-19,626,407	50.00
51.00	05100	RECOVERY ROOM	876,845	99,334	976,179	-31,903	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,971,156	52.00
53.00	05300	ANESTHESIOLOGY	208,673	3,279,961	3,488,634	-450,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,138,870	4,356,573	8,495,443	-3,888,885	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,505,292	253,446	1,758,738	531,891	55.00
56.00	05600	RADIOISOTOPE	204,503	14,838	219,341	29,772	56.00
57.00	05700	CT SCAN	573,664	164,371	738,035	414,206	57.00
58.00	05800	MRI	754,076	239,324	993,400	108,884	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,050,701	6,734,881	7,785,582	-5,361,711	59.00
60.00	06000	LABORATORY	5,724,659	7,240,371	12,965,030	-3,098,419	60.00
65.00	06500	RESPIRATORY THERAPY	2,456,871	1,127,313	3,584,184	-442,434	65.00
66.00	06600	PHYSICAL THERAPY	900,649	1,708,589	2,609,238	-138,374	66.00
67.00	06700	OCCUPATIONAL THERAPY	501,883	37,073	538,956	-123	67.00
68.00	06800	SPEECH PATHOLOGY	153,350	12,810	166,160	0	68.00
69.00	06900	ELECTROCARDIOLOGY	559,987	319,672	879,659	-60,060	69.00
69.01	06901	CARDIAC REHAB	347,818	28,285	376,103	-1,337	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	389,138	867,474	1,256,612	-32,692	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	15,513,047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,758,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	36,199,958	73.00
74.00	07400	RENAL DIALYSIS	0	577,073	577,073	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	763,125	347,788	1,110,913	283,099	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,281,944	979,564	4,261,508	-83,538	90.00
90.01	09001	WOODRIDGE	11,904	1,449,968	1,461,872	-1,357,303	90.01
91.00	09100	EMERGENCY	3,415,848	1,499,624	4,915,472	-494,912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,582	576	9,158	57	92.01
93.00	04040	PARTIAL HOSP	999,757	497,348	1,497,105	-364,247	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,671,303	1,097,529	5,768,832	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		23,879,858	23,879,858	-23,824,589	113.00
116.00	11600	HOSPICE	2,064,769	1,471,077	3,535,846	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,956,251	226,368,259	317,324,510	68,936	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	199,577	162,919	362,496	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,471	629,171	638,642	-62,671	192.00
194.00	07950	FOUNDATION	292,691	106,834	399,525	-10	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	543,657	4,300,352	4,844,009	-5,590	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	18,838	285,598	304,436	-665	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	92,020,485	231,853,133	323,873,618	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,160	17,959,509	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,135,689	11,300,098	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,006,869	12,679,447	4.00
5.01	00590	SHARED SERVICES	-103,394	3,566,086	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,509,535	60,390,138	5.03
7.00	00700	OPERATION OF PLANT	-269,050	9,562,704	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	730,841	8.00
9.00	00900	HOUSEKEEPING	0	3,462,078	9.00
10.00	01000	DIETARY	-899,401	282,467	10.00
11.00	01100	CAFETERIA	0	2,869,636	11.00
13.00	01300	NURSING ADMINISTRATION	-93,136	2,428,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,916	108,029	14.00
15.00	01500	PHARMACY	-217	5,759,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	149,233	894,478	16.00
17.00	01700	SOCIAL SERVICE	-162,983	836,670	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-5,388	1,761,964	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,407,502	1,404,048	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,701,932	15,112,298	30.00
31.00	03100	INTENSIVE CARE UNIT	-691,834	8,903,104	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	2,109,930	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,490,428	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-56,619	12,134,595	50.00
51.00	05100	RECOVERY ROOM	0	944,276	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,971,156	52.00
53.00	05300	ANESTHESIOLOGY	-2,791,219	246,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-353,424	4,253,134	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-101,582	2,189,047	55.00
56.00	05600	RADIOISOTOPE	0	249,113	56.00
57.00	05700	CT SCAN	-42	1,152,199	57.00
58.00	05800	MRI	0	1,102,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	-833,081	1,590,790	59.00
60.00	06000	LABORATORY	-27,799	9,838,812	60.00
65.00	06500	RESPIRATORY THERAPY	-7,750	3,134,000	65.00
66.00	06600	PHYSICAL THERAPY	-3,693	2,467,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	-717	538,116	67.00
68.00	06800	SPEECH PATHOLOGY	-80	166,080	68.00
69.00	06900	ELECTROCARDIOLOGY	-200,021	619,578	69.00
69.01	06901	CARDIAC REHAB	-316	374,450	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-14,557	1,209,363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,668	15,511,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-3,696	14,754,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-54,629	36,145,329	73.00
74.00	07400	RENAL DIALYSIS	85,818	662,891	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,394,012	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-267,429	3,910,541	90.00
90.01	09001	WOODRIDGE	-636,856	-532,287	90.01
91.00	09100	EMERGENCY	-434,703	3,985,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	9,215	92.01
93.00	04040	PARTIAL HOSP	-55,005	1,077,853	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	648,572	6,417,404	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-55,269	0	113.00
116.00	11600	HOSPICE	9,541	3,545,387	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-20,718,299	296,675,147	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	362,496	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-15,168	560,803	192.00
194.00	07950	FOUNDATION	0	399,515	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	4,838,419	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	303,771	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-20,733,467	303,140,151	200.00

		Increases			
		Cost Center	Line #	Salary	
		2.00	3.00	4.00	
				Other	5.00
A - CAFETERIA					
1.00	CAFETERIA		11.00	0	2,869,636
	0			0	2,869,636
B - NURSERY					
1.00	NURSERY		43.00	1,178,650	310,830
2.00	DELIVERY ROOM & LABOR ROOM		52.00	3,141,847	829,309
	0			4,320,497	1,140,139
C - RECRUITMENT BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	11,000	0
	0			11,000	0
D - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS		73.00	0	36,199,958
2.00	LABORATORY		60.00	0	1,883
3.00	RESPIRATORY THERAPY		65.00	0	8
4.00			0.00	0	0
5.00			0.00	0	0
6.00			0.00	0	0
7.00			0.00	0	0
8.00			0.00	0	0
9.00			0.00	0	0
10.00			0.00	0	0
11.00			0.00	0	0
12.00			0.00	0	0
13.00			0.00	0	0
14.00			0.00	0	0
15.00			0.00	0	0
16.00			0.00	0	0
	0			0	36,201,849
E - LINEN					
1.00	LAUNDRY & LINEN SERVICE		8.00	0	730,841
2.00			0.00	0	0
3.00			0.00	0	0
	0			0	730,841
F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	12,136,507
2.00	CAP REL COSTS-MVBLE EQUIP		2.00	0	8,523,960
3.00			0.00	0	0
4.00			0.00	0	0
5.00			0.00	0	0
6.00			0.00	0	0
7.00			0.00	0	0
8.00			0.00	0	0
9.00			0.00	0	0
10.00			0.00	0	0
11.00			0.00	0	0
12.00			0.00	0	0
13.00			0.00	0	0
14.00			0.00	0	0
15.00			0.00	0	0
16.00			0.00	0	0
	0			0	20,660,467
G - MISCELLANEOUS					
1.00	CENTRAL SERVICES & SUPPLY		14.00	0	291,495
2.00	RADIOLOGY-DIAGNOSTIC		54.00	141	0
3.00			0.00	0	0
4.00			0.00	0	0
5.00			0.00	0	0
	0			141	291,495
H - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	389,538
	0			0	389,538
I - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	1,304,608
2.00	CAP REL COSTS-MVBLE EQUIP		2.00	0	1,213,484
3.00	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	34,919
4.00	INTENSIVE CARE UNIT		31.00	0	250
5.00			0.00	0	0
6.00			0.00	0	0
7.00			0.00	0	0
8.00			0.00	0	0
9.00			0.00	0	0
10.00			0.00	0	0
11.00			0.00	0	0

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
0			0	2,553,261		
J - PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	467,848		1.00
2.00		0.00	0	0		2.00
0			0	467,848		
K - BILLABLE SUPPLIES						
1.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,422		1.00
2.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	57		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,513,047		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
0			0	15,515,526		
L - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,652,848		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	426,965		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	74,796		3.00
TOTALS			0	4,154,609		
M - ACI DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	408,779	133,442		1.00
2.00	CT SCAN	57.00	96,263	31,424		2.00
3.00	PHARMACY	15.00	1,538,805	502,328		3.00
4.00	HEART AND VASCULAR CNTR	76.01	358,743	117,108		4.00
5.00	CLINIC	90.00	238,653	77,906		5.00
0			2,641,243	862,208		
N - IMPLANTIBLES						
1.00	SHARED SERVICES	5.01	0	37,058		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,003,905		2.00
3.00	SUBPROVIDER - IPF	40.00	0	2		3.00
4.00	CLINIC	90.00	0	31,350		4.00

Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00	
5.00	IMPL. DEV. CHARGED TO	72.00	0	14,758,556	5.00
	PATIENTS				
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
			0	19,830,871	
P - RADIOLOGY ADMIN					
1.00	RADIOISOTOPE	56.00	21,451	9,386	1.00
2.00	CT SCAN	57.00	281,927	123,363	2.00
3.00	MRI	58.00	135,863	59,450	3.00
			439,241	192,199	
Q - CLEAR NEGATIVE SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	243,771	0	1.00
	TOTALS		243,771	0	
500.00	Grand Total: Increases		7,655,893	105,860,487	500.00

		Decreases					
Cost Center		Line #	Salary	Other	wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	0	2,869,636	0		1.00
	0		0	2,869,636			
B - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	4,320,497	1,140,139	0		1.00
2.00		0.00	0	0	0		2.00
	0		4,320,497	1,140,139			
C - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,000	0		1.00
	0		0	11,000			
D - BILLABLE DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,189	0		1.00
2.00	PHARMACY	15.00	0	35,869,692	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3,919	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,340	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	1	0		5.00
6.00	OPERATING ROOM	50.00	0	21,292	0		6.00
7.00	RECOVERY ROOM	51.00	0	20	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	100,649	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	562	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	106	0		10.00
11.00	RADIOISOTOPE	56.00	0	39	0		11.00
12.00	CT SCAN	57.00	0	408	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,220	0		13.00
14.00	HEART AND VASCULAR CNTR	76.01	0	14	0		14.00
15.00	CLINIC	90.00	0	171,840	0		15.00
16.00	EMERGENCY	91.00	0	1,558	0		16.00
	0		0	36,201,849			
E - LINEN							
1.00	HOUSEKEEPING	9.00	0	722,807	0		1.00
2.00	HEART AND VASCULAR CNTR	76.01	0	3,197	0		2.00
3.00	MRI	58.00	0	4,837	0		3.00
	0		0	730,841			
F - DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	10,685	9		1.00
2.00	OPERATION OF PLANT	7.00	0	24,087	9		2.00
3.00	HOUSEKEEPING	9.00	0	11,531	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4,832	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	8,948	0		5.00
6.00	OPERATING ROOM	50.00	0	342,576	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	91,704	0		7.00
8.00	MRI	58.00	0	36,058	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	5,088	0		9.00
10.00	LABORATORY	60.00	0	9,063	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	37,991	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,797	0		12.00
13.00	HEART AND VASCULAR CNTR	76.01	0	14,298	0		13.00
14.00	WOODRIDGE	90.01	0	657,250	0		14.00
15.00	INTEREST EXPENSE	113.00	0	19,403,894	0		15.00
16.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	665	0		16.00
	0		0	20,660,467			
G - MISCELLANEOUS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	141	0	0		1.00
2.00	OPERATING ROOM	50.00	0	280,779	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,133	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	22	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	4,561	0		5.00
	0		141	291,495			
H - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	389,538	12		1.00
	0		0	389,538			
I - RENT AND LEASES							
1.00	SHARED SERVICES	5.01	0	1,968	10		1.00
2.00	OPERATION OF PLANT	7.00	0	16,808	10		2.00
3.00	HOUSEKEEPING	9.00	0	2,533	0		3.00
4.00	DIETARY	10.00	0	392	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	274,205	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	54,733	0		6.00
7.00	PHARMACY	15.00	0	530,241	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	110	0		8.00
9.00	SOCIAL SERVICE	17.00	0	77	0		9.00

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
10.00	I&R SERVICES-OTHER PRGM	22.00	0	1,070	0		10.00
	COSTS APPRV						
11.00	ADULTS & PEDIATRICS	30.00	0	3,739	0		11.00
12.00	OPERATING ROOM	50.00	0	3,746	0		12.00
13.00	RECOVERY ROOM	51.00	0	42	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	1,674	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,020	0		15.00
16.00	RADIOISOTOPE	56.00	0	76	0		16.00
17.00	CT SCAN	57.00	0	80	0		17.00
18.00	MRI	58.00	0	60	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,558	0		19.00
20.00	LABORATORY	60.00	0	298,176	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	109,376	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	135,823	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	866	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,638	0		24.00
25.00	HEART AND VASCULAR CNTR	76.01	0	152,327	0		25.00
26.00	CLINIC	90.00	0	3,356	0		26.00
27.00	WOODRIDGE	90.01	0	498,291	0		27.00
28.00	EMERGENCY	91.00	0	3,941	0		28.00
29.00	PARTIAL HOSP	93.00	0	357,654	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	62,671	0		30.00
31.00	FOUNDATION	194.00	0	10	0		31.00
	0		0	2,553,261			
J - PROPERTY TAX							
1.00	WOODRIDGE	90.01	0	201,762	13		1.00
2.00	INTEREST EXPENSE	113.00	0	266,086	0		2.00
	0		0	467,848			
K - BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,208,381	0		1.00
2.00	PHARMACY	15.00	0	274,466	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,128,009	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	757,739	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	3,081	0		5.00
6.00	NURSERY	43.00	0	413	0		6.00
7.00	OPERATING ROOM	50.00	0	4,499,191	0		7.00
8.00	RECOVERY ROOM	51.00	0	31,841	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	348,059	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,376,515	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,202	0		11.00
12.00	RADIOISOTOPE	56.00	0	950	0		12.00
13.00	CT SCAN	57.00	0	118,283	0		13.00
14.00	MRI	58.00	0	45,474	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,781,526	0		15.00
16.00	LABORATORY	60.00	0	2,793,063	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	333,066	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,551	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	123	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	21,203	0		20.00
21.00	CARDIAC REHAB	69.01	0	1,337	0		21.00
22.00	HEART AND VASCULAR CNTR	76.01	0	22,916	0		22.00
23.00	CLINIC	90.00	0	256,251	0		23.00
24.00	EMERGENCY	91.00	0	488,703	0		24.00
25.00	PARTIAL HOSP	93.00	0	6,593	0		25.00
26.00	OP PHARMACY	194.02	0	5,590	0		26.00
	0		0	15,515,526			
L - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	4,154,609	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	4,154,609			
M - ACI DEPT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	2,641,243	862,208	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		2,641,243	862,208			
N - IMPLANTIBLES							
1.00	ADULTS & PEDIATRICS	30.00	0	5,115	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	13	0		2.00
3.00	OPERATING ROOM	50.00	0	14,478,823	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	121	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 6:48 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,748,652	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	3,566,758	0		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,679	0		7.00
8.00	EMERGENCY	91.00	0	710	0		8.00
0			0	19,830,871			
P - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	439,241	192,199	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
0			439,241	192,199			
Q - CLEAR NEGATIVE SALARIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	243,771	0		1.00
	TOTALS		0	243,771			
500.00	Grand Total: Decreases		7,401,122	106,115,258			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part I
Date/Time Prepared:
5/28/2019 6:48 am

		Beginning Balances 1.00	Acquisitions			Disposals and Retirements 5.00	
			Purchases 2.00	Donation 3.00	Total 4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,557,010	0	0	0	0	1.00
2.00	Land Improvements	589,414	0	0	0	0	2.00
3.00	Buildings and Fixtures	318,330,504	617,754	0	617,754	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	49,972,364	397,651	0	397,651	0	5.00
6.00	Movable Equipment	124,680,095	0	0	0	1,685,825	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	507,129,387	1,015,405	0	1,015,405	1,685,825	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	507,129,387	1,015,405	0	1,015,405	1,685,825	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,557,010	0				1.00
2.00	Land Improvements	589,414	0				2.00
3.00	Buildings and Fixtures	318,948,258	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	50,370,015	0				5.00
6.00	Movable Equipment	122,994,270	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	506,458,967	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	506,458,967	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 6:48 am

5/28/2019 6:48 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part III
Date/Time Prepared:
5/28/2019 6:48 am

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	383,464,696	0	383,464,696	0.757149	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	122,994,270	0	122,994,270	0.242851	0	2.00
3.00	Total (sum of lines 1-2)	506,458,966	0	506,458,966	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	12,612,515	1,304,608	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,659,649	1,213,484	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,272,164	2,518,092	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	3,652,848	389,538	0	0	17,959,509	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	426,965	0	0	0	11,300,098	2.00
3.00	Total (sum of lines 1-2)	4,079,813	389,538	0	0	29,259,607	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	wkst. A-7 Ref.	
				Cost Center				
1.00		1.00	2.00	3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-141,026		OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-86,963		OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)			0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,649,977				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	11,673,472				0	12.00
13.00	Laundry and linen service			0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B		0	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00	Sale of drugs to other than patients			0		0.00	0	17.00
18.00	Sale of medical records and abstracts			0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00	Vending machines			0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	OTHER OPERATING REVENUE	B	-885		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

			Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 OTHER OPERATING REVENUE	B	-1,416,668	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.01
33.02 OTHER OPERATING REVENUE	B	-182,140	OPERATION OF PLANT	7.00	0	33.02
33.03 OTHER OPERATING REVENUE	B	-899,401	DIETARY	10.00	0	33.03
33.04 OTHER OPERATING REVENUE	B	-89,336	NURSING ADMINISTRATION	13.00	0	33.04
33.05 OTHER OPERATING REVENUE	B	-2,937	MEDICAL RECORDS & LIBRARY	16.00	0	33.05
33.06 OTHER OPERATING REVENUE	B	-293,048	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.06
33.07 OTHER OPERATING REVENUE	B	-45,527	ADULTS & PEDIATRICS	30.00	0	33.07
33.08 OTHER OPERATING REVENUE	B	-16,955	INTENSIVE CARE UNIT	31.00	0	33.08
33.09 OTHER OPERATING REVENUE	B	-19,638	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10 OTHER OPERATING REVENUE	B	-46,779	CARDIAC CATHETERIZATION	59.00	0	33.10
33.11 OTHER OPERATING REVENUE	B	-9,353	LABORATORY	60.00	0	33.11
33.12 OTHER OPERATING REVENUE	B	-13,000	ELECTROCARDIOLOGY	69.00	0	33.12
33.13 OTHER OPERATING REVENUE	B	-316	CARDIAC REHAB	69.01	0	33.13
33.14 OTHER OPERATING REVENUE	B	85,818	RENAL DIALYSIS	74.00	0	33.14
33.15 OTHER OPERATING REVENUE	B	-55,027	CLINIC	90.00	0	33.15
33.16 OTHER OPERATING REVENUE	B	-636,856	WOODRIDGE	90.01	0	33.16
33.17 OTHER OPERATING REVENUE	B	-43,448	PARTIAL HOSP	93.00	0	33.17
33.18 OTHER OPERATING REVENUE	B	-1,975	HOME HEALTH AGENCY	101.00	0	33.18
33.19 OTHER OPERATING REVENUE	B	93,916	HOSPICE	116.00	0	33.19
33.20 LEGAL	A	-4,956	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.20
33.21 LEGAL	A	-602	PHYSICAL THERAPY	66.00	0	33.21
33.22 LEGAL	A	-15,168	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.22
33.23 NON ALLOWABLE PHYSICIAN FEES	A	316,750	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.23
33.24 NON ALLOWABLE PHYSICIAN FEES	A	-211,030	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.24
33.25 NON ALLOWABLE PHYSICIAN FEES	A	-1,376,636	ADULTS & PEDIATRICS	30.00	0	33.25
33.26 NON ALLOWABLE PHYSICIAN FEES	A	-641,674	INTENSIVE CARE UNIT	31.00	0	33.26
33.27 NON ALLOWABLE PHYSICIAN FEES	A	-2,791,120	ANESTHESIOLOGY	53.00	0	33.27
33.28 NON ALLOWABLE PHYSICIAN FEES	A	-118,950	RADIOLOGY-DIAGNOSTIC	54.00	0	33.28
33.29 NON ALLOWABLE PHYSICIAN FEES	A	-542,551	CARDIAC CATHETERIZATION	59.00	0	33.29
33.30 NON ALLOWABLE PHYSICIAN FEES	A	-47,445	CLINIC	90.00	0	33.30
33.31 NON ALLOWABLE PHYSICIAN FEES	A	-412,052	EMERGENCY	91.00	0	33.31
33.32 ENTERTAINMENT	A	-17	SHARED SERVICES	5.01	0	33.32
33.33 ENTERTAINMENT	A	-14,199	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.33
33.34 ENTERTAINMENT	A	-217	PHARMACY	15.00	0	33.34
33.35 ENTERTAINMENT	A	-1,497	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.35
33.36 ENTERTAINMENT	A	-5,059	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.36
33.37 ENTERTAINMENT	A	-926	ADULTS & PEDIATRICS	30.00	0	33.37
33.38 ENTERTAINMENT	A	-349	INTENSIVE CARE UNIT	31.00	0	33.38
33.39 ENTERTAINMENT	A	-1,081	HOME HEALTH AGENCY	101.00	0	33.39
33.40 AMBULANCE	A	1,388	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.40
33.41 AMBULANCE	A	-3,937	CENTRAL SERVICES & SUPPLY	14.00	0	33.41
33.42 AMBULANCE	A	-32,405	SOCIAL SERVICE	17.00	0	33.42
33.43 AMBULANCE	A	11	ADULTS & PEDIATRICS	30.00	0	33.43
33.44 AMBULANCE	A	231	INTENSIVE CARE UNIT	31.00	0	33.44
33.45 AMBULANCE	A	-1,332	OPERATING ROOM	50.00	0	33.45
33.46 AMBULANCE	A	-37,957	RADIOLOGY-THERAPEUTIC	55.00	0	33.46
33.47 COMMUNITY BENEFIT	A	-17,605	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.47
33.48 COMMUNITY BENEFIT	A	-39,278	SOCIAL SERVICE	17.00	0	33.48
33.49 NON ALLOW GAIN/LOSS	A	-166,216	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.49
33.50 NON ALLOW GAIN/LOSS	A	-30,280	INTEREST EXPENSE	113.00	0	33.50
33.51 CORPORATE SPONSORSHIPS	A	-10,000	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.51
33.52 FEDERAL & STATE INCOME TAX	A	-31,822	INTEREST EXPENSE	113.00	0	33.52
33.53 PROPERTY TAXES	A	-467,848	CAP REL COSTS-BLDG & FIXT	1.00	13	33.53
33.54 PROVIDER TAX	A	-14,692,512	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.54
33.55 MALPRACTICE	A	-2,094,344	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.55

			Expense Classification on worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00			
33.56	MALPRACTICE	A	-426,690	I&R SERVICES-OTHER PRGM	22.00	0	33.56
33.57	ADVERTISING & MARKETING	A	-20,586	COSTS APPRV	5.03	0	33.57
33.58	ADVERTISING & MARKETING	A	-1,506	OTHER ADMINISTRATIVE AND	13.00	0	33.58
33.59	ADVERTISING & MARKETING	A	4,615	GENERAL	16.00	0	33.59
33.60	DUE & LOBBYING	A	-16,544	NURSING ADMINISTRATION	5.01	0	33.60
33.61	DUE & LOBBYING	A	-36,345	MEDICAL RECORDS & LIBRARY	5.03	0	33.61
33.62	DUE & LOBBYING	A	53	SHARED SERVICES	7.00	0	33.62
33.63	DUE & LOBBYING	A	-2,294	OTHER ADMINISTRATIVE AND	13.00	0	33.63
33.64	DUE & LOBBYING	A	21	GENERAL	14.00	0	33.64
33.65	DUE & LOBBYING	A	-481	OPERATION OF PLANT	21.00	0	33.65
33.66	DUE & LOBBYING	A	-7,307	NURSING ADMINISTRATION	22.00	0	33.66
33.67	DUE & LOBBYING	A	-8,594	CENTRAL SERVICES & SUPPLY	59.00	0	33.67
33.68	DUE & LOBBYING	A	-221	I&R SERVICES-SALARY &	60.00	0	33.68
33.69	DUE & LOBBYING	A	-17	FRINGES APPRV	69.00	0	33.69
33.70	DUE & LOBBYING	A	-682	I&R SERVICES-OTHER PRGM	70.00	0	33.70
33.71	DUE & LOBBYING	A	-33	COSTS APPRV	91.00	0	33.71
33.72	DUE & LOBBYING	A	-9	CARDIAC CATHETERIZATION	93.00	0	33.72
33.73	HOSPICE	A	-3,224	LABORATORY	50.00	0	33.73
33.74	HOSPICE	A	-99	ELECTROCARDIOLOGY	53.00	0	33.74
33.75	HOSPICE	A	-1,971	ELECTROENCEPHALOGRAPHY	54.00	0	33.75
33.76	HOSPICE	A	-42	EMERGENCY	57.00	0	33.76
33.77	HOSPICE	A	-1,598	PARTIAL HOSP	60.00	0	33.77
33.78	HOSPICE	A	-7,750	OPERATING ROOM	65.00	0	33.78
33.79	HOSPICE	A	-3,091	ANESTHESIOLOGY	66.00	0	33.79
33.80	HOSPICE	A	-717	RADIOLOGY-DIAGNOSTIC	67.00	0	33.80
33.81	HOSPICE	A	-80	CT SCAN	68.00	0	33.81
33.82	HOSPICE	A	-47	LABORATORY	69.00	0	33.82
33.83	HOSPICE	A	-1,668	RESPIRATORY THERAPY	71.00	0	33.83
33.84	HOSPICE	A	-3,696	PHYSICAL THERAPY	72.00	0	33.84
33.85	HOSPICE	A	-54,629	OCCUPATIONAL THERAPY	73.00	0	33.85
33.86	HOSPICE	A	-1,575	SPEECH PATHOLOGY	91.00	0	33.86
33.87	HOSPICE	A	-278,854	ELECTROCARDIOLOGY	30.00	0	33.87
33.88	HOSPICE	A	-3,087	ELECTROENCEPHALOGRAPHY	31.00	0	33.88
33.89	SELF INSURED ADJUSTMENT	A	-945,901	EMERGENCY	4.00	0	33.89
33.90	NON ALLOWABLE BORROWING	A	-618,084	PATIENTS	113.00	0	33.90
33.91	OTHER ADJUSTMENTS (SPECIFY)	A	0	IMPL. DEV. CHARGED TO	0.00	0	33.91
33.92	OTHER ADJUSTMENTS (SPECIFY)	A	0	PATIENTS	0.00	0	33.92
33.93	OTHER ADJUSTMENTS (SPECIFY)	A	0	DRUGS CHARGED TO PATIENTS	0.00	0	33.93
33.94	OTHER ADJUSTMENTS (SPECIFY)	A	0	EMERGENCY	0.00	0	33.94
33.95	OTHER ADJUSTMENTS (SPECIFY)	A	0	ADULTS & PEDIATRICS	0.00	0	33.95
33.96	OTHER ADJUSTMENTS (SPECIFY)	A	0	INTENSIVE CARE UNIT	0.00	0	33.96
33.97	OTHER ADJUSTMENTS (SPECIFY)	A	0	EMPLOYEE BENEFITS DEPARTMENT	0.00	0	33.97
33.98	OTHER ADJUSTMENTS (SPECIFY)	A	0	INTEREST EXPENSE	0.00	0	33.98
33.99	OTHER ADJUSTMENTS (SPECIFY)	A	0		0.00	0	33.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-20,733,467				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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 6:48 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	343,474	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	1,135,689	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	137	60,220 3.00
3.01	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	15,806,984	10,546,361 3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	147,555	0 3.02
3.03	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	711,461	628,029 3.03
3.04	116.00	HOSPICE	AHS HOME OFFICE	0	84,375 3.04
3.05	113.00	INTEREST EXPENSE	AHS HOME OFFICE	4,772,694	4,147,777 3.05
3.06	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	11,772,670	8,814,976 3.06
3.07	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	894,808	894,808 3.07
3.08	116.00	HOSPICE	AHS HOME OFFICE	112,665	112,665 3.08
4.00	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	76,421	0 4.00
4.04	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	132,534	0 4.04
4.05	5.03	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	2,145,713	1,658,318 4.05
4.06	5.03	OTHER ADMINISTRATIVE AND GEN	MIDWEST SHARED SERVICES	33,024,978	33,024,978 4.06
4.08	101.00	HOME HEALTH AGENCY	LA GRANGE (HINS HHA OFFICE S	568,196	0 4.08
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			71,645,979	59,972,507 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	ADVENTHEALTH	0.00	6.00
7.00	B	0.00	AMITA HEALTH	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: 14-0122

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

worksheet A-8-1

Date/Time Prepared:
5/28/2019 6:48 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	343,474	9		1.00
2.00	1,135,689	9		2.00
3.00	-60,083	0		3.00
3.01	5,260,623	0		3.01
3.02	147,555	0		3.02
3.03	83,432	0		3.03
3.04	-84,375	0		3.04
3.05	624,917	0		3.05
3.06	2,957,694	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
4.00	76,421	0		4.00
4.04	132,534	9		4.04
4.05	487,395	0		4.05
4.06	0	0		4.06
4.08	568,196	0		4.08
5.00	11,673,472			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	HOME OFFICE	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: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 6:48 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	AGGREGATE-SHARED SERVICES	61,673	61,673	0	0	0	1.00
2.00	5.03	AGGREGATE-OTHER ADMINISTRATIVE AND G	46,250	46,250	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	30,000	30,000	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	49,063	49,063	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	63,625	63,625	0	0	0	5.00
6.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	39,900	39,900	0	0	0	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	13,875	13,875	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	16,467	16,467	0	0	0	8.00
9.00	93.00	AGGREGATE-PARTIAL HOSP	11,311	11,311	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	22.00	DR. A	111,701	0	111,701	179,000	864	11.00
12.00	22.00	DR. B	34,600	0	34,600	179,000	279	12.00
13.00	22.00	DR. C	197,623	0	197,623	179,000	1,865	13.00
14.00	22.00	DR. D	16,068	0	16,068	179,000	183	14.00
15.00	22.00	DR. E	61,133	0	61,133	179,000	676	15.00
16.00	22.00	DR. F	7,890	0	7,890	179,000	1	16.00
17.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	18,900	0	18,900	179,000	180	17.00
18.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	46,387	46,387	0	0	0	18.00
19.00	17.00	SOCIAL SERVICE	24,000	24,000	0	0	0	19.00
20.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	162,737	162,737	0	0	0	20.00
21.00	50.00	OPERATING ROOM	3,000	3,000	0	0	0	21.00
22.00	91.00	EMERGENCY	4,370	4,370	0	0	0	22.00
23.00	93.00	PARTIAL HOSP	237	237	0	0	0	23.00
24.00	5.01	SHARED SERVICES	25,160	25,160	0	0	0	24.00
25.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	902,712	902,712	0	0	0	25.00
26.00	17.00	SOCIAL SERVICE	67,300	67,300	0	0	0	26.00
27.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	205,488	205,488	0	0	0	27.00
28.00	54.00	RADIOLOGY-DIAGNOSTIC	212,865	212,865	0	0	0	28.00
29.00	59.00	CARDIAC CATHETERIZATION	195,257	195,257	0	0	0	29.00
30.00	60.00	LABORATORY	16,627	16,627	0	0	0	30.00
31.00	69.00	ELECTROCARDIOLOGY	186,957	186,957	0	0	0	31.00
32.00	90.00	CLINIC	164,957	164,957	0	0	0	32.00
33.00	91.00	EMERGENCY	206	206	0	0	0	33.00
200.00			2,998,339	2,550,424	447,915		4,048	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	5.01	AGGREGATE-SHARED SERVICES	0	0	0	0	0	1.00
2.00	5.03	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	93.00	AGGREGATE-PARTIAL HOSP	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	22.00	DR. A	74,354	3,718	0	0	0	11.00
12.00	22.00	DR. B	24,010	1,201	0	0	0	12.00
13.00	22.00	DR. C	160,498	8,025	0	0	0	13.00
14.00	22.00	DR. D	15,749	787	0	0	0	14.00
15.00	22.00	DR. E	58,175	2,909	0	0	0	15.00
16.00	22.00	DR. F	86	4	0	0	0	16.00
17.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	15,490	775	0	0	0	17.00
18.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 6:48 am

	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	
19.00	17.00	SOCIAL SERVICE	0	0	0	0	0	19.00
20.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	20.00
21.00	50.00	OPERATING ROOM	0	0	0	0	0	21.00
22.00	91.00	EMERGENCY	0	0	0	0	0	22.00
23.00	93.00	PARTIAL HOSP	0	0	0	0	0	23.00
24.00	5.01	SHARED SERVICES	0	0	0	0	0	24.00
25.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	25.00
26.00	17.00	SOCIAL SERVICE	0	0	0	0	0	26.00
27.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	27.00
28.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	28.00
29.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	29.00
30.00	60.00	LABORATORY	0	0	0	0	0	30.00
31.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	31.00
32.00	90.00	CLINIC	0	0	0	0	0	32.00
33.00	91.00	EMERGENCY	0	0	0	0	0	33.00
200.00			348,362	17,419	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	5.01	AGGREGATE-SHARED SERVICES	0	0	0	61,673		1.00
2.00	5.03	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	46,250		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	30,000		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	49,063		4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	63,625		5.00
6.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	39,900		6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	13,875		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	16,467		8.00
9.00	93.00	AGGREGATE-PARTIAL HOSP	0	0	0	11,311		9.00
10.00	0.00		0	0	0	0		10.00
11.00	22.00	DR. A	0	74,354	37,347	37,347		11.00
12.00	22.00	DR. B	0	24,010	10,590	10,590		12.00
13.00	22.00	DR. C	0	160,498	37,125	37,125		13.00
14.00	22.00	DR. D	0	15,749	319	319		14.00
15.00	22.00	DR. E	0	58,175	2,958	2,958		15.00
16.00	22.00	DR. F	0	86	7,804	7,804		16.00
17.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	15,490	3,410	3,410		17.00
18.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	46,387		18.00
19.00	17.00	SOCIAL SERVICE	0	0	0	24,000		19.00
20.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	162,737		20.00
21.00	50.00	OPERATING ROOM	0	0	0	3,000		21.00
22.00	91.00	EMERGENCY	0	0	0	4,370		22.00
23.00	93.00	PARTIAL HOSP	0	0	0	237		23.00
24.00	5.01	SHARED SERVICES	0	0	0	25,160		24.00
25.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	902,712		25.00
26.00	17.00	SOCIAL SERVICE	0	0	0	67,300		26.00
27.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	205,488		27.00
28.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	212,865		28.00
29.00	59.00	CARDIAC CATHETERIZATION	0	0	0	195,257		29.00
30.00	60.00	LABORATORY	0	0	0	16,627		30.00
31.00	69.00	ELECTROCARDIOLOGY	0	0	0	186,957		31.00
32.00	90.00	CLINIC	0	0	0	164,957		32.00
33.00	91.00	EMERGENCY	0	0	0	206		33.00
200.00			0	348,362	99,553	2,649,977		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,959,509	17,959,509			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,300,098	11,300,098			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,679,447	39,237	12,743,372		4.00
5.01	00590	SHARED SERVICES	3,566,086	221,777	139,542	455,581	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	60,390,138	1,050,132	660,742	283,984	5.03
7.00	00700	OPERATION OF PLANT	9,562,704	9,754,387	6,137,442	286,252	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	730,841	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,462,078	38,639	24,312	0	9.00
10.00	01000	DIETARY	282,467	16,132	10,150	0	10.00
11.00	01100	CAFETERIA	2,869,636	65,175	41,008	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,428,264	59,997	37,750	282,385	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108,029	226,420	142,463	116,125	14.00
15.00	01500	PHARMACY	5,759,413	59,414	37,383	681,493	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	894,478	100,698	63,359	60,337	16.00
17.00	01700	SOCIAL SERVICE	836,670	26,788	16,855	118,332	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,761,964	0	0	218,789	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,404,048	10,671	6,714	268,798	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,112,298	1,956,096	1,230,773	2,034,682	30.00
31.00	03100	INTENSIVE CARE UNIT	8,903,104	251,351	158,149	974,645	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	2,109,930	130,539	82,135	258,938	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1,490,428	0	0	162,892	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,134,595	646,209	406,594	895,516	50.00
51.00	05100	RECOVERY ROOM	944,276	41,566	26,154	121,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,971,156	0	0	433,895	52.00
53.00	05300	ANESTHESIOLOGY	246,912	7,507	4,724	28,818	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,253,134	263,139	165,567	510,946	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,189,047	0	0	264,337	55.00
56.00	05600	RADIOISOTOPE	249,113	45,234	28,461	31,205	56.00
57.00	05700	CT SCAN	1,152,199	8,609	5,417	131,453	57.00
58.00	05800	MRI	1,102,284	94,512	59,467	122,902	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,590,790	94,087	59,200	145,104	59.00
60.00	06000	LABORATORY	9,838,812	260,873	164,141	790,587	60.00
65.00	06500	RESPIRATORY THERAPY	3,134,000	1,180	743	339,299	65.00
66.00	06600	PHYSICAL THERAPY	2,467,171	26,882	16,914	124,381	66.00
67.00	06700	OCCUPATIONAL THERAPY	538,116	23,010	14,478	69,311	67.00
68.00	06800	SPEECH PATHOLOGY	166,080	15,408	9,695	21,178	68.00
69.00	06900	ELECTROCARDIOLOGY	619,578	75,893	47,752	77,335	69.00
69.01	06901	CARDIAC REHAB	374,450	29,510	18,568	48,034	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,209,363	73,155	46,029	53,741	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,511,379	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,754,860	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,145,329	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	662,891	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	1,394,012	130,224	81,937	154,932	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,910,541	310,576	195,414	486,201	90.00
90.01	09001	WOODRIDGE	-532,287	0	0	1,644	90.01
91.00	09100	EMERGENCY	3,985,857	273,306	171,964	471,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	9,215	0	0	1,185	92.01
93.00	04040	PARTIAL HOSP	1,077,853	0	0	138,068	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	6,417,404	0	0	645,116	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	3,545,387	106,175	66,805	285,149	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	296,675,147	16,534,508	10,403,489	12,596,399	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	362,496	48,806	30,709	27,562	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	560,803	0	0	1,308	192.00
194.00	07950	FOUNDATION	399,515	18,446	11,606	40,421	194.00
194.01	07951	MARKETING	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	OP PHARMACY	4,838,419	8,955	5,635	75,080	4,928,089	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	303,771	1,348,794	848,659	2,602	2,503,826	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	303,140,151	17,959,509	11,300,098	12,743,372	303,140,151	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description		SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5A.01	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590 SHARED SERVICES	4,382,986					5.01
5.03	00560 OTHER ADMINISTRATIVE AND GENERAL	913,544	63,298,540	63,298,540			5.03
7.00	00700 OPERATION OF PLANT	376,974	26,117,759	6,877,720	32,995,479		7.00
8.00	00800 LAUNDRY & LINEN SERVICE	10,703	741,544	195,274	0	936,818	8.00
9.00	00900 HOUSEKEEPING	51,624	3,576,653	941,858	184,932	0	9.00
10.00	01000 DIETARY	4,522	313,271	82,495	77,212	0	10.00
11.00	01100 CAFETERIA	43,581	3,019,400	795,114	311,935	0	11.00
13.00	01300 NURSING ADMINISTRATION	41,129	2,849,525	750,380	287,152	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	8,685	601,722	158,454	1,083,676	0	14.00
15.00	01500 PHARMACY	95,745	6,633,448	1,746,819	284,365	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	16,386	1,135,258	298,953	481,952	0	16.00
17.00	01700 SOCIAL SERVICE	14,625	1,013,270	266,829	128,209	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	29,008	2,009,761	529,240	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	24,753	1,714,984	451,615	51,073	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	297,789	20,631,638	5,433,032	9,362,130	599,964	30.00
31.00	03100 INTENSIVE CARE UNIT	150,657	10,437,906	2,748,666	1,202,997	175,209	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000 SUBPROVIDER - IPF	37,807	2,619,349	689,766	624,775	68,680	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300 NURSERY	24,213	1,677,533	441,753	0	88,354	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	206,244	14,289,158	3,762,835	3,092,839	0	50.00
51.00	05100 RECOVERY ROOM	16,594	1,149,684	302,752	198,943	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	64,512	4,469,563	1,176,992	0	0	52.00
53.00	05300 ANESTHESIOLOGY	4,217	292,178	76,941	35,932	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	76,048	5,268,834	1,387,468	1,259,418	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	35,930	2,489,314	655,524	0	0	55.00
56.00	05600 RADIOISOTOPE	5,185	359,198	94,589	216,494	0	56.00
57.00	05700 CT SCAN	19,004	1,316,682	346,728	41,205	0	57.00
58.00	05800 MRI	20,198	1,399,363	368,501	452,348	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,667	1,916,848	504,773	450,314	0	59.00
60.00	06000 LABORATORY	161,892	11,216,305	2,953,646	1,248,570	0	60.00
65.00	06500 RESPIRATORY THERAPY	50,895	3,526,117	928,550	5,650	0	65.00
66.00	06600 PHYSICAL THERAPY	38,595	2,673,943	704,143	128,661	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,445	654,360	172,316	110,130	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,110	215,471	56,741	73,747	0	68.00
69.00	06900 ELECTROCARDIOLOGY	12,017	832,575	219,246	363,234	0	69.00
69.01	06901 CARDIAC REHAB	6,891	477,453	125,730	141,241	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	20,244	1,402,532	369,336	350,127	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	227,164	15,738,543	4,144,509	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	216,085	14,970,945	3,942,374	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	529,348	36,674,677	9,657,842	0	0	73.00
74.00	07400 RENAL DIALYSIS	9,708	672,599	177,119	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	25,791	1,786,896	470,552	623,268	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	71,801	4,974,533	1,309,969	1,486,458	0	90.00
90.01	09001 WOODRIDGE	0	-530,643	0	0	0	90.01
91.00	09100 EMERGENCY	71,802	4,974,664	1,310,003	1,308,080	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	152	10,552	2,779	0	0	92.01
93.00	04040 PARTIAL HOSP	17,807	1,233,728	324,884	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	103,431	7,165,951	1,887,046	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	58,631	4,062,147	1,069,705	508,166	4,611	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,252,153	294,075,731	60,911,561	26,175,233	936,818	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,877	476,450	125,466	233,594	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	8,232	570,343	150,191	0	0	192.00
194.00	07950 FOUNDATION	6,883	476,871	125,577	88,285	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 OP PHARMACY	72,172	5,000,261	1,316,744	42,862	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	36,669	2,540,495	669,001	6,455,505	0	194.03
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.01	5A.01	5.03	7.00	8.00	
202.00 TOTAL (sum lines 118 through 201)	4,382,986	303,140,151	63,298,540	32,995,479	936,818	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590 SHARED SERVICES						5.01
5.03	00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING	4,703,443					9.00
10.00	01000 DIETARY	11,068	484,046				10.00
11.00	01100 CAFETERIA	44,716	0	4,171,165			11.00
13.00	01300 NURSING ADMINISTRATION	41,164	0	63,337	3,991,558		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	155,347	0	71,940	0	2,071,139	14.00
15.00	01500 PHARMACY	40,764	0	202,076	0	36,638	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	69,089	0	34,121	0	0	16.00
17.00	01700 SOCIAL SERVICE	18,379	0	28,430	0	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	69,999	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	7,321	0	26,253	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,342,078	309,995	972,327	1,566,331	150,576	30.00
31.00	03100 INTENSIVE CARE UNIT	172,451	90,529	400,219	644,719	101,149	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000 SUBPROVIDER - IPF	89,562	35,487	105,562	170,065	411	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300 NURSERY	0	45,652	76,162	122,710	55	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	443,363	0	290,041	467,240	600,598	50.00
51.00	05100 RECOVERY ROOM	28,519	0	36,035	58,045	4,250	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	202,916	326,862	0	52.00
53.00	05300 ANESTHESIOLOGY	5,151	0	16,077	25,916	46,462	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	180,539	0	167,562	0	183,748	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	59,692	0	1,362	55.00
56.00	05600 RADIOISOTOPE	31,035	0	11,959	0	127	56.00
57.00	05700 CT SCAN	5,907	0	52,270	0	15,789	57.00
58.00	05800 MRI	64,845	0	38,002	0	6,070	58.00
59.00	05900 CARDIAC CATHETERIZATION	64,553	0	45,687	0	237,812	59.00
60.00	06000 LABORATORY	178,985	0	362,085	0	372,840	60.00
65.00	06500 RESPIRATORY THERAPY	810	0	172,099	0	44,460	65.00
66.00	06600 PHYSICAL THERAPY	18,444	0	29,400	0	341	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,787	0	16,287	0	16	67.00
68.00	06800 SPEECH PATHOLOGY	10,572	0	3,960	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	52,070	0	22,765	0	2,830	69.00
69.01	06901 CARDIAC REHAB	20,247	0	14,608	0	178	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	50,191	0	13,376	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	161,300	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	89,346	0	37,425	0	3,059	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	213,086	0	128,615	207,207	34,206	90.00
90.01	09001 WOODRIDGE	0	0	420	674	0	90.01
91.00	09100 EMERGENCY	187,515	0	209,525	337,531	65,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	551	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	39,891	64,258	880	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	43,064	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	72,846	2,383	71,625	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,725,750	484,046	4,136,363	3,991,558	2,070,393	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	33,486	0	7,501	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	472	0	0	192.00
194.00	07950 FOUNDATION	12,656	0	7,212	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 OP PHARMACY	6,144	0	18,647	0	746	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	925,407	0	970	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
202.00	TOTAL (sum lines 118 through 201)	4,703,443	484,046	4,171,165	3,991,558	2,071,139	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description		INTERNS & RESIDENTS						
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES APPRV	PRGM COSTS APPRV		
		15.00	16.00	17.00	21.00	22.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00590	SHARED SERVICES					5.01	
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY	8,944,110				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,019,373			16.00	
17.00	01700	SOCIAL SERVICE	0	0	1,455,117		17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,609,000	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,251,246	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	969	106,860	931,896	2,017,126	1,740,532	30.00
31.00	03100	INTENSIVE CARE UNIT	331	58,187	272,145	200,570	173,067	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	12,128	106,678	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	9,579	137,236	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,264	179,799	0	92,571	79,877	50.00
51.00	05100	RECOVERY ROOM	5	22,404	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,514	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,886	54,857	0	42,380	36,569	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139	104,731	0	15,380	13,271	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26	46,924	0	0	0	55.00
56.00	05600	RADIOISOTOPE	10	10,431	0	0	0	56.00
57.00	05700	CT SCAN	101	137,074	0	0	0	57.00
58.00	05800	MRI	0	66,072	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	302	43,152	0	0	0	59.00
60.00	06000	LABORATORY	466	273,542	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2	48,221	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,585	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,746	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,904	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,258	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	2,893	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,896	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	57,205	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	136,632	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,868,733	285,314	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,039	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	3	41,195	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	42,488	44,897	0	69,524	59,991	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	385	122,449	0	171,449	147,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	19,981	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	17,915	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	12,989	7,162	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,944,110	2,019,373	1,455,117	2,609,000	2,251,246	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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							5/28/2019 6:48 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			15.00	16.00	17.00	21.00	22.00	
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,944,110	2,019,373	1,455,117	2,609,000	2,251,246	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Part I
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	SHARED SERVICES			5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	45,165,454	-3,757,658	41,407,796
31.00	03100	INTENSIVE CARE UNIT	16,678,145	-373,637	16,304,508
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	4,522,463	0	4,522,463
41.00	04100	SUBPROVIDER - IRF	0	0	0
43.00	04300	NURSERY	2,599,034	0	2,599,034
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	23,303,585	-172,448	23,131,137
51.00	05100	RECOVERY ROOM	1,800,637	0	1,800,637
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,201,847	0	6,201,847
53.00	05300	ANESTHESIOLOGY	657,349	-78,949	578,400
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,581,090	-28,651	8,552,439
55.00	05500	RADIOLOGY-THERAPEUTIC	3,252,842	0	3,252,842
56.00	05600	RADIOISOTOPE	723,843	0	723,843
57.00	05700	CT SCAN	1,915,756	0	1,915,756
58.00	05800	MRI	2,395,201	0	2,395,201
59.00	05900	CARDIAC CATHETERIZATION	3,263,441	0	3,263,441
60.00	06000	LABORATORY	16,606,439	0	16,606,439
65.00	06500	RESPIRATORY THERAPY	4,725,909	0	4,725,909
66.00	06600	PHYSICAL THERAPY	3,574,517	0	3,574,517
67.00	06700	OCCUPATIONAL THERAPY	973,642	0	973,642
68.00	06800	SPEECH PATHOLOGY	362,395	0	362,395
69.00	06900	ELECTROCARDIOLOGY	1,530,978	0	1,530,978
69.01	06901	CARDIAC REHAB	782,350	0	782,350
70.00	07000	ELECTROENCEPHALOGRAPHY	2,196,458	0	2,196,458
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,101,557	0	20,101,557
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,049,951	0	19,049,951
73.00	07300	DRUGS CHARGED TO PATIENTS	55,486,566	0	55,486,566
74.00	07400	RENAL DIALYSIS	852,757	0	852,757
76.00	03020	OTHER ANCILLARY	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	3,051,744	0	3,051,744
76.02	03952	DIABETES EDUCATION	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	8,570,974	-129,515	8,441,459
90.01	09001	WOODRIDGE	-529,549	0	-529,549
91.00	09100	EMERGENCY	8,834,776	-319,388	8,515,388
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	13,882	0	13,882
93.00	04040	PARTIAL HOSP	1,683,622	0	1,683,622
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	9,113,976	0	9,113,976
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			
116.00	11600	HOSPICE	5,811,634	0	5,811,634
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	283,855,265	-4,860,246	278,995,019
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	876,497	0	876,497
192.00	19200	PHYSICIANS' PRIVATE OFFICES	721,006	0	721,006
194.00	07950	FOUNDATION	710,601	0	710,601
194.01	07951	MARKETING	0	0	0
194.02	07952	OP PHARMACY	6,385,404	0	6,385,404
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	10,591,378	0	10,591,378

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	303,140,151	-4,860,246	298,279,905		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
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			63,925	63,925	4.00
5.01	00590	SHARED SERVICES	0	221,777	139,542	361,319	2,286	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,050,132	660,742	1,710,874	1,425	5.03
7.00	00700	OPERATION OF PLANT	0	9,754,387	6,137,442	15,891,829	1,436	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	38,639	24,312	62,951	0	9.00
10.00	01000	DIETARY	0	16,132	10,150	26,282	0	10.00
11.00	01100	CAFETERIA	0	65,175	41,008	106,183	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	59,997	37,750	97,747	1,417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	226,420	142,463	368,883	583	14.00
15.00	01500	PHARMACY	0	59,414	37,383	96,797	3,420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	100,698	63,359	164,057	303	16.00
17.00	01700	SOCIAL SERVICE	0	26,788	16,855	43,643	594	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,098	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,671	6,714	17,385	1,349	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,956,096	1,230,773	3,186,869	10,187	30.00
31.00	03100	INTENSIVE CARE UNIT	0	251,351	158,149	409,500	4,891	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	130,539	82,135	212,674	1,299	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	817	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	646,209	406,594	1,052,803	4,494	50.00
51.00	05100	RECOVERY ROOM	0	41,566	26,154	67,720	608	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,177	52.00
53.00	05300	ANESTHESIOLOGY	0	7,507	4,724	12,231	145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	263,139	165,567	428,706	2,564	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,326	55.00
56.00	05600	RADIOISOTOPE	0	45,234	28,461	73,695	157	56.00
57.00	05700	CT SCAN	0	8,609	5,417	14,026	660	57.00
58.00	05800	MRI	0	94,512	59,467	153,979	617	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	94,087	59,200	153,287	728	59.00
60.00	06000	LABORATORY	0	260,873	164,141	425,014	3,967	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,180	743	1,923	1,703	65.00
66.00	06600	PHYSICAL THERAPY	0	26,882	16,914	43,796	624	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,010	14,478	37,488	348	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,408	9,695	25,103	106	68.00
69.00	06900	ELECTROCARDIOLOGY	0	75,893	47,752	123,645	388	69.00
69.01	06901	CARDIAC REHAB	0	29,510	18,568	48,078	241	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	73,155	46,029	119,184	270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	130,224	81,937	212,161	777	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	310,576	195,414	505,990	2,440	90.00
90.01	09001	WOODRIDGE	0	0	0	0	8	90.01
91.00	09100	EMERGENCY	0	273,306	171,964	445,270	2,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	6	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	693	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,237	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	106,175	66,805	172,980	1,431	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	16,534,508	10,403,489	26,937,997	63,187	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,806	30,709	79,515	138	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	7	192.00
194.00	07950	FOUNDATION	0	18,446	11,606	30,052	203	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	8,955	5,635	14,590	377	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,348,794	848,659	2,197,453	13	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	17,959,509	11,300,098	29,259,607	63,925	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.03	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590	363,605					5.01
5.03	00560	75,766	1,788,065				5.03
7.00	00700	31,275	194,290	16,118,830			7.00
8.00	00800	888	5,516	0	6,404		8.00
9.00	00900	4,283	26,607	90,342	0	184,183	9.00
10.00	01000	375	2,330	37,719	0	433	10.00
11.00	01100	3,616	22,461	152,386	0	1,751	11.00
13.00	01300	3,412	21,198	140,279	0	1,612	13.00
14.00	01400	721	4,476	529,394	0	6,083	14.00
15.00	01500	7,943	49,346	138,917	0	1,596	15.00
16.00	01600	1,359	8,445	235,441	0	2,705	16.00
17.00	01700	1,213	7,538	62,632	0	720	17.00
21.00	02100	2,407	14,951	0	0	0	21.00
22.00	02200	2,054	12,758	24,950	0	287	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	24,706	153,479	4,573,554	4,101	52,555	30.00
31.00	03100	12,499	77,648	587,683	1,198	6,753	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	3,137	19,485	305,213	469	3,507	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	2,009	12,479	0	604	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	17,111	106,297	1,510,902	0	17,362	50.00
51.00	05100	1,377	8,552	97,187	0	1,117	51.00
52.00	05200	5,352	33,249	0	0	0	52.00
53.00	05300	350	2,174	17,553	0	202	53.00
54.00	05400	6,309	39,195	615,246	0	7,070	54.00
55.00	05500	2,981	18,518	0	0	0	55.00
56.00	05600	430	2,672	105,761	0	1,215	56.00
57.00	05700	1,577	9,795	20,129	0	231	57.00
58.00	05800	1,676	10,410	220,979	0	2,539	58.00
59.00	05900	2,295	14,259	219,986	0	2,528	59.00
60.00	06000	13,431	83,438	609,947	0	7,009	60.00
65.00	06500	4,222	26,231	2,760	0	32	65.00
66.00	06600	3,202	19,891	62,853	0	722	66.00
67.00	06700	784	4,868	53,800	0	618	67.00
68.00	06800	258	1,603	36,026	0	414	68.00
69.00	06900	997	6,194	177,446	0	2,039	69.00
69.01	06901	572	3,552	68,999	0	793	69.01
70.00	07000	1,679	10,433	171,043	0	1,965	70.00
71.00	07100	18,846	117,079	0	0	0	71.00
72.00	07200	17,927	111,369	0	0	0	72.00
73.00	07300	43,917	272,758	0	0	0	73.00
74.00	07400	805	5,003	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	2,140	13,293	304,477	0	3,499	76.01
76.02	03952	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	5,957	37,006	726,159	0	8,344	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	5,957	37,007	639,018	0	7,343	91.00
92.00	09200						92.00
92.01	09201	13	78	0	0	0	92.01
93.00	04040	1,477	9,178	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	8,581	53,308	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	4,864	30,218	248,248	32	2,853	116.00
118.00		352,750	1,720,635	12,787,029	6,404	145,897	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	571	3,544	114,114	0	1,311	190.00
192.00	19200	683	4,243	0	0	0	192.00
194.00	07950	571	3,547	43,129	0	496	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	5,988	37,197	20,939	0	241	194.02
194.03	07953	3,042	18,899	3,153,619	0	36,238	194.03
200.00							200.00
201.00							201.00
	Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.03	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118 through 201)	363,605	1,788,065	16,118,830	6,404	184,183	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	SHARED SERVICES					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	67,139				10.00
11.00	01100	CAFETERIA	0	286,397			11.00
13.00	01300	NURSING ADMINISTRATION	0	4,349	270,014		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,939	0	915,079	14.00
15.00	01500	PHARMACY	0	13,875	0	16,187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,343	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,952	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,806	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,803	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,998	66,761	105,955	66,528	30.00
31.00	03100	INTENSIVE CARE UNIT	12,557	27,479	43,613	44,690	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,922	7,248	11,504	182	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	6,332	5,229	8,301	24	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,915	31,607	265,358	50.00
51.00	05100	RECOVERY ROOM	0	2,474	3,927	1,878	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,932	22,111	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,104	1,753	20,528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,505	0	81,184	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,099	0	602	55.00
56.00	05600	RADIOISOTOPE	0	821	0	56	56.00
57.00	05700	CT SCAN	0	3,589	0	6,976	57.00
58.00	05800	MRI	0	2,609	0	2,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,137	0	105,071	59.00
60.00	06000	LABORATORY	0	24,861	0	164,729	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,817	0	19,644	65.00
66.00	06600	PHYSICAL THERAPY	0	2,019	0	150	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,118	0	7	67.00
68.00	06800	SPEECH PATHOLOGY	0	272	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,563	0	1,251	69.00
69.01	06901	CARDIAC REHAB	0	1,003	0	79	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	918	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71,266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	2,570	0	1,352	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	8,831	14,017	15,113	90.00
90.01	09001	WOODRIDGE	0	29	46	0	90.01
91.00	09100	EMERGENCY	0	14,386	22,833	28,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	38	0	0	92.01
93.00	04040	PARTIAL HOSP	0	2,739	4,347	389	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,957	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	330	4,918	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,139	284,008	270,014	914,749	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	515	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	32	0	0	192.00
194.00	07950	FOUNDATION	0	495	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	1,280	0	330	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	67	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
202.00	TOTAL (sum lines 118 through 201)	67,139	286,397	270,014	915,079	328,081	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
		16.00	17.00	21.00	22.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	SHARED SERVICES					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	414,653				16.00
17.00	01700	SOCIAL SERVICE	0	118,292			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	23,262		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		60,586	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,958	75,758		8,385,445	30.00
31.00	03100	INTENSIVE CARE UNIT	11,956	22,124		1,262,603	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		0	33.00
40.00	04000	SUBPROVIDER - IPF	2,492	8,672		580,804	40.00
41.00	04100	SUBPROVIDER - IRF	0	0		0	41.00
43.00	04300	NURSERY	1,968	11,156		48,919	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,945	0		3,062,987	50.00
51.00	05100	RECOVERY ROOM	4,604	0		189,444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,243	0		82,064	52.00
53.00	05300	ANESTHESIOLOGY	11,272	0		68,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,520	0		1,213,304	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,642	0		37,169	55.00
56.00	05600	RADIOISOTOPE	2,143	0		186,950	56.00
57.00	05700	CT SCAN	28,166	0		85,153	57.00
58.00	05800	MRI	13,577	0		409,068	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,867	0		510,169	59.00
60.00	06000	LABORATORY	56,207	0		1,388,620	60.00
65.00	06500	RESPIRATORY THERAPY	9,908	0		78,240	65.00
66.00	06600	PHYSICAL THERAPY	4,024	0		137,281	66.00
67.00	06700	OCCUPATIONAL THERAPY	975	0		100,006	67.00
68.00	06800	SPEECH PATHOLOGY	391	0		64,173	68.00
69.00	06900	ELECTROCARDIOLOGY	7,861	0		321,384	69.00
69.01	06901	CARDIAC REHAB	595	0		123,912	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,239	0		307,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,755	0		218,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,075	0		157,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,338	0		700,330	73.00
74.00	07400	RENAL DIALYSIS	625	0		6,433	74.00
76.00	03020	OTHER ANCILLARY	0	0		0	76.00
76.01	03950	HEART AND VASCULAR CNTR	8,465	0		548,734	76.01
76.02	03952	DIABETES EDUCATION	0	0		0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,225	0		1,334,640	90.00
90.01	09001	WOODRIDGE	0	0		83	90.01
91.00	09100	EMERGENCY	25,161	0		1,228,179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		135	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		135	92.01
93.00	04040	PARTIAL HOSP	4,106	0		22,929	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,681	0		71,764	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0		0	113.00
116.00	11600	HOSPICE	2,669	582		469,125	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	414,653	118,292	0	23,402,320	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		199,708	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		4,965	192.00
194.00	07950	FOUNDATION	0	0		78,493	194.00
194.01	07951	MARKETING	0	0		0	194.01
194.02	07952	OP PHARMACY	0	0		80,942	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0		5,409,331	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
				21.00	22.00		
200.00	Cross Foot Adjustments	16.00	17.00	23,262	60,586	83,848	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	414,653	118,292	23,262	60,586	29,259,607	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	SHARED SERVICES		5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL		5.03
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 8,385,445	30.00
31.00	03100	INTENSIVE CARE UNIT	0 1,262,603	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
40.00	04000	SUBPROVIDER - IPF	0 580,804	40.00
41.00	04100	SUBPROVIDER - IRF	0 0	41.00
43.00	04300	NURSERY	0 48,919	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 3,062,987	50.00
51.00	05100	RECOVERY ROOM	0 189,444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 82,064	52.00
53.00	05300	ANESTHESIOLOGY	0 68,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 1,213,304	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 37,169	55.00
56.00	05600	RADIOISOTOPE	0 186,950	56.00
57.00	05700	CT SCAN	0 85,153	57.00
58.00	05800	MRI	0 409,068	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 510,169	59.00
60.00	06000	LABORATORY	0 1,388,620	60.00
65.00	06500	RESPIRATORY THERAPY	0 78,240	65.00
66.00	06600	PHYSICAL THERAPY	0 137,281	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 100,006	67.00
68.00	06800	SPEECH PATHOLOGY	0 64,173	68.00
69.00	06900	ELECTROCARDIOLOGY	0 321,384	69.00
69.01	06901	CARDIAC REHAB	0 123,912	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0 307,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 218,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 157,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 700,330	73.00
74.00	07400	RENAL DIALYSIS	0 6,433	74.00
76.00	03020	OTHER ANCILLARY	0 0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0 548,734	76.01
76.02	03952	DIABETES EDUCATION	0 0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 1,334,640	90.00
90.01	09001	WOODRIDGE	0 83	90.01
91.00	09100	EMERGENCY	0 1,228,179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0 135	92.01
93.00	04040	PARTIAL HOSP	0 22,929	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0 71,764	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0 469,125	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0 23,402,320	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 199,708	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 4,965	192.00
194.00	07950	FOUNDATION	0 78,493	194.00
194.01	07951	MARKETING	0 0	194.01
194.02	07952	OP PHARMACY	0 80,942	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0 5,409,331	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet B
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
200.00	Cross Foot Adjustments	0	83,848	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	29,259,607	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT	1,141,089					1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		1,141,089				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	2,493	2,493	92,275,256			4.00
5.01	00590 SHARED SERVICES	14,091	14,091	3,298,872	-4,382,986	299,287,808	5.01
5.03	00560 OTHER ADMINISTRATIVE AND GENERAL	66,722	66,722	2,056,333	0	62,384,996	5.03
7.00	00700 OPERATION OF PLANT	619,762	619,762	2,072,758	0	25,740,785	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	730,841	8.00
9.00	00900 HOUSEKEEPING	2,455	2,455	0	0	3,525,029	9.00
10.00	01000 DIETARY	1,025	1,025	0	0	308,749	10.00
11.00	01100 CAFETERIA	4,141	4,141	0	0	2,975,819	11.00
13.00	01300 NURSING ADMINISTRATION	3,812	3,812	2,044,759	0	2,808,396	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	14,386	14,386	840,866	0	593,037	14.00
15.00	01500 PHARMACY	3,775	3,775	4,934,707	0	6,537,703	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	6,398	6,398	436,904	0	1,118,872	16.00
17.00	01700 SOCIAL SERVICE	1,702	1,702	856,847	0	998,645	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,584,255	0	1,980,753	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,946,375	0	1,690,231	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	124,284	124,284	14,733,351	0	20,333,849	30.00
31.00	03100 INTENSIVE CARE UNIT	15,970	15,970	7,057,426	0	10,287,249	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000 SUBPROVIDER - IPF	8,294	8,294	1,874,977	0	2,581,542	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300 NURSERY	0	0	1,179,504	0	1,653,320	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	41,058	41,058	6,484,451	0	14,082,914	50.00
51.00	05100 RECOVERY ROOM	2,641	2,641	876,845	0	1,133,090	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	3,141,847	0	4,405,051	52.00
53.00	05300 ANESTHESIOLOGY	477	477	208,673	0	287,961	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,719	16,719	3,699,770	0	5,192,786	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	1,914,071	0	2,453,384	55.00
56.00	05600 RADIOISOTOPE	2,874	2,874	225,954	0	354,013	56.00
57.00	05700 CT SCAN	547	547	951,854	0	1,297,678	57.00
58.00	05800 MRI	6,005	6,005	889,939	0	1,379,165	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,978	5,978	1,050,701	0	1,889,181	59.00
60.00	06000 LABORATORY	16,575	16,575	5,724,659	0	11,054,413	60.00
65.00	06500 RESPIRATORY THERAPY	75	75	2,456,871	0	3,475,222	65.00
66.00	06600 PHYSICAL THERAPY	1,708	1,708	900,649	0	2,635,348	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,462	1,462	501,883	0	644,915	67.00
68.00	06800 SPEECH PATHOLOGY	979	979	153,350	0	212,361	68.00
69.00	06900 ELECTROCARDIOLOGY	4,822	4,822	559,987	0	820,558	69.00
69.01	06901 CARDIAC REHAB	1,875	1,875	347,818	0	470,562	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	4,648	4,648	389,138	0	1,382,288	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	15,511,379	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,754,860	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	36,145,329	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	662,891	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	8,274	8,274	1,121,868	0	1,761,105	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	19,733	19,733	3,520,597	0	4,902,732	90.00
90.01	09001 WOODRIDGE	0	0	11,904	530,643	0	90.01
91.00	09100 EMERGENCY	17,365	17,365	3,415,848	0	4,902,862	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	8,582	0	10,400	92.01
93.00	04040 PARTIAL HOSP	0	0	999,757	0	1,215,921	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	4,671,303	0	7,062,520	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	6,746	6,746	2,064,769	0	4,003,516	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,050,549	1,050,549	91,211,022	-3,852,343	290,354,221	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	3,101	3,101	199,577	0	469,573	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	9,471	0	562,111	192.00
194.00	07950 FOUNDATION	1,172	1,172	292,691	0	469,988	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A.01	5.01	
194.02	07952	OP PHARMACY	569	569	543,657	0	4,928,089	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	85,698	85,698	18,838	0	2,503,826	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	17,959,509	11,300,098	12,743,372		4,382,986	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	15.738920	9.902907	0.138102		0.014645	203.00
204.00		Cost to be allocated (per wkst. B, Part II)			63,925		363,605	204.00
205.00		Unit cost multiplier (wkst. B, Part II)			0.000693		0.001215	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	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	00590	SHARED SERVICES					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-63,298,540	240,372,254			5.03
7.00	00700	OPERATION OF PLANT	0	26,117,759	438,021		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	741,544	0	55,666	8.00
9.00	00900	HOUSEKEEPING	0	3,576,653	2,455	0	435,566
10.00	01000	DIETARY	0	313,271	1,025	0	1,025
11.00	01100	CAFETERIA	0	3,019,400	4,141	0	4,141
13.00	01300	NURSING ADMINISTRATION	0	2,849,525	3,812	0	3,812
14.00	01400	CENTRAL SERVICES & SUPPLY	0	601,722	14,386	0	14,386
15.00	01500	PHARMACY	0	6,633,448	3,775	0	3,775
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,135,258	6,398	0	6,398
17.00	01700	SOCIAL SERVICE	0	1,013,270	1,702	0	1,702
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,009,761	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,714,984	678	0	678
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	20,631,638	124,284	35,650	124,284
31.00	03100	INTENSIVE CARE UNIT	0	10,437,906	15,970	10,411	15,970
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	2,619,349	8,294	4,081	8,294
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	1,677,533	0	5,250	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	14,289,158	41,058	0	41,058
51.00	05100	RECOVERY ROOM	0	1,149,684	2,641	0	2,641
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,469,563	0	0	0
53.00	05300	ANESTHESIOLOGY	0	292,178	477	0	477
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,268,834	16,719	0	16,719
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,489,314	0	0	0
56.00	05600	RADIOISOTOPE	0	359,198	2,874	0	2,874
57.00	05700	CT SCAN	0	1,316,682	547	0	547
58.00	05800	MRI	0	1,399,363	6,005	0	6,005
59.00	05900	CARDIAC CATHETERIZATION	0	1,916,848	5,978	0	5,978
60.00	06000	LABORATORY	0	11,216,305	16,575	0	16,575
65.00	06500	RESPIRATORY THERAPY	0	3,526,117	75	0	75
66.00	06600	PHYSICAL THERAPY	0	2,673,943	1,708	0	1,708
67.00	06700	OCCUPATIONAL THERAPY	0	654,360	1,462	0	1,462
68.00	06800	SPEECH PATHOLOGY	0	215,471	979	0	979
69.00	06900	ELECTROCARDIOLOGY	0	832,575	4,822	0	4,822
69.01	06901	CARDIAC REHAB	0	477,453	1,875	0	1,875
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,402,532	4,648	0	4,648
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,738,543	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,970,945	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,674,677	0	0	0
74.00	07400	RENAL DIALYSIS	0	672,599	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	0	1,786,896	8,274	0	8,274
76.02	03952	DIABETES EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	4,974,533	19,733	0	19,733
90.01	09001	WOODRIDGE	530,643	0	0	0	0
91.00	09100	EMERGENCY	0	4,974,664	17,365	0	17,365
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,552	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04040	PARTIAL HOSP	0	1,233,728	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	7,165,951	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	4,062,147	6,746	274	6,746
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-62,767,897	231,307,834	347,481	55,666	345,026
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	476,450	3,101	0	3,101
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	570,343	0	0	0
194.00	07950	FOUNDATION	0	476,871	1,172	0	1,172
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	OP PHARMACY	0	5,000,261	569	0	569
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	2,540,495	85,698	0	85,698
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)		63,298,540	32,995,479	936,818	4,703,443	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.263335	75.328532	16.829267	10.798462	203.00
204.00	Cost to be allocated (per wkst. B, Part II)		1,788,065	16,118,830	6,404	184,183	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.007439	36.799217	0.115043	0.422859	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description			DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	55,666					10.00
11.00	01100	CAFETERIA	0	159,043				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,415	1,965,142			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,743	0	15,515,498		14.00
15.00	01500	PHARMACY	0	7,705	0	274,466	36,174,151	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,301	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,084	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,669	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,001	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,650	37,074	771,143	1,128,009	3,919	30.00
31.00	03100	INTENSIVE CARE UNIT	10,411	15,260	317,411	757,739	1,340	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,081	4,025	83,727	3,081	1	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,250	2,904	60,413	413	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,059	230,034	4,499,191	21,292	50.00
51.00	05100	RECOVERY ROOM	0	1,374	28,577	31,841	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,737	160,922	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	613	12,759	348,059	100,649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,389	0	1,376,515	562	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,276	0	10,202	106	55.00
56.00	05600	RADIOISOTOPE	0	456	0	950	39	56.00
57.00	05700	CT SCAN	0	1,993	0	118,283	408	57.00
58.00	05800	MRI	0	1,449	0	45,474	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,742	0	1,781,526	1,220	59.00
60.00	06000	LABORATORY	0	13,806	0	2,793,063	1,883	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,562	0	333,066	8	65.00
66.00	06600	PHYSICAL THERAPY	0	1,121	0	2,551	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	621	0	123	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	151	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	868	0	21,203	0	69.00
69.01	06901	CARDIAC REHAB	0	557	0	1,337	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	510	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,208,351	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	35,869,292	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,427	0	22,916	14	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,904	102,013	256,251	171,840	90.00
90.01	09001	WOODRIDGE	0	16	332	0	0	90.01
91.00	09100	EMERGENCY	0	7,989	166,175	488,704	1,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	21	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	1,521	31,636	6,594	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,642	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	274	2,731	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,666	157,716	1,965,142	15,509,908	36,174,151	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	286	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18	0	0	0	192.00
194.00	07950	FOUNDATION	0	275	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	711	0	5,590	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	37	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
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)	484,046	4,171,165	3,991,558	2,071,139	8,944,110	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.695541	26.226649	2.031180	0.133488	0.247251	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	67,139	286,397	270,014	915,079	328,081	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.206104	1.800752	0.137402	0.058978	0.009069	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
				16.00	17.00	
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	00590	SHARED SERVICES				5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,064,083,710			16.00
17.00	01700	SOCIAL SERVICE	0	55,666		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	54,113	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,301,567	35,650	41,837	30.00
31.00	03100	INTENSIVE CARE UNIT	30,656,903	10,411	4,160	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	6,390,008	4,081	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	5,046,651	5,250	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	94,730,533	0	1,920	50.00
51.00	05100	RECOVERY ROOM	11,804,076	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,442,747	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,902,591	0	879	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,179,880	0	319	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,722,827	0	0	55.00
56.00	05600	RADIOISOTOPE	5,495,642	0	0	56.00
57.00	05700	CT SCAN	72,220,479	0	0	57.00
58.00	05800	MRI	34,811,599	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,735,695	0	0	59.00
60.00	06000	LABORATORY	144,121,297	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	25,406,249	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,318,839	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,500,697	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,003,137	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,157,014	0	0	69.00
69.01	06901	CARDIAC REHAB	1,524,460	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,740,691	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,139,762	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,987,519	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,458,049	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,601,420	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	21,704,413	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	23,654,707	0	1,442	90.00
90.01	09001	WOODRIDGE	0	0	0	90.01
91.00	09100	EMERGENCY	64,514,771	0	3,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04040	PARTIAL HOSP	10,527,153	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	9,438,630	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	6,843,704	274		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,064,083,710	55,666	54,113	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	21.00	22.00		
194.02	07952	OP PHARMACY	0	0	0	0		194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	2,019,373	1,455,117	2,609,000	2,251,246		202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.001898	26.140139	48.213923	41.602683		203.00
204.00		Cost to be allocated (per wkst. B, Part II)	414,653	118,292	23,262	60,586		204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000390	2.125031	0.429878	1.119620		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII		Hospital		PPS
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	41,407,796		41,407,796	0	41,407,796
31.00	03100 INTENSIVE CARE UNIT	16,304,508		16,304,508	0	16,304,508
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0
40.00	04000 SUBPROVIDER - IPF	4,522,463		4,522,463	0	4,522,463
41.00	04100 SUBPROVIDER - IRF	0		0	0	0
43.00	04300 NURSERY	2,599,034		2,599,034	0	2,599,034
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	23,131,137		23,131,137	0	23,131,137
51.00	05100 RECOVERY ROOM	1,800,637		1,800,637	0	1,800,637
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,201,847		6,201,847	0	6,201,847
53.00	05300 ANESTHESIOLOGY	578,400		578,400	0	578,400
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,552,439		8,552,439	0	8,552,439
55.00	05500 RADIOLOGY-THERAPEUTIC	3,252,842		3,252,842	0	3,252,842
56.00	05600 RADIOISOTOPE	723,843		723,843	0	723,843
57.00	05700 CT SCAN	1,915,756		1,915,756	0	1,915,756
58.00	05800 MRI	2,395,201		2,395,201	0	2,395,201
59.00	05900 CARDIAC CATHETERIZATION	3,263,441		3,263,441	0	3,263,441
60.00	06000 LABORATORY	16,606,439		16,606,439	0	16,606,439
65.00	06500 RESPIRATORY THERAPY	4,725,909	0	4,725,909	0	4,725,909
66.00	06600 PHYSICAL THERAPY	3,574,517	0	3,574,517	0	3,574,517
67.00	06700 OCCUPATIONAL THERAPY	973,642	0	973,642	0	973,642
68.00	06800 SPEECH PATHOLOGY	362,395	0	362,395	0	362,395
69.00	06900 ELECTROCARDIOLOGY	1,530,978		1,530,978	0	1,530,978
69.01	06901 CARDIAC REHAB	782,350		782,350	0	782,350
70.00	07000 ELECTROENCEPHALOGRAPHY	2,196,458		2,196,458	0	2,196,458
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,101,557		20,101,557	0	20,101,557
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,049,951		19,049,951	0	19,049,951
73.00	07300 DRUGS CHARGED TO PATIENTS	55,486,566		55,486,566	0	55,486,566
74.00	07400 RENAL DIALYSIS	852,757		852,757	0	852,757
76.00	03020 OTHER ANCILLARY	0		0	0	0
76.01	03950 HEART AND VASCULAR CNTR	3,051,744		3,051,744	0	3,051,744
76.02	03952 DIABETES EDUCATION	0		0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	8,441,459		8,441,459	0	8,441,459
90.01	09001 WOODRIDGE	0		0	0	0
91.00	09100 EMERGENCY	8,515,388		8,515,388	0	8,515,388
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,147,274		4,147,274	0	4,147,274
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	13,882		13,882	0	13,882
93.00	04040 PARTIAL HOSP	1,683,622		1,683,622	0	1,683,622
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	9,113,976		9,113,976		9,113,976
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
116.00	11600 HOSPICE	5,811,634		5,811,634		5,811,634
200.00	Subtotal (see instructions)	283,671,842	0	283,671,842	0	283,671,842
201.00	Less Observation Beds	4,147,274		4,147,274		4,147,274
202.00	Total (see instructions)	279,524,568	0	279,524,568	0	279,524,568

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	47,448,324		47,448,324			30.00	
31.00	03100 INTENSIVE CARE UNIT	30,656,903		30,656,903			31.00	
33.00	03300 BURN INTENSIVE CARE UNIT	0		0			33.00	
40.00	04000 SUBPROVIDER - IPF	6,390,008		6,390,008			40.00	
41.00	04100 SUBPROVIDER - IRF	0		0			41.00	
43.00	04300 NURSERY	5,046,651		5,046,651			43.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,392,083	52,338,450	94,730,533	0.244178	0.000000	50.00	
51.00	05100 RECOVERY ROOM	4,935,087	6,868,989	11,804,076	0.152544	0.000000	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,534,730	908,017	13,442,747	0.461353	0.000000	52.00	
53.00	05300 ANESTHESIOLOGY	14,906,555	13,996,036	28,902,591	0.020012	0.000000	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,677,101	40,502,779	55,179,880	0.154992	0.000000	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	302,523	24,420,304	24,722,827	0.131572	0.000000	55.00	
56.00	05600 RADIOISOTOPE	1,628,095	3,867,547	5,495,642	0.131712	0.000000	56.00	
57.00	05700 CT SCAN	20,896,723	51,323,756	72,220,479	0.026526	0.000000	57.00	
58.00	05800 MRI	6,248,346	28,563,253	34,811,599	0.068805	0.000000	58.00	
59.00	05900 CARDIAC CATHETERIZATION	7,764,447	14,971,248	22,735,695	0.143538	0.000000	59.00	
60.00	06000 LABORATORY	47,065,928	97,055,369	144,121,297	0.115225	0.000000	60.00	
65.00	06500 RESPIRATORY THERAPY	24,213,332	1,192,917	25,406,249	0.186014	0.000000	65.00	
66.00	06600 PHYSICAL THERAPY	3,913,892	6,404,947	10,318,839	0.346407	0.000000	66.00	
67.00	06700 OCCUPATIONAL THERAPY	2,301,195	199,502	2,500,697	0.389348	0.000000	67.00	
68.00	06800 SPEECH PATHOLOGY	954,870	48,267	1,003,137	0.361262	0.000000	68.00	
69.00	06900 ELECTROCARDIOLOGY	9,169,579	10,987,435	20,157,014	0.075953	0.000000	69.00	
69.01	06901 CARDIAC REHAB	110,743	1,413,717	1,524,460	0.513198	0.000000	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	356,226	5,384,465	5,740,691	0.382612	0.000000	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,534,171	13,605,591	30,139,762	0.666945	0.000000	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,745,891	33,241,628	71,987,519	0.264629	0.000000	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	46,608,935	103,849,114	150,458,049	0.368784	0.000000	73.00	
74.00	07400 RENAL DIALYSIS	1,601,420	0	1,601,420	0.532501	0.000000	74.00	
76.00	03020 OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00	
76.01	03950 HEART AND VASCULAR CNTR	9,537	21,694,876	21,704,413	0.140605	0.000000	76.01	
76.02	03952 DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.02	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	292,439	23,362,268	23,654,707	0.356862	0.000000	90.00	
90.01	09001 WOODRIDGE	0	0	0	0.000000	0.000000	90.01	
91.00	09100 EMERGENCY	21,569,612	42,945,159	64,514,771	0.131991	0.000000	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,182,335	6,670,908	8,853,243	0.468447	0.000000	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
93.00	04040 PARTIAL HOSP	2,541	10,524,612	10,527,153	0.159931	0.000000	93.00	
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	9,438,630	9,438,630			101.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00	
116.00	11600 HOSPICE	0	6,843,704	6,843,704			116.00	
200.00	Subtotal (see instructions)	431,460,222	632,623,488	1,064,083,710			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	431,460,222	632,623,488	1,064,083,710			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.244178			50.00
51.00	05100 RECOVERY ROOM	0.152544			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.461353			52.00
53.00	05300 ANESTHESIOLOGY	0.020012			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154992			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131572			55.00
56.00	05600 RADIOISOTOPE	0.131712			56.00
57.00	05700 CT SCAN	0.026526			57.00
58.00	05800 MRI	0.068805			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.143538			59.00
60.00	06000 LABORATORY	0.115225			60.00
65.00	06500 RESPIRATORY THERAPY	0.186014			65.00
66.00	06600 PHYSICAL THERAPY	0.346407			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389348			67.00
68.00	06800 SPEECH PATHOLOGY	0.361262			68.00
69.00	06900 ELECTROCARDIOLOGY	0.075953			69.00
69.01	06901 CARDIAC REHAB	0.513198			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382612			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.666945			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.264629			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.368784			73.00
74.00	07400 RENAL DIALYSIS	0.532501			74.00
76.00	03020 OTHER ANCILLARY	0.000000			76.00
76.01	03950 HEART AND VASCULAR CNTR	0.140605			76.01
76.02	03952 DIABETES EDUCATION	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.356862			90.00
90.01	09001 WOODRIDGE	0.000000			90.01
91.00	09100 EMERGENCY	0.131991			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.468447			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.00	04040 PARTIAL HOSP	0.159931			93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
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: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:48 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	41,407,796		41,407,796	0	41,407,796	30.00
31.00	03100 INTENSIVE CARE UNIT	16,304,508		16,304,508	0	16,304,508	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000 SUBPROVIDER - IPF	4,522,463		4,522,463	0	4,522,463	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300 NURSERY	2,599,034		2,599,034	0	2,599,034	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,131,137		23,131,137	0	23,131,137	50.00
51.00	05100 RECOVERY ROOM	1,800,637		1,800,637	0	1,800,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,201,847		6,201,847	0	6,201,847	52.00
53.00	05300 ANESTHESIOLOGY	578,400		578,400	0	578,400	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,552,439		8,552,439	0	8,552,439	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,252,842		3,252,842	0	3,252,842	55.00
56.00	05600 RADIOISOTOPE	723,843		723,843	0	723,843	56.00
57.00	05700 CT SCAN	1,915,756		1,915,756	0	1,915,756	57.00
58.00	05800 MRI	2,395,201		2,395,201	0	2,395,201	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,263,441		3,263,441	0	3,263,441	59.00
60.00	06000 LABORATORY	16,606,439		16,606,439	0	16,606,439	60.00
65.00	06500 RESPIRATORY THERAPY	4,725,909	0	4,725,909	0	4,725,909	65.00
66.00	06600 PHYSICAL THERAPY	3,574,517	0	3,574,517	0	3,574,517	66.00
67.00	06700 OCCUPATIONAL THERAPY	973,642	0	973,642	0	973,642	67.00
68.00	06800 SPEECH PATHOLOGY	362,395	0	362,395	0	362,395	68.00
69.00	06900 ELECTROCARDIOLOGY	1,530,978		1,530,978	0	1,530,978	69.00
69.01	06901 CARDIAC REHAB	782,350		782,350	0	782,350	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	2,196,458		2,196,458	0	2,196,458	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,101,557		20,101,557	0	20,101,557	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,049,951		19,049,951	0	19,049,951	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,486,566		55,486,566	0	55,486,566	73.00
74.00	07400 RENAL DIALYSIS	852,757		852,757	0	852,757	74.00
76.00	03020 OTHER ANCILLARY	0		0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	3,051,744		3,051,744	0	3,051,744	76.01
76.02	03952 DIABETES EDUCATION	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,441,459		8,441,459	0	8,441,459	90.00
90.01	09001 WOODRIDGE	0		0	0	0	90.01
91.00	09100 EMERGENCY	8,515,388		8,515,388	0	8,515,388	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,147,274		4,147,274	0	4,147,274	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	13,882		13,882	0	13,882	92.01
93.00	04040 PARTIAL HOSP	1,683,622		1,683,622	0	1,683,622	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	9,113,976		9,113,976		9,113,976	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	5,811,634		5,811,634		5,811,634	116.00
200.00	Subtotal (see instructions)	283,671,842	0	283,671,842	0	283,671,842	200.00
201.00	Less Observation Beds	4,147,274		4,147,274		4,147,274	201.00
202.00	Total (see instructions)	279,524,568	0	279,524,568	0	279,524,568	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	47,448,324		47,448,324			30.00
31.00	03100 INTENSIVE CARE UNIT	30,656,903		30,656,903			31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0			33.00
40.00	04000 SUBPROVIDER - IPF	6,390,008		6,390,008			40.00
41.00	04100 SUBPROVIDER - IRF	0		0			41.00
43.00	04300 NURSERY	5,046,651		5,046,651			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,392,083	52,338,450	94,730,533	0.244178	0.000000	50.00
51.00	05100 RECOVERY ROOM	4,935,087	6,868,989	11,804,076	0.152544	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,534,730	908,017	13,442,747	0.461353	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	14,906,555	13,996,036	28,902,591	0.020012	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,677,101	40,502,779	55,179,880	0.154992	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	302,523	24,420,304	24,722,827	0.131572	0.000000	55.00
56.00	05600 RADIOISOTOPE	1,628,095	3,867,547	5,495,642	0.131712	0.000000	56.00
57.00	05700 CT SCAN	20,896,723	51,323,756	72,220,479	0.026526	0.000000	57.00
58.00	05800 MRI	6,248,346	28,563,253	34,811,599	0.068805	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,764,447	14,971,248	22,735,695	0.143538	0.000000	59.00
60.00	06000 LABORATORY	47,065,928	97,055,369	144,121,297	0.115225	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	24,213,332	1,192,917	25,406,249	0.186014	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	3,913,892	6,404,947	10,318,839	0.346407	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,301,195	199,502	2,500,697	0.389348	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	954,870	48,267	1,003,137	0.361262	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	9,169,579	10,987,435	20,157,014	0.075953	0.000000	69.00
69.01	06901 CARDIAC REHAB	110,743	1,413,717	1,524,460	0.513198	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	356,226	5,384,465	5,740,691	0.382612	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,534,171	13,605,591	30,139,762	0.666945	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,745,891	33,241,628	71,987,519	0.264629	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46,608,935	103,849,114	150,458,049	0.368784	0.000000	73.00
74.00	07400 RENAL DIALYSIS	1,601,420	0	1,601,420	0.532501	0.000000	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03950 HEART AND VASCULAR CNTR	9,537	21,694,876	21,704,413	0.140605	0.000000	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	292,439	23,362,268	23,654,707	0.356862	0.000000	90.00
90.01	09001 WOODRIDGE	0	0	0	0.000000	0.000000	90.01
91.00	09100 EMERGENCY	21,569,612	42,945,159	64,514,771	0.131991	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,182,335	6,670,908	8,853,243	0.468447	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04040 PARTIAL HOSP	2,541	10,524,612	10,527,153	0.159931	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	9,438,630	9,438,630			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	6,843,704	6,843,704			116.00
200.00	Subtotal (see instructions)	431,460,222	632,623,488	1,064,083,710			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	431,460,222	632,623,488	1,064,083,710			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - IPF				40.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901 CARDIAC REHAB	0.000000			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.00	03020 OTHER ANCILLARY	0.000000			76.00
76.01	03950 HEART AND VASCULAR CNTR	0.000000			76.01
76.02	03952 DIABETES EDUCATION	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOODRIDGE	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.00	04040 PARTIAL HOSP	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,385,445	0	8,385,445	39,618	211.66	30.00
31.00	INTENSIVE CARE UNIT	1,262,603		1,262,603	10,411	121.28	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	580,804	0	580,804	4,081	142.32	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	48,919		48,919	5,250	9.32	43.00
200.00	Total (lines 30 through 199)	10,277,771		10,277,771	59,360		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	14,482	3,065,260				30.00
31.00	INTENSIVE CARE UNIT	1,832	222,185				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
40.00	SUBPROVIDER - IPF	517	73,579				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	16,831	3,361,024				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,062,987	94,730,533	0.032334	18,298,380	591,660	50.00
51.00	05100 RECOVERY ROOM	189,444	11,804,076	0.016049	2,138,023	34,313	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	82,064	13,442,747	0.006105	8,996	55	52.00
53.00	05300 ANESTHESIOLOGY	68,225	28,902,591	0.002361	5,597,543	13,216	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,213,304	55,179,880	0.021988	6,713,915	147,626	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	37,169	24,722,827	0.001503	212,585	320	55.00
56.00	05600 RADIOISOTOPE	186,950	5,495,642	0.034018	919,228	31,270	56.00
57.00	05700 CT SCAN	85,153	72,220,479	0.001179	10,103,182	11,912	57.00
58.00	05800 MRI	409,068	34,811,599	0.011751	2,612,736	30,702	58.00
59.00	05900 CARDIAC CATHETERIZATION	510,169	22,735,695	0.022439	4,517,447	101,367	59.00
60.00	06000 LABORATORY	1,388,620	144,121,297	0.009635	19,337,594	186,318	60.00
65.00	06500 RESPIRATORY THERAPY	78,240	25,406,249	0.003080	9,834,992	30,292	65.00
66.00	06600 PHYSICAL THERAPY	137,281	10,318,839	0.013304	1,964,172	26,131	66.00
67.00	06700 OCCUPATIONAL THERAPY	100,006	2,500,697	0.039991	1,303,550	52,130	67.00
68.00	06800 SPEECH PATHOLOGY	64,173	1,003,137	0.063972	443,410	28,366	68.00
69.00	06900 ELECTROCARDIOLOGY	321,384	20,157,014	0.015944	4,478,919	71,412	69.00
69.01	06901 CARDIAC REHAB	123,912	1,524,460	0.081283	49,304	4,008	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	307,731	5,740,691	0.053605	141,510	7,586	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	218,946	30,139,762	0.007264	6,084,363	44,197	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	157,371	71,987,519	0.002186	18,538,451	40,525	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	700,330	150,458,049	0.004655	17,281,269	80,444	73.00
74.00	07400 RENAL DIALYSIS	6,433	1,601,420	0.004017	843,826	3,390	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	548,734	21,704,413	0.025282	6,588	167	76.01
76.02	03952 DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,334,640	23,654,707	0.056422	38,170	2,154	90.00
90.01	09001 WOODRIDGE	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	1,228,179	64,514,771	0.019037	9,917,889	188,807	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	839,860	8,853,243	0.094865	1,099,598	104,313	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	135	0	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	22,929	10,527,153	0.002178	0	0	93.00
200.00	Total (lines 50 through 199)	13,423,437	958,259,490		142,485,640	1,832,681	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part III
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Title XVIII Allied Health Post-Stepdown Adjustments	Hospital Allied Health Cost	PPS All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00	Total (lines 30 through 199)		0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	39,618	0.00	14,482	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	10,411	0.00	1,832	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,081	0.00	517	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY		0	5,250	0.00	0	43.00	
200.00	Total (lines 30 through 199)			0	59,360		16,831	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00	Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
		Anesthetist Cost	Post-Stepdown Adjustments	Adjustments	Post-Stepdown Adjustments	Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOODRIDGE	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:48 am

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	0	0	94,730,533	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,804,076	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,442,747	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	28,902,591	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,179,880	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	24,722,827	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,495,642	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	72,220,479	0.000000	57.00
58.00	05800	MRI	0	0	0	34,811,599	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,735,695	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	144,121,297	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,406,249	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,318,839	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,500,697	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,003,137	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,157,014	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,524,460	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,740,691	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,139,762	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	71,987,519	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	150,458,049	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,601,420	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	21,704,413	0.000000	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	23,654,707	0.000000	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	64,514,771	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,853,243	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP	0	0	0	10,527,153	0.000000	93.00
200.00	Total (lines 50 through 199)		0	0	0	958,259,490		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:48 am

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)	Hospital Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	18,298,380	0	8,164,545	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,138,023	0	653,258	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	8,996	0	2,310	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	5,597,543	0	1,464,985	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,713,915	0	6,358,781	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	212,585	0	6,337,637	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	919,228	0	1,036,151	0	56.00
57.00	05700 CT SCAN	0.000000	10,103,182	0	10,500,966	0	57.00
58.00	05800 MRI	0.000000	2,612,736	0	4,654,398	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,517,447	0	4,305,293	0	59.00
60.00	06000 LABORATORY	0.000000	19,337,594	0	6,222,139	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	9,834,992	0	225,549	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,964,172	0	129,679	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,303,550	0	82,352	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	443,410	0	10,011	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,478,919	0	2,016,371	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	49,304	0	395,626	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	141,510	0	900,870	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,084,363	0	1,960,264	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,538,451	0	7,610,636	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,281,269	0	26,749,737	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	843,826	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.000000	6,588	0	6,880,630	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	38,170	0	3,691,865	0	90.00
90.01	09001 WOODRIDGE	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	9,917,889	0	5,028,479	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,099,598	0	1,926,439	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0.000000	0	0	669,475	0	93.00
200.00	Total (lines 50 through 199)		142,485,640	0	107,978,446	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0122		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/28/2019 6:48 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.244178	8,164,545	0	0	1,993,602	50.00
51.00	05100	RECOVERY ROOM	0.152544	653,258	0	0	99,651	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.461353	2,310	0	0	1,066	52.00
53.00	05300	ANESTHESIOLOGY	0.020012	1,464,985	0	0	29,317	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154992	6,358,781	0	0	985,560	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.131572	6,337,637	0	0	833,856	55.00
56.00	05600	RADIOISOTOPE	0.131712	1,036,151	0	0	136,474	56.00
57.00	05700	CT SCAN	0.026526	10,500,966	0	0	278,549	57.00
58.00	05800	MRI	0.068805	4,654,398	0	0	320,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143538	4,305,293	0	0	617,973	59.00
60.00	06000	LABORATORY	0.115225	6,222,139	0	0	716,946	60.00
65.00	06500	RESPIRATORY THERAPY	0.186014	225,549	0	0	41,955	65.00
66.00	06600	PHYSICAL THERAPY	0.346407	129,679	0	0	44,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389348	82,352	0	0	32,064	67.00
68.00	06800	SPEECH PATHOLOGY	0.361262	10,011	0	0	3,617	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075953	2,016,371	0	0	153,149	69.00
69.01	06901	CARDIAC REHAB	0.513198	395,626	0	0	203,034	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.382612	900,870	0	0	344,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.666945	1,960,264	0	0	1,307,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.264629	7,610,636	0	0	2,013,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.368784	26,749,737	349	90,061	9,864,875	73.00
74.00	07400	RENAL DIALYSIS	0.532501	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.140605	6,880,630	0	0	967,451	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.356862	3,691,865	0	0	1,317,486	90.00
90.01	09001	WOODRIDGE	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.131991	5,028,479	0	0	663,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.468447	1,926,439	0	0	902,435	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0.159931	669,475	0	0	107,070	93.00
200.00		Subtotal (see instructions)		107,978,446	349	90,061	23,981,079	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		107,978,446	349	90,061	23,981,079	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
69.01	06901 CARDIAC REHAB	0	0		69.01
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	129	33,213		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
76.00	03020 OTHER ANCILLARY	0	0		76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0		76.01
76.02	03952 DIABETES EDUCATION	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0		90.00
90.01	09001 WOODRIDGE	0	0		90.01
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040 PARTIAL HOSP	0	0		93.00
200.00	Subtotal (see instructions)	129	33,213		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 - line 201)	129	33,213		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -

IPF

PPS

Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,062,987	94,730,533	0.032334	0	0	50.00
51.00	05100 RECOVERY ROOM	189,444	11,804,076	0.016049	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	82,064	13,442,747	0.006105	0	0	52.00
53.00	05300 ANESTHESIOLOGY	68,225	28,902,591	0.002361	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,213,304	55,179,880	0.021988	13,993	308	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	37,169	24,722,827	0.001503	0	0	55.00
56.00	05600 RADIOISOTOPE	186,950	5,495,642	0.034018	0	0	56.00
57.00	05700 CT SCAN	85,153	72,220,479	0.001179	17,900	21	57.00
58.00	05800 MRI	409,068	34,811,599	0.011751	16,600	195	58.00
59.00	05900 CARDIAC CATHETERIZATION	510,169	22,735,695	0.022439	0	0	59.00
60.00	06000 LABORATORY	1,388,620	144,121,297	0.009635	88,125	849	60.00
65.00	06500 RESPIRATORY THERAPY	78,240	25,406,249	0.003080	23,495	72	65.00
66.00	06600 PHYSICAL THERAPY	137,281	10,318,839	0.013304	2,525	34	66.00
67.00	06700 OCCUPATIONAL THERAPY	100,006	2,500,697	0.039991	810	32	67.00
68.00	06800 SPEECH PATHOLOGY	64,173	1,003,137	0.063972	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	321,384	20,157,014	0.015944	0	0	69.00
69.01	06901 CARDIAC REHAB	123,912	1,524,460	0.081283	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	307,731	5,740,691	0.053605	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	218,946	30,139,762	0.007264	99	1	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	157,371	71,987,519	0.002186	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	700,330	150,458,049	0.004655	95,920	447	73.00
74.00	07400 RENAL DIALYSIS	6,433	1,601,420	0.004017	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	548,734	21,704,413	0.025282	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,334,640	23,654,707	0.056422	0	0	90.00
90.01	09001 WOODRIDGE	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	1,228,179	64,514,771	0.019037	129,696	2,469	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,853,243	0.000000	7,440	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	135	0	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	22,929	10,527,153	0.002178	705	2	93.00
200.00	Total (lines 50 through 199)	12,583,577	958,259,490		397,308	4,430	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOODRIDGE	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (From wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	94,730,533	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	11,804,076	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	13,442,747	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	28,902,591	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	55,179,880	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	24,722,827	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	5,495,642	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	72,220,479	0.000000	57.00
58.00	05800 MRI	0	0	0	34,811,599	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	22,735,695	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	144,121,297	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	25,406,249	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	10,318,839	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	2,500,697	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,003,137	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	20,157,014	0.000000	69.00
69.01	06901 CARDIAC REHAB	0	0	0	1,524,460	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,740,691	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,139,762	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	71,987,519	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	150,458,049	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	1,601,420	0.000000	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	21,704,413	0.000000	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	23,654,707	0.000000	90.00
90.01	09001 WOODRIDGE	0	0	0	0	0.000000	90.01
91.00	09100 EMERGENCY	0	0	0	64,514,771	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,853,243	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040 PARTIAL HOSP	0	0	0	10,527,153	0.000000	93.00
200.00	Total (lines 50 through 199)	0	0	0	958,259,490		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	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	13,993	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	17,900	0	0	0	57.00
58.00	05800 MRI	0.000000	16,600	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	88,125	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	23,495	0	345	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,525	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	810	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	99	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	95,920	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.000000	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOODRIDGE	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	129,696	0	3,060	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	7,440	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0.000000	705	0	0	0	93.00
200.00	Total (lines 50 through 199)		397,308	0	3,405	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.244178	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.152544	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.461353	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.020012	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154992	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131572	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.131712	0	0	0	0 56.00
57.00	05700 CT SCAN	0.026526	0	0	0	0 57.00
58.00	05800 MRI	0.068805	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.143538	0	0	0	0 59.00
60.00	06000 LABORATORY	0.115225	0	0	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	0.186014	345	0	0	64 65.00
66.00	06600 PHYSICAL THERAPY	0.346407	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389348	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.361262	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.075953	0	0	0	0 69.00
69.01	06901 CARDIAC REHAB	0.513198	0	0	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382612	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.666945	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.264629	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.368784	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.532501	0	0	0	0 74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0 76.00
76.01	03950 HEART AND VASCULAR CNTR	0.140605	0	0	0	0 76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.356862	0	0	102	0 90.00
90.01	09001 WOODRIDGE	0.000000	0	0	0	0 90.01
91.00	09100 EMERGENCY	0.131991	3,060	0	0	404 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.468447	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
93.00	04040 PARTIAL HOSP	0.159931	0	0	0	0 93.00
200.00	Subtotal (see instructions)		3,405	0	102	468 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		3,405	0	102	468 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018worksheet D
Part V
Date/Time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Costs		
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	36	90.00
90.01	09001 WOODRIDGE	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Subtotal (see instructions)	0	36	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net charges (line 200 - line 201)	0	36	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			39,618 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			39,618 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)			35,650 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)			14,482 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)			41,407,796 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)			41,407,796 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)			41,407,796 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)			1,045.18 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			15,136,297 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)			15,136,297 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,304,508	10,411	1,566.08	1,832	2,869,059	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					30,646,451	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,651,807	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)					3,287,445	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,832,681	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,120,126	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,531,681	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)					3,968	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,045.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,147,274	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

worksheet D-1

Date/Time Prepared:
5/28/2019 6:48 am

Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	8,385,445	41,407,796	0.202509	4,147,274	839,860
91.00 Nursing School cost	0	41,407,796	0.000000	4,147,274	0
92.00 Allied health cost	0	41,407,796	0.000000	4,147,274	0
93.00 All other Medical Education	0	41,407,796	0.000000	4,147,274	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Component CCN: 14-S122

Date/Time Prepared:
5/28/2019 6:48 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,081	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,081	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,081	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)	517	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)	4,522,463	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)	4,522,463	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)	4,522,463	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)	1,108.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	572,929	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)	572,929	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 14-S122		Date/Time Prepared: 5/28/2019 6:48 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title v & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					75,657	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					648,586	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)					73,579	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,430	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					78,009	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					570,577	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: 14-0122

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

Worksheet D-1

Component CCN: 14-S122

Date/Time Prepared:
5/28/2019 6:48 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	580,804	4,522,463	0.128426	0	0	90.00
91.00	Nursing School cost	0	4,522,463	0.000000	0	0	91.00
92.00	Allied health cost	0	4,522,463	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,522,463	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 6:48 am	
Title XVIII		Hospital		PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		17,444,903		30.00
31.00	03100 INTENSIVE CARE UNIT		4,051,702		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.244178	18,298,380	4,468,062	50.00
51.00	05100 RECOVERY ROOM	0.152544	2,138,023	326,143	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.461353	8,996	4,150	52.00
53.00	05300 ANESTHESIOLOGY	0.020012	5,597,543	112,018	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154992	6,713,915	1,040,603	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131572	212,585	27,970	55.00
56.00	05600 RADIOISOTOPE	0.131712	919,228	121,073	56.00
57.00	05700 CT SCAN	0.026526	10,103,182	267,997	57.00
58.00	05800 MRI	0.068805	2,612,736	179,769	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.143538	4,517,447	648,425	59.00
60.00	06000 LABORATORY	0.115225	19,337,594	2,228,174	60.00
65.00	06500 RESPIRATORY THERAPY	0.186014	9,834,992	1,829,446	65.00
66.00	06600 PHYSICAL THERAPY	0.346407	1,964,172	680,403	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389348	1,303,550	507,535	67.00
68.00	06800 SPEECH PATHOLOGY	0.361262	443,410	160,187	68.00
69.00	06900 ELECTROCARDIOLOGY	0.075953	4,478,919	340,187	69.00
69.01	06901 CARDIAC REHAB	0.513198	49,304	25,303	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382612	141,510	54,143	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.666945	6,084,363	4,057,935	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.264629	18,538,451	4,905,812	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.368784	17,281,269	6,373,056	73.00
74.00	07400 RENAL DIALYSIS	0.532501	843,826	449,338	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.140605	6,588	926	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.356862	38,170	13,621	90.00
90.01	09001 WOODRIDGE	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.131991	9,917,889	1,309,072	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.468447	1,099,598	515,103	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	0.159931	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		142,485,640	30,646,451	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		142,485,640		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Component CCN: 14-S122		Date/Time Prepared: 5/28/2019 6:48 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		809,015		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.244178	0	0	50.00
51.00	05100 RECOVERY ROOM	0.152544	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.461353	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020012	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154992	13,993	2,169	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131572	0	0	55.00
56.00	05600 RADIOISOTOPE	0.131712	0	0	56.00
57.00	05700 CT SCAN	0.026526	17,900	475	57.00
58.00	05800 MRI	0.068805	16,600	1,142	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.143538	0	0	59.00
60.00	06000 LABORATORY	0.115225	88,125	10,154	60.00
65.00	06500 RESPIRATORY THERAPY	0.186014	23,495	4,370	65.00
66.00	06600 PHYSICAL THERAPY	0.346407	2,525	875	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389348	810	315	67.00
68.00	06800 SPEECH PATHOLOGY	0.361262	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.075953	0	0	69.00
69.01	06901 CARDIAC REHAB	0.513198	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382612	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.666945	99	66	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.264629	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.368784	95,920	35,374	73.00
74.00	07400 RENAL DIALYSIS	0.532501	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.140605	0	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.356862	0	0	90.00
90.01	09001 WOODRIDGE	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.131991	129,696	17,119	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.468447	7,440	3,485	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	0.159931	705	113	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		397,308	75,657	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		397,308		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A
Date/Time Prepared:
5/28/2019 6:48 am

Title XVIII

Hospital

PPS

1.00

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	27,210,142		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	8,502,649		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)	610,887		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	8,483,176		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	239.78		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)	25.75		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.19		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	25.56		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	26.01		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	25.56		12.00
13.00	Total allowable FTE count for the prior year.	25.56		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.	25.56		14.00
15.00	Sum of lines 12 through 14 divided by 3.	25.56		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	25.56		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.106598		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.104943		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.104943		21.00
22.00	IME payment adjustment (see instructions)	1,988,452		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	472,335		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.45		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	1,988,452		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	472,335		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1.81		30.00
31.00	Percentage of Medicaid patient days (see instructions)	15.43		31.00
32.00	Sum of lines 30 and 31	17.24		32.00
33.00	Allowable disproportionate share percentage (see instructions)	3.96		33.00
34.00	Disproportionate share adjustment (see instructions)	353,557		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A
Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.000166382	0.000135750	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,125,858	1,123,046	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		842,080	283,069	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,125,149		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		39,790,836		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			40,263,171	49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)			3,299,224	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).			955,027	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,517,422	59.00
60.00	Primary payer payments			83,433	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,433,989	61.00
62.00	Deductibles billed to program beneficiaries			3,350,380	62.00
63.00	Coinurance billed to program beneficiaries			98,765	63.00
64.00	Allowable bad debts (see instructions)			164,233	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			106,751	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			110,390	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			41,091,595	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 AND MSP RECONCILIA			333	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)			311,796	70.93
70.94	HRR adjustment amount (see instructions)			-227,371	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A
Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			41,176,353	71.00
71.01	Sequestration adjustment (see instructions)			823,527	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			39,936,147	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)			416,679	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			655,197	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
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

		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	27,210,142	0	27,210,142		27,210,142
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,502,649	0		8,502,649	8,502,649
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	610,887	0	466,057	144,830	610,887
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	8,483,176	0	6,054,891	2,428,285	8,483,176
Indirect Medical Education Adjustment							
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.104943	0.104943	0.104943	0.104943	5.00
6.00	IME payment adjustment (see instructions)	22.00	1,988,452	0	1,515,033	473,419	1,988,452
6.01	IME payment adjustment for managed care (see instructions)	22.01	472,335	0	472,335	0	472,335
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,988,452	0	1,515,033	473,419	1,988,452
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	472,335	0	472,335	0	472,335
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0396	0.0396	0.0396	0.0396	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	353,557	0	269,381	84,176	353,557
11.01	Uncompensated care payments	36.00	1,125,149	0	842,080	283,069	1,125,149
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	39,790,836	0	30,302,693	9,488,143	39,790,836
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	40,263,171	0	30,775,028	9,488,143	40,263,171
16.00	Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)	50.00	3,299,224	0	2,522,616	776,608	3,299,224
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02

		Title XVIII					Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)			
		0	1.00	2.00	3.00	4.00	5.00			
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0		18.00	
19.00	SUBTOTAL			0	33,297,644	10,264,751	43,562,395		19.00	
		W/S L, line	(Amounts from L)							
		0	1.00	2.00	3.00	4.00	5.00			
20.00	Capital DRG other than outlier	1.00	2,907,973	0	2,216,202	691,771	2,907,973		20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0		20.01	
21.00	Capital DRG outlier payments	2.00	118,774	0	98,756	20,018	118,774		21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0		21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0582	0.0582	0.0582	0.0582			22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	169,244	0	128,983	40,261	169,244		23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0355	0.0355	0.0355	0.0355			24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	103,233	0	78,675	24,558	103,233		25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,299,224	0	2,522,616	776,608	3,299,224		26.00	
		W/S E, Part A line	(Amounts to E, Part A)							
		0	1.00	2.00	3.00	4.00	5.00			
27.00	Low volume adjustment factor				0.000000	0.000000			27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0		28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0		29.00	
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y						100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 6:48 am

		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	27,210,142	27,210,142		27,210,142	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,502,649		8,502,649	8,502,649	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	610,887	466,057	144,830	610,887	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	8,483,176	6,054,891	2,428,285	8,483,176	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104943	0.104943	0.104943		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,988,452	1,515,033	473,419	1,988,452	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	472,335	337,131	135,204	472,335	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,988,452	1,515,033	473,419	1,988,452	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	472,335	337,131	135,204	472,335	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0396	0.0396	0.0396		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	353,557	269,381	84,176	353,557	11.00
11.01	Uncompensated care payments	36.00	1,125,149	842,080	283,069	1,125,149	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	39,790,836	30,302,693	9,488,143	39,790,836	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	40,263,171	30,639,824	9,623,347	40,263,171	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,299,224	2,522,616	776,608	3,299,224	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	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			33,162,440	10,399,955	43,562,395	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,907,973	2,216,202	691,771	2,907,973	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	118,774	98,756	20,018	118,774	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	0.0582	0.0582	0.0582		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	169,244	128,983	40,261	169,244	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0355	0.0355	0.0355		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	103,233	78,675	24,558	103,233	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,299,224	2,522,616	776,608	3,299,224	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	311,796	247,466	64,330	311,796	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	-227,371	-168,702	-58,669	-227,371	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 6:48 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		33,342	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,981,079	2.00
3.00	OPPS payments		18,842,083	3.00
4.00	Outlier payment (see instructions)		50,649	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)		33,342	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		90,410	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)		90,410	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		90,410	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		57,068	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)		33,342	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)		18,892,732	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)		3,182,579	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)		15,743,495	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		465,601	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)		16,209,096	30.00
31.00	Primary payer payments		19,661	31.00
32.00	Subtotal (line 30 minus line 31)		16,189,435	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)		180,543	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		117,353	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		127,701	36.00
37.00	Subtotal (see instructions)		16,306,788	37.00
38.00	MSP-LCC reconciliation amount from PS&R		3,887	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		15,000	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		16,302,901	40.00
40.01	Sequestration adjustment (see instructions)		326,058	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		16,115,771	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-138,928	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: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part BDate/time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -
IPF

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	36	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	468	2.00
3.00	OPPS payments	745	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)	36	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	102	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)	102	14.00
Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	102	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	66	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)	36	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)	745	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)	119	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)	662	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)	662	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	662	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)	662	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)	662	40.00
40.01	Sequestration adjustment (see instructions)	13	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	1,099	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-450	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: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		40,070,802		16,006,206	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	12/20/2018	4,647	12/20/2018	3,403	3.01
3.02			0	10/23/2018	106,162	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	10/23/2018	139,302		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)		-134,655		109,565	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)		39,936,147		16,115,771	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		416,679		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		138,928	6.02
7.00	Total Medicare program liability (see instructions)		40,352,826		15,976,843	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: 14-0122
Component CCN: 14-S122Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 6:48 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		404,319		1,099	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		404,319		1,099	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		777		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		450	6.02
7.00	Total Medicare program liability (see instructions)		405,096		649	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 6:48 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122

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

Worksheet E-3

Part II

Date/Time Prepared:
5/28/2019 6:48 am

Component CCN: 14-S122

Title XVIII

Subprovider -
IPF

PPS

1.00

PART II - MEDICARE PART A SERVICES - IPF PPS

1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	483,597	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	11.180822	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	483,597	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	483,597	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	483,597	18.00
19.00	Deductibles	71,020	19.00
20.00	Subtotal (line 18 minus line 19)	412,577	20.00
21.00	Coinsurance	0	21.00
22.00	Subtotal (line 20 minus line 21)	412,577	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,209	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	786	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,209	25.00
26.00	Subtotal (sum of lines 22 and 24)	413,363	26.00
27.00	Direct graduate medical education payments (from wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	413,363	31.00
31.01	Sequestration adjustment (see instructions)	8,267	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	404,319	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	777	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

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

Provider CCN: 14-0122

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

Worksheet E-4

Date/Time Prepared:
5/28/2019 6:48 am

		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			25.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.21	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)			24.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.01	6.00
7.00	Enter the lesser of line 5 or line 6			24.54	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.	26.01	0.00	26.01	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.	24.54	0.00	24.54	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	24.54	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.54	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.54	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	24.54	0.00		17.00
18.00	Per resident amount	143,052.62	0.00		18.00
19.00	Approved amount for resident costs	3,510,511	0	3,510,511	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,510,511	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	16,831	4,239		26.00
27.00	Total Inpatient Days (see instructions)	50,586	50,586		27.00
28.00	Ratio of inpatient days to total inpatient days	0.332721	0.083798		28.00
29.00	Program direct GME amount	1,168,021	294,174		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		41,567		30.00
31.00	Net Program direct GME amount			1,420,628	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 6:48 am
		Title XVIII	Hospital	PPS
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,601,420	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)		49,300,393	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)		83,433	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,216,960	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		24,014,925	42.00
43.00	Primary payer payments (see instructions)		20,367	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		23,994,558	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		73,211,518	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.672257	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.327743	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,420,628	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		955,027	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		465,601	50.00

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

Provider CCN: 14-0122

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

Worksheet G

Date/Time Prepared:

5/28/2019 6:48 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	71,447,641	0	0	0	1.00
2.00 Temporary investments	13,403	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	135,215,642	0	0	0	4.00
5.00 Other receivable	-85,928,793	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	6,336,375	0	0	0	7.00
8.00 Prepaid expenses	4,901,021	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)	131,985,289	0	0	0	11.00
FIXED ASSETS					
12.00 Land	13,557,010	0	0	0	12.00
13.00 Land improvements	589,414	0	0	0	13.00
14.00 Accumulated depreciation	-554,606	0	0	0	14.00
15.00 Buildings	319,789,630	0	0	0	15.00
16.00 Accumulated depreciation	-221,233,320	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	45,347,286	0	0	0	19.00
20.00 Accumulated depreciation	-32,513,228	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	127,175,626	0	0	0	23.00
24.00 Accumulated depreciation	-111,716,293	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)	140,441,519	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	10,007,115	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	25,138,696	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	35,145,811	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	307,572,619	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	15,521,320	0	0	0	37.00
38.00 Salaries, wages, and fees payable	2,958,959	0	0	0	38.00
39.00 Payroll taxes payable	5,922,710	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	48,995,909	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	73,398,898	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	130,269,781	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	1,486,185	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	131,755,966	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	205,154,864	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	102,417,757	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)	102,417,757	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	307,572,621	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0122

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 6:48 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		109,786,031		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-3,906,984				2.00
3.00	Total (sum of line 1 and line 2)		105,879,047		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)		105,879,047		0		11.00
12.00	UNRESTRICTED ASSEST	3,471,296					12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3,471,296		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		102,407,751		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	UNRESTRICTED ASSEST		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,406,570		65,406,570	1.00
2.00	SUBPROVIDER - IPF	6,390,008		6,390,008	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	71,796,578		71,796,578	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,664,501		30,664,501	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,664,501		30,664,501	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	102,461,079		102,461,079	17.00
18.00	Ancillary services	327,169,391	575,521,495	902,690,886	18.00
19.00	Outpatient services	292,439	42,945,159	43,237,598	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		9,438,630	9,438,630	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	6,843,704	6,843,704	26.00
27.00	PHARMACY	0	2,222,096	2,222,096	27.00
27.01	PHYSICIAN REVENUE	0	5,857,657	5,857,657	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	429,922,909	642,828,741	1,072,751,650	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		323,873,618		29.00
30.00	BAD DEBT	12,662,039			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)		12,662,039		36.00
37.00	NON RECURRING EXP	1,288,910			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)		1,288,910		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		335,246,747		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0122

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 6:48 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,072,751,650	1.00
2.00	Less contractual allowances and discounts on patients' accounts	745,717,198	2.00
3.00	Net patient revenues (line 1 minus line 2)	327,034,452	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	335,246,747	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,212,295	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	EHR REVENUE, OTHER OPERATING, NON OP	4,305,311	24.00
25.00	Total other income (sum of lines 6-24)	4,305,311	25.00
26.00	Total (line 5 plus line 25)	-3,906,984	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)	-3,906,984	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0122

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

Worksheet H

Date/Time Prepared:
5/28/2019 6:48 am

HHA CCN: 14-7207

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	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,260,130	92,752	3,090	5,000	602,632	1,963,604	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,567,095	116,836	41,618	0	0	1,725,549	6.00
7.00 Physical Therapy	1,442,647	109,141	42,393	0	0	1,594,181	7.00
8.00 Occupational Therapy	270,292	19,333	8,902	0	0	298,527	8.00
9.00 Speech Pathology	31,017	2,373	1,205	0	0	34,595	9.00
10.00 Medical Social Services	41,065	2,743	916	0	0	44,724	10.00
11.00 Home Health Aide	59,057	3,666	6,256	0	0	68,979	11.00
12.00 Supplies (see instructions)	0	0	0	0	38,673	38,673	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	4,671,303	346,844	104,380	5,000	641,305	5,768,832	24.00
	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	0	1,963,604	648,572	2,612,176			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	1,725,549	0	1,725,549			6.00
7.00 Physical Therapy	0	1,594,181	0	1,594,181			7.00
8.00 Occupational Therapy	0	298,527	0	298,527			8.00
9.00 Speech Pathology	0	34,595	0	34,595			9.00
10.00 Medical Social Services	0	44,724	0	44,724			10.00
11.00 Home Health Aide	0	68,979	0	68,979			11.00
12.00 Supplies (see instructions)	0	38,673	0	38,673			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)	0	5,768,832	648,572	6,417,404			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: 14-0122

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

Worksheet H-1

Part I
Date/Time Prepared:
5/28/2019 6:48 am

HHA CCN: 14-7207

Home Health
Agency I

PPS

	Net Expenses for Cost Allocation (from wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	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	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,612,176	0	0	0	2,612,176	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,725,549	0	0	0	1,725,549	6.00
7.00	Physical Therapy	1,594,181	0	0	0	1,594,181	7.00
8.00	Occupational Therapy	298,527	0	0	0	298,527	8.00
9.00	Speech Pathology	34,595	0	0	0	34,595	9.00
10.00	Medical Social Services	44,724	0	0	0	44,724	10.00
11.00	Home Health Aide	68,979	0	0	0	68,979	11.00
12.00	Supplies (see instructions)	38,673	0	0	0	38,673	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,417,404	0	0	0	6,417,404	24.00
	Administrative & General	5.00	Total (cols. 4A + 5)				
			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	2,612,176					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,184,539	2,910,088				6.00
7.00	Physical Therapy	1,094,357	2,688,538				7.00
8.00	Occupational Therapy	204,930	503,457				8.00
9.00	Speech Pathology	23,748	58,343				9.00
10.00	Medical Social Services	30,702	75,426				10.00
11.00	Home Health Aide	47,352	116,331				11.00
12.00	Supplies (see instructions)	26,548	65,221				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)		6,417,404				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-1

HHA CCN: 14-7207

From 01/01/2018

Part II

To 12/31/2018

Date/Time Prepared:

5/28/2019 6:48 am

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & 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	-2,612,176	3,805,228	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,725,549	6.00
7.00	Physical Therapy	0	0	0	0	0	1,594,181	7.00
8.00	Occupational Therapy	0	0	0	0	0	298,527	8.00
9.00	Speech Pathology	0	0	0	0	0	34,595	9.00
10.00	Medical Social Services	0	0	0	0	0	44,724	10.00
11.00	Home Health Aide	0	0	0	0	0	68,979	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	38,673	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	-2,612,176	3,805,228	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,612,176	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.686470	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0122

Period: 01/01/2018

Worksheet H-2

HHA CCN: 14-7207

To 12/31/2018

Part I

Date/Time Prepared:

5/28/2019 6:48 am

Home Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	0	0	174,026	174,026	2,549	1.00
2.00	Skilled Nursing Care	2,910,088	0	0	216,419	3,126,507	45,788	2.00
3.00	Physical Therapy	2,688,538	0	0	199,232	2,887,770	42,291	3.00
4.00	Occupational Therapy	503,457	0	0	37,328	540,785	7,920	4.00
5.00	Speech Pathology	58,343	0	0	4,284	62,627	917	5.00
6.00	Medical Social Services	75,426	0	0	5,671	81,097	1,188	6.00
7.00	Home Health Aide	116,331	0	0	8,156	124,487	1,823	7.00
8.00	Supplies (see instructions)	65,221	0	0	0	65,221	955	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)	6,417,404	0	0	645,116	7,062,520	103,431	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
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5A.01	5.03	7.00	8.00	9.00	10.00	
1.00	Administrative and General	176,575	46,498	0	0	0	0	1.00
2.00	Skilled Nursing Care	3,172,295	835,377	0	0	0	0	2.00
3.00	Physical Therapy	2,930,061	771,588	0	0	0	0	3.00
4.00	Occupational Therapy	548,705	144,493	0	0	0	0	4.00
5.00	Speech Pathology	63,544	16,733	0	0	0	0	5.00
6.00	Medical Social Services	82,285	21,669	0	0	0	0	6.00
7.00	Home Health Aide	126,310	33,262	0	0	0	0	7.00
8.00	Supplies (see instructions)	66,176	17,426	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)	7,165,951	1,887,046	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	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: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

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

Part I

Date/Time Prepared:
5/28/2019 6:48 amHome Health
Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	43,064	0	0	0	17,915	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)	43,064	0	0	0	17,915	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
		INTERNS & RESIDENTS						
Cost Center Description		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		21.00	22.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	284,052	0	284,052	0	1.00
2.00	Skilled Nursing Care	0	0	4,007,672	0	4,007,672	128,927	2.00
3.00	Physical Therapy	0	0	3,701,649	0	3,701,649	119,078	3.00
4.00	Occupational Therapy	0	0	693,198	0	693,198	22,299	4.00
5.00	Speech Pathology	0	0	80,277	0	80,277	2,582	5.00
6.00	Medical Social Services	0	0	103,954	0	103,954	3,344	6.00
7.00	Home Health Aide	0	0	159,572	0	159,572	5,133	7.00
8.00	Supplies (see instructions)	0	0	83,602	0	83,602	2,689	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	9,113,976	0	9,113,976	284,052	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.						0.032169	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: 14-0122

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

Worksheet H-2

Part I

Date/Time Prepared:
5/28/2019 6:48 am

HHA CCN: 14-7207

Home Health
Agency I

PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	4,136,599		2.00
3.00	Physical Therapy	3,820,727		3.00
4.00	Occupational Therapy	715,497		4.00
5.00	Speech Pathology	82,859		5.00
6.00	Medical Social Services	107,298		6.00
7.00	Home Health Aide	164,705		7.00
8.00	Supplies (see instructions)	86,291		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19) (2)	9,113,976		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 STATISTICAL BASIS

Provider CCN: 14-0122
HHA CCN: 14-7207Period:
From 01/01/2018
To 12/31/2018Worksheet H-2
Part II
Date/Time Prepared:
5/28/2019 6:48 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	Agency 1		Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			SHARED SERVICES (ACCUM. COST)			
							1.00		
1.00	Administrative and General	0	0	1,260,130	0	174,026	0	1.00	
2.00	Skilled Nursing Care	0	0	1,567,095	0	3,126,507	0	2.00	
3.00	Physical Therapy	0	0	1,442,647	0	2,887,770	0	3.00	
4.00	Occupational Therapy	0	0	270,292	0	540,785	0	4.00	
5.00	Speech Pathology	0	0	31,017	0	62,627	0	5.00	
6.00	Medical Social Services	0	0	41,065	0	81,097	0	6.00	
7.00	Home Health Aide	0	0	59,057	0	124,487	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	65,221	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	0	4,671,303		7,062,520		20.00	
21.00	Total cost to be allocated	0	0	645,116		103,431		21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.138102		0.014645		22.00	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)		
		5.03	7.00	8.00	9.00	10.00	11.00		
1.00	Administrative and General	176,575	0	0	0	0	1,642	1.00	
2.00	Skilled Nursing Care	3,172,295	0	0	0	0	0	2.00	
3.00	Physical Therapy	2,930,061	0	0	0	0	0	3.00	
4.00	Occupational Therapy	548,705	0	0	0	0	0	4.00	
5.00	Speech Pathology	63,544	0	0	0	0	0	5.00	
6.00	Medical Social Services	82,285	0	0	0	0	0	6.00	
7.00	Home Health Aide	126,310	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	66,176	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)	7,165,951	0	0	0	0	1,642	20.00	
21.00	Total cost to be allocated	1,887,046	0	0	0	0	43,064	21.00	
22.00	Unit cost multiplier	0.263335	0.000000	0.000000	0.000000	0.000000	26.226553	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2018

Part II

To 12/31/2018

Date/Time Prepared:

5/28/2019 6:48 am

Home Health

PPS

Agency I

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
		(DIRECT NRSG)	(COSTED REQUIS.)	15.00	(GROSS CHARGES)	(TOTAL PATI ENT DAYS)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		13.00	14.00		16.00	17.00	21.00	
1.00	Administrative and General	0	0	0	9,438,630	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	0	0	9,438,630	0	0	20.00
21.00	Total cost to be allocated	0	0	0	17,915	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.001898	0.000000	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS						
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)						
		22.00						
1.00	Administrative and General	0						1.00
2.00	Skilled Nursing Care	0						2.00
3.00	Physical Therapy	0						3.00
4.00	Occupational Therapy	0						4.00
5.00	Speech Pathology	0						5.00
6.00	Medical Social Services	0						6.00
7.00	Home Health Aide	0						7.00
8.00	Supplies (see instructions)	0						8.00
9.00	Drugs	0						9.00
10.00	DME	0						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19)	0						20.00
21.00	Total cost to be allocated	0						21.00
22.00	Unit cost multiplier	0.000000						22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018Worksheet H-3
Part I
Date/Time Prepared:
5/28/2019 6:48 am

HHA CCN: 14-7207

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Agency 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	4,136,599		4,136,599	18,116	228.34	1.00
2.00	Physical Therapy	3.00	3,820,727	0	3,820,727	15,664	243.92	2.00
3.00	Occupational Therapy	4.00	715,497	0	715,497	3,164	226.14	3.00
4.00	Speech Pathology	5.00	82,859	0	82,859	400	207.15	4.00
5.00	Medical Social Services	6.00	107,298		107,298	394	272.33	5.00
6.00	Home Health Aide	7.00	164,705		164,705	1,697	97.06	6.00
7.00	Total (sum of lines 1-6)		9,027,685	0	9,027,685	39,435		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					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		16974	0	12,708			8.00
9.00	Physical Therapy		16974	0	10,849			9.00
10.00	Occupational Therapy		16974	0	2,360			10.00
11.00	Speech Pathology		16974	0	327			11.00
12.00	Medical Social Services		16974	0	296			12.00
13.00	Home Health Aide		16974	0	1,416			13.00
14.00	Total (sum of lines 8-13)			0	27,956			14.00
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	86,291	158,984	245,275	238,377	1.028937	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	12,708		0	2,901,745		1.00
2.00	Physical Therapy	0	10,849		0	2,646,288		2.00
3.00	Occupational Therapy	0	2,360		0	533,690		3.00
4.00	Speech Pathology	0	327		0	67,738		4.00
5.00	Medical Social Services	0	296		0	80,610		5.00
6.00	Home Health Aide	0	1,416		0	137,437		6.00
7.00	Total (sum of lines 1-6)	0	27,956		0	6,367,508		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
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2018

Part I

To 12/31/2018

Date/Time Prepared:

5/28/2019 6:48 am

Title XVIII

Home Health

PPS

Agency I

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	168,988	0	0	173,878	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,901,745						1.00
2.00	Physical Therapy	2,646,288						2.00
3.00	Occupational Therapy	533,690						3.00
4.00	Speech Pathology	67,738						4.00
5.00	Medical Social Services	80,610						5.00
6.00	Home Health Aide	137,437						6.00
7.00	Total (sum of lines 1-6)	6,367,508						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2018

Part II

To 12/31/2018

Date/Time Prepared:

5/28/2019 6:48 am

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	0.346407	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.389348	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.361262	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.666945	238,377	158,984	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.368784	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2019 6:48 am
		HHA CCN: 14-7207	Home Health Agency I	PPS
		Title XVIII	Part A	Part B
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	706	0
			Part A Services 1.00	Part B Services 2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	-706	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	5,869,780	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	80,378	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	151,014	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	129,608	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	16,452	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	498	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	6,247,024	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	6,247,024	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	6,247,024	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	6,247,024	29.00
30.00	OTHER ADJUSTMENTS	0	1,857	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	6,248,881	31.00
31.01	Sequestration adjustment (see instructions)	0	124,977	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	6,123,904	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: 14-0122

HHA CCN: 14-7207

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

Worksheet H-5

Date/Time Prepared:

5/28/2019 6:48 am

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		6,123,904	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		6,123,904	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		6,123,904	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0

Hospice CCN: 14-1507

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/28/2019 6:48 am

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	146,782	146,782	0	146,782	3.00
4.00	ADMINISTRATIVE & GENERAL*	283,092	137,393	420,485	0	420,485	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	10,769	10,769	0	10,769	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	11	11	0	11	6.00
7.00	HOUSEKEEPING*	0	5,113	5,113	0	5,113	7.00
8.00	DIETARY*	0	113	113	0	113	8.00
9.00	NURSING ADMINISTRATION*	208,774	101,324	310,098	0	310,098	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	43,295	43,295	0	43,295	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	44,646	44,646	0	44,646	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	52,904	25,676	78,580	0	78,580	13.00
14.00	PHARMACY*	0	157,880	157,880	0	157,880	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	60,375	60,375	0	60,375	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,118,726	542,951	1,661,677	0	1,661,677	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**	126,641	61,463	188,104	0	188,104	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**	7,209	3,499	10,708	0	10,708	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	120,804	71,158	191,962	0	191,962	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
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	146,618	58,630	205,248	0	205,248	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	2,064,768	1,471,078	3,535,846	0	3,535,846	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

Provider CCN: 14-0122

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

Worksheet 0

Hospice CCN: 14-1507

Date/Time Prepared:
5/28/2019 6:48 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	146,782	3.00
4.00	ADMINISTRATIVE & GENERAL*	9,541	430,026	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	10,769	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	11	6.00
7.00	HOUSEKEEPING*	0	5,113	7.00
8.00	DIETARY*	0	113	8.00
9.00	NURSING ADMINISTRATION*	0	310,098	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	43,295	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	44,646	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	78,580	13.00
14.00	PHARMACY*	0	157,880	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	60,375	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	1,661,677	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	188,104	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	10,708	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	191,962	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	205,248	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	9,541	3,545,387	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: 14-0122

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

Worksheet 0-2

Hospice CCN: 14-1507

Date/Time Prepared:
5/28/2019 6:48 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						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	979,462	475,362	1,454,824	0	1,454,824	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	110,876	53,812	164,688	0	164,688	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	6,312	3,063	9,375	0	9,375	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	105,766	62,300	168,066	0	168,066	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 *	1,202,416	594,537	1,796,953	0	1,796,953	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	1,454,824	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	164,688	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	9,375	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	168,066	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	1,796,953	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
RESPITE CARE

Provider CCN: 14-0122

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

Worksheet 0-3

Date/Time Prepared:
5/28/2019 6:48 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	231	112	343	0	343	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	26	13	39	0	39	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	1	1	2	0	2	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	25	15	40	0	40	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 *	283	141	424	0	424	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	343	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	39	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	2	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	40	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	424	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: 14-0122

Period:

Worksheet 0-4

Hospice CCN: 14-1507

From 01/01/2018

To 12/31/2018

Date/Time Prepared:
5/28/2019 6:48 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	139,033	67,477	206,510	0	206,510	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	15,739	7,638	23,377	0	23,377	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	896	435	1,331	0	1,331	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	15,013	8,843	23,856	0	23,856	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 *	170,681	84,393	255,074	0	255,074	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	206,510	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	23,377	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	1,331	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	23,856	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	255,074	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: 14-0122 Hospice CCN: 14-1507	Period: From 01/01/2018 To 12/31/2018	worksheet 0-5 Date/Time Prepared: 5/28/2019 6:48 am
Descriptions		HOSPICE DIRECT EXPENSES (see instructions)	Hospice I GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1.00	2.00	3.00
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	106,175	106,175 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	66,805	66,805 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	146,782	285,149	431,931 3.00
4.00	ADMINISTRATIVE & GENERAL	430,026	1,199,961	1,629,987 4.00
5.00	PLANT OPERATION & MAINTENANCE	10,769	508,166	518,935 5.00
6.00	LAUNDRY & LINEN SERVICE	11	4,611	4,622 6.00
7.00	HOUSEKEEPING	5,113	72,846	77,959 7.00
8.00	DIETARY	113	2,383	2,496 8.00
9.00	NURSING ADMINISTRATION	310,098	0	310,098 9.00
10.00	ROUTINE MEDICAL SUPPLIES	43,295	0	43,295 10.00
11.00	MEDICAL RECORDS	0	12,989	12,989 11.00
12.00	STAFF TRANSPORTATION	44,646	0	44,646 12.00
13.00	VOLUNTEER SERVICE COORDINATION	78,580	0	78,580 13.00
14.00	PHARMACY	157,880	0	157,880 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	60,375	0	60,375 15.00
16.00	OTHER GENERAL SERVICE	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	7,162	7,162 17.00
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	1,796,953	0	1,796,953 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	424	0	424 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	255,074	0	255,074 53.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	205,248	0	205,248 60.00
61.00	VOLUNTEER PROGRAM	0	0	0 61.00
62.00	FUNDRAISING	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0 66.00
67.00	ADVERTISING	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0 68.00
69.00	THRIFT STORE	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0 99.00
100.00	TOTAL	3,545,387	2,266,247	5,811,634 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2018

Part I

To 12/31/2018

Date/Time Prepared:

5/28/2019 6:48 am

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	106,175	106,175				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,805		66,805			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	431,931	0	0	431,931		3.00
4.00	ADMINISTRATIVE & GENERAL	1,629,987	106,175	66,805	59,220	1,862,187	4.00
5.00	PLANT OPERATION & MAINTENANCE	518,935	0	0	0	518,935	5.00
6.00	LAUNDRY & LINEN SERVICE	4,622	0	0	0	4,622	6.00
7.00	HOUSEKEEPING	77,959	0	0	0	77,959	7.00
8.00	DIETARY	2,496	0	0	0	2,496	8.00
9.00	NURSING ADMINISTRATION	310,098	0	0	43,674	353,772	9.00
10.00	ROUTINE MEDICAL SUPPLIES	43,295	0	0	0	43,295	10.00
11.00	MEDICAL RECORDS	12,989	0	0	0	12,989	11.00
12.00	STAFF TRANSPORTATION	44,646	0	0	0	44,646	12.00
13.00	VOLUNTEER SERVICE COORDINATION	78,580	0	0	11,067	89,647	13.00
14.00	PHARMACY	157,880	0	0	0	157,880	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	60,375	0	0	0	60,375	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		7,162	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,796,953			251,535	2,048,488	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	424	0	0	59	483	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	255,074	0	0	35,705	290,779	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	205,248	0	0	30,671	235,919	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	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	5,811,634	106,175	66,805	431,931	5,811,634	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2018

Part 1

To 12/31/2018

Date/Time Prepared:

5/28/2019 6:48 am

Descriptions		Hospice I					
		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	1,862,187					4.00
5.00	PLANT OPERATION & MAINTENANCE	244,681	763,616				5.00
6.00	LAUNDRY & LINEN SERVICE	2,179	0	6,801			6.00
7.00	HOUSEKEEPING	36,758	0		114,717		7.00
8.00	DIETARY	1,177	0		0	3,673	8.00
9.00	NURSING ADMINISTRATION	166,806	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	20,414	763,616		114,717		10.00
11.00	MEDICAL RECORDS	6,124	0		0		11.00
12.00	STAFF TRANSPORTATION	21,051	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	42,269	0		0		13.00
14.00	PHARMACY	74,441	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	28,467	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	3,377	0		0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	965,874					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	228	0	41	0	22	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	137,104	0	6,760	0	3,651	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	111,237	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,862,187	763,616	6,801	114,717	3,673	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet 0-6

Part I

Date/Time Prepared:
5/28/2019 6:48 am

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	520,578					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	942,042				10.00
11.00	MEDICAL RECORDS	0		19,113			11.00
12.00	STAFF TRANSPORTATION	0			65,697		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	131,916	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					17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	455,763	907,131	18,405	57,518	115,496	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	103	208	4	14	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	64,712	34,703	704	8,165	16,420	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	520,578	942,042	19,113	65,697	131,916	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/28/2019 6:48 am

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	232,321					14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	88,842				15.00
16.00 OTHER GENERAL SERVICE	0		0			16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES				10,539		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00 HOSPICE ROUTINE HOME CARE	223,712	85,549	0		4,877,936	51.00
52.00 HOSPICE INPATIENT RESPITE CARE	51	20	0	63	1,237	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	8,558	3,273	0	10,476	585,305	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0		0		347,156	60.00
61.00 VOLUNTEER PROGRAM	0		0		0	61.00
62.00 FUNDRAISING	0		0		0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00 PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00 OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0		0		0	67.00
68.00 TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00 THRIFT STORE	0		0		0	69.00
70.00 NURSING FACILITY ROOM & BOARD					0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	232,321	88,842	0	10,539	5,811,634	100.00

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

Provider CCN: 14-0122

Hospice CCN: 14-1507

Period:
From 01/01/2018
To 12/31/2018Worksheet 0-6
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,746					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,746				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,064,769			3.00
4.00	ADMINISTRATIVE & GENERAL	6,746	6,746	283,092	-1,862,187	3,949,447	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	518,935	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	4,622	6.00
7.00	HOUSEKEEPING	0	0	0	0	77,959	7.00
8.00	DIETARY	0	0	0	0	2,496	8.00
9.00	NURSING ADMINISTRATION	0	0	208,774	0	353,772	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	43,295	10.00
11.00	MEDICAL RECORDS	0	0	0	0	12,989	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	44,646	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	52,904	0	89,647	13.00
14.00	PHARMACY	0	0	0	0	157,880	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	60,375	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	7,162	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,202,417	0	2,048,488	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	283	0	483	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	170,681	0	290,779	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	146,618	0	235,919	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per wkst. 0-6, Part I)	106,175	66,805	431,931		1,862,187	100.00
101.00	UNIT COST MULTIPLIER	15.738956	9.902905	0.209191		0.471506	101.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2018

Part II

To 12/31/2018

Date/Time Prepared:

5/28/2019 6:48 am

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,746					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,006				6.00
7.00	HOUSEKEEPING	0		6,746			7.00
8.00	DIETARY	0		0	1,006		8.00
9.00	NURSING ADMINISTRATION	0		0		5,052	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,746		6,746		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					4,423	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	6	0	6	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,000	0	1,000	628	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per wkst. 0-6, Part I)	763,616	6,801	114,717	3,673	520,578	100.00
101.00	UNIT COST MULTIPLIER	113.195375	6.760437	17.005188	3.651093	103.043943	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASISProvider CCN: 14-0122
Hospice CCN: 14-1507Period:
From 01/01/2018
To 12/31/2018Worksheet O-6
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	Hospice I 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	27,146					10.00
11.00	MEDICAL RECORDS		27,146				11.00
12.00	STAFF TRANSPORTATION			24,332			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,888		13.00
14.00	PHARMACY			0	0	27,146	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	26,140	26,140	21,303	1,653	26,140	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6	6	5	0	6	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,000	1,000	3,024	235	1,000	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)	942,042	19,113	65,697	131,916	232,321	100.00
101.00	UNIT COST MULTIPLIER	34.702792	0.704082	2.700025	69.870763	8.558204	101.00

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

Provider CCN: 14-0122

Period:
From 01/01/2018
To 12/31/2018worksheet 0-6
Part II
Date/Time Prepared:
5/28/2019 6:48 am

Hospice CCN: 14-1507

Hospice I

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION & MAINTENANCE				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	ROUTINE MEDICAL SUPPLIES				10.00
11.00	MEDICAL RECORDS				11.00
12.00	STAFF TRANSPORTATION				12.00
13.00	VOLUNTEER SERVICE COORDINATION				13.00
14.00	PHARMACY				14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	27,146			15.00
16.00	OTHER GENERAL SERVICE		5,810		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,006	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	26,140	5,087		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6	1	6	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,000	722	1,000	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)	88,842	0	10,539	100.00
101.00	UNIT COST MULTIPLIER	3.272747	0.000000	10.476143	101.00

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

Provider CCN: 14-0122

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

Worksheet 0-7

Hospice CCN: 14-1507

Date/Time Prepared:
5/28/2019 6:48 am

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	
1.00	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.346407	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.389348	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.361262	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.368784	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.115225	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.666945	0	0	0	7.00
8.00	PARTIAL HOSP	93.00	0.159931	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.131572	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.000000	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	76.01	0.140605	0	0	0	10.01
10.02	DIABETES EDUCATION	76.02	0.000000	0	0	0	10.02
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	
1.00	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	PARTIAL HOSP	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	0	0	0	0	0	10.01
10.02	DIABETES EDUCATION	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0122

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

Worksheet O-8

Hospice CCN: 14-1507

Date/Time Prepared:
5/28/2019 6:48 am

		Hospice I		TOTAL	
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID		
		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)			4,877,936	6.00
7.00	Total unduplicated days (wkst. S-9, col. 4, line 11)			26,140	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			186.61	8.00
9.00	Unduplicated program days (wkst. S-9, col. as appropriate, line 11)	25,841	181		9.00
10.00	Program cost (line 8 times line 9)	4,822,189	33,776		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)			1,237	11.00
12.00	Total unduplicated days (wkst. S-9, col. 4, line 12)			6	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			206.17	13.00
14.00	Unduplicated program days (wkst. S-9, col. as appropriate, line 12)	6	0		14.00
15.00	Program cost (line 13 times line 14)	1,237	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)			585,305	16.00
17.00	Total unduplicated days (wkst. S-9, col. 4, line 13)			1,000	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			585.31	18.00
19.00	Unduplicated program days (wkst. S-9, col. as appropriate, line 13)	831	0		19.00
20.00	Program cost (line 18 times line 19)	486,393	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			5,464,478	21.00
22.00	Total unduplicated days (wkst. S-9, col. 4, line 14)			27,146	22.00
23.00	Average cost per diem (line 21 divided by line 22)			201.30	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0122	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 6:48 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,907,973	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		118,774	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)		127.41	3.00
4.00	Number of interns & residents (see instructions)		25.56	4.00
5.00	Indirect medical education percentage (see instructions)		5.82	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)		169,244	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.43	8.00
9.00	Sum of lines 7 and 8		17.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.55	10.00
11.00	Disproportionate share adjustment (see instructions)		103,233	11.00
12.00	Total prospective capital payments (see instructions)		3,299,224	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