

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/30/2018 3:28 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/30/2018	Time: 3:28 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INGALLS MEMORIAL HOSPITAL (14-0191) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL LAWRENCE
Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	673,450	-180,871	0	0	1.00
2.00	Subprovider - IPF	0	47,113	0		0	2.00
3.00	Subprovider - IRF	0	90,743	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00	Total	0	811,306	-180,870	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: ONE INGALLS DRIVE			PO Box:								1.00
2.00	City: HARVEY			State: IL		Zip Code: 60426		County: COOK				2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII	XIX		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		INGALLS MEMORIAL HOSPITAL		140191	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PSYCH UNIT OF INGALLS MEMORIAL HOSPI		14S191	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF		REHAB UNIT OF INGALLS MEMORIAL HOSPI		14T191	16974	5	11/02/1989	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		INGALLS HOME CARE		147435	16974		07/24/1985	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice		INGALLS HOME CARE HOSPICE		141535	16974		02/28/1990				14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017		06/30/2018		20.00	
21.00	Type of Control (see instructions)						2				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		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.			10,293	4,364	0	0	6,521	0		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 3:05 pm		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			162	108	0	0	0	25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00	
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						Y	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
					1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)				Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.02	1		60.03	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 3:05 pm	
			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 3:05 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00
						1.00	2.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1		118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		25,595,752	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N		118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N		122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							

MCRIF32 - 14.7.166.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 3:05 pm
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 3:05 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/06/2018	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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				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	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/14/2018	Y	11/14/2018
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRISTOPHER	KIMBLE		41.00
42.00	Enter the employer/company name of the cost report preparer.	UCHICAGO MEDICINE INGALLS MEMORIAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773/702-9782	CHRISTOPHER.KIMBLE@UCHOSPITALS.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 3:05 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANALYST		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: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	243	88,695	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)		243	88,695	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,125	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		268	97,820	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF	41.00	42	15,330		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)		326				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,974	3,176	54,479		1.00
2.00	HMO and other (see instructions)	2,395	15,647			2.00
3.00	HMO IPF Subprovider	0	611			3.00
4.00	HMO IRF Subprovider	21	360			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)	20,974	3,176	54,479		7.00
8.00	INTENSIVE CARE UNIT	1,909	97	4,320		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		1,939	3,462		13.00
14.00	Total (see instructions)	22,883	5,212	62,261	0.00	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	869	74	3,151	0.00	16.00
17.00	SUBPROVIDER - IRF	5,927	118	8,637	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	22,819	4,181	39,716	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	13,241	834	14,669	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,665.18
28.00	Observation Bed Days		2,432	7,239		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	319	406		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Component		Full Time Equivalents	Discharges			Total All Patients	
		Nonpaid Workers	Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,096	717	12,642	1.00
2.00	HMO and other (see instructions)			480	3,122		2.00
3.00	HMO IPF Subprovider				97		3.00
4.00	HMO IRF Subprovider				28		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	4,096	717	12,642	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	70	14	452	16.00
17.00	SUBPROVIDER - IRF	0.00	0	423	8	630	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: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	107,100,735	0	107,100,735	3,463,548.00	30.92	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	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)		11,955,916	570,433	12,526,349	378,603.00	33.09	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,581,976	0	7,581,976	71,006.00	106.78	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		3,083,519	0	3,083,519	20,557.00	150.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		5,681,008	0	5,681,008	39,779.00	142.81	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)		19,131,621	0	19,131,621			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,196,154	0	2,196,154			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		1,632,227	0	1,632,227			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	436,452	0	436,452	13,611.00	26.00
27.00	Administrative & General	5.00	14,232,736	0	14,232,736	466,111.00	27.00
28.00	Administrative & General under contract (see inst.)		1,106,364	0	1,106,364	6,923.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,257,094	0	2,257,094	88,129.00	30.00
31.00	Laundry & Linen Service	8.00	121,047	0	121,047	6,851.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,202,676	0	3,202,676	183,268.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	34.00
35.00	Dietary under contract (see instructions)		2,982,067	0	2,982,067	128,452.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,146,415	0	3,146,415	105,167.00	38.00
39.00	Central Services and Supply	14.00	302,672	0	302,672	18,163.00	39.00
40.00	Pharmacy	15.00	3,990,686	-95,308	3,895,378	104,109.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,569,682	0	2,569,682	94,471.00	41.00
42.00	Social Service	17.00	318,689	0	318,689	10,143.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/30/2018 3:05 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	114,391,842	0	114,391,842	3,782,191.00	30.24	1.00
2.00	Excluded area salaries (see instructions)	11,955,916	570,433	12,526,349	378,603.00	33.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	102,435,926	-570,433	101,865,493	3,403,588.00	29.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,346,503	0	16,346,503	131,342.00	124.46	4.00
5.00	Subtotal wage-related costs (see inst.)	20,763,848	0	20,763,848	0.00	20.38	5.00
6.00	Total (sum of lines 3 thru 5)	139,546,277	-570,433	138,975,844	3,534,930.00	39.32	6.00
7.00	Total overhead cost (see instructions)	34,666,580	-95,308	34,571,272	1,225,398.00	28.21	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2018 3:05 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,631,145	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		7,990,508	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		319,749	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		141,069	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)		242,314	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,455,506	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		7,984,885	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		198,822	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		363,778	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,327,776	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,581,976	21,327,776	1.00
2.00	Hospital	7,581,976	19,131,621	2.00
3.00	Subprovider - IPF	0	151,931	3.00
4.00	Subprovider - IRF	0	617,719	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	1,052,784	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	197,127	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	176,594	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0191 Component CCN: 14-7435		Period: From 07/01/2017 To 06/30/2018		Worksheet S-4 Date/Time Prepared: 11/30/2018 3:05 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK COUNTY		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	845	46	5	896	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,365.00	187.00	352.00	1,904.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			20.22	0.00	20.22	5.00
6.00	Direct Nursing Service			30.69	0.00	30.69	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.16	0.00	5.16	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.46	0.00	1.46	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.10	0.00	0.10	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.30	0.00	1.30	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.59	0.00	1.59	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	OTHER			33.59	0.00	33.59	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	11,392	440	619	225	12,676	21.00
22.00	Skilled Nursing Visit Charges	2,174,620	84,700	117,850	43,110	2,420,280	22.00
23.00	Physical Therapy Visits	6,493	39	95	238	6,865	23.00
24.00	Physical Therapy Visit Charges	1,233,670	7,410	17,670	45,220	1,303,970	24.00
25.00	Occupational Therapy Visits	1,722	17	28	58	1,825	25.00
26.00	Occupational Therapy Visit Charges	327,180	3,230	5,320	11,020	346,750	26.00
27.00	Speech Pathology Visits	307	6	0	22	335	27.00
28.00	Speech Pathology Visit Charges	58,330	1,140	0	4,180	63,650	28.00
29.00	Medical Social Service Visits	304	9	13	9	335	29.00
30.00	Medical Social Service Visit Charges	68,400	2,025	2,925	2,025	75,375	30.00
31.00	Home Health Aide Visits	762	0	2	19	783	31.00
32.00	Home Health Aide Visit Charges	99,060	0	260	2,470	101,790	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	20,980	511	757	571	22,819	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,961,260	98,505	144,025	108,025	4,311,815	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,458		284	42	1,784	36.00
37.00	Total Number of Outlier Episodes		18		2	20	37.00
38.00	Total Non-Routine Medical Supply Charges	216,024	29,083	13,773	2,542	261,422	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 14-0191 Hospice CCN: 14-1535		Period: From 07/01/2017 To 06/30/2018		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Hospice I					
		Unduplicated Days							
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)		
		1.00	2.00	3.00	4.00	5.00	6.00		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
1.00	Hospice Continuous Home Care							1.00	
2.00	Hospice Routine Home Care							2.00	
3.00	Hospice Inpatient Respite Care							3.00	
4.00	Hospice General Inpatient Care							4.00	
5.00	Total Hospice Days							5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
6.00	Number of patients receiving hospice care							6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00	
8.00	Average Length of Stay (line 5 / line 6)							8.00	
9.00	Unduplicated census count							9.00	
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.									
				Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
				1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
10.00	Hospice Continuous Home Care			0	0	0		10.00	
11.00	Hospice Routine Home Care			12,209	725	514	13,448	11.00	
12.00	Hospice Inpatient Respite Care			73	8	1	82	12.00	
13.00	Hospice General Inpatient Care			959	101	79	1,139	13.00	
14.00	Total Hospice Days			13,241	834	594	14,669	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: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/30/2018 3:05 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.238336 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	47,828,425		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	353,903,232		6.00
7.00	Medicaid cost (line 1 times line 6)	84,347,881		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)	36,519,456		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	36,519,456		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)	17,962,801	3,685,101	21,647,902 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,281,182	3,685,101	7,966,283 21.00
22.00	Payments received from patients for amounts previously written off as charity care	24,791	74,090	98,881 22.00
23.00	Cost of charity care (line 21 minus line 22)	4,256,391	3,611,011	7,867,402 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)	23,556,769		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,149,575		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,307,037		27.01
28.00	Non-Medicare bad debt expense (see instructions)	20,249,732		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,983,702		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	13,851,104		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	50,370,560		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	11,717,488	11,717,488	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,406,736	8,406,736	2.00
3.00	00300	OTHER CAP REL COSTS		374	374	-374	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	436,452	20,881,764	21,318,216	1,304,426	22,622,642	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,232,736	102,418,704	116,651,440	-21,477,155	95,174,285	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,614,954	3,614,954	-45,097	3,569,857	6.00
7.00	00700	OPERATION OF PLANT	2,257,094	7,064,838	9,321,932	-64,509	9,257,423	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,047	1,016,319	1,137,366	0	1,137,366	8.00
9.00	00900	HOUSEKEEPING	0	4,131,625	4,131,625	-244,165	3,887,460	9.00
10.00	01000	DIETARY	0	3,496,919	3,496,919	-1,394,883	2,102,036	10.00
11.00	01100	CAFETERIA	0	0	0	1,394,883	1,394,883	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,146,415	229,405	3,375,820	-42	3,375,778	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	302,672	686,199	988,871	-658,134	330,737	14.00
15.00	01500	PHARMACY	3,990,686	17,801,807	21,792,493	-17,577,982	4,214,511	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,569,682	701,157	3,270,839	96	3,270,935	16.00
17.00	01700	SOCIAL SERVICE	318,689	190	318,879	0	318,879	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	124,152	124,152	23.00
23.01	02301	PARAMED ED PRGM - EMS	162,601	28,532	191,133	472,784	663,917	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	93,797	10,390	104,187	0	104,187	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,285,760	8,381,906	27,667,666	-4,716,747	22,950,919	30.00
31.00	03100	INTENSIVE CARE UNIT	2,915,444	538,304	3,453,748	-477,714	2,976,034	31.00
40.00	04000	SUBPROVIDER - IPF	751,048	663,782	1,414,830	-3,860	1,410,970	40.00
41.00	04100	SUBPROVIDER - IRF	3,053,604	401,458	3,455,062	-110,482	3,344,580	41.00
43.00	04300	NURSERY	1,012,559	710,002	1,722,561	-39,263	1,683,298	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,494,992	15,579,027	19,074,019	-10,865,356	8,208,663	50.00
51.00	05100	RECOVERY ROOM	584,835	83,387	668,222	-67,415	600,807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	801,332	801,332	52.00
53.00	05300	ANESTHESIOLOGY	44,732	1,683,907	1,728,639	-262,821	1,465,818	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,494,598	2,814,731	5,309,329	-87,199	5,222,130	54.00
54.01	03630	ULTRA SOUND	846,243	162,174	1,008,417	-51,732	956,685	54.01
54.02	05401	SPECIAL PROCEDURES	951,630	1,849,499	2,801,129	-1,763,395	1,037,734	54.02
56.00	05600	RADIOISOTOPE	469,913	757,309	1,227,222	-669,258	557,964	56.00
57.00	05700	CT SCAN	741,519	457,473	1,198,992	-99,031	1,099,961	57.00
58.00	05800	MRI	427,078	77,922	505,000	-759	504,241	58.00
59.00	05900	CARDIAC CATHETERIZATION	737,311	2,485,909	3,223,220	-2,211,847	1,011,373	59.00
60.00	06000	LABORATORY	5,464,059	5,182,787	10,646,846	-430,513	10,216,333	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	279,343	903,012	1,182,355	23,839	1,206,194	63.00
65.00	06500	RESPIRATORY THERAPY	1,556,611	527,322	2,083,933	-163,674	1,920,259	65.00
65.01	03560	PULMONARY FUNCTION TESTING	30,986	-565	30,421	158	30,579	65.01
66.00	06600	PHYSICAL THERAPY	3,274,581	104,592	3,379,173	0	3,379,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,335,178	70,091	1,405,269	0	1,405,269	67.00
68.00	06800	SPEECH PATHOLOGY	417,619	4,720	422,339	0	422,339	68.00
69.00	06900	ELECTROCARDIOLOGY	1,025,260	549,289	1,574,549	-241,499	1,333,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,792	85,620	213,412	-19,120	194,292	70.00
70.01	03280	SLEEP LAB	87,732	6,910	94,642	-3,747	90,895	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,340,376	1,340,376	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,401,038	12,401,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,281,372	8,281,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	19,689,148	19,689,148	73.00
73.01	03190	INFUSION THERAPY	401,999	89,290	491,289	-48,376	442,913	73.01
73.03	07301	PHARMACY VACCINE	0	398	398	27,054	27,452	73.03
73.04	03480	FCC INFUSION THERAPY	564,128	151,925	716,053	-99,700	616,353	73.04
74.00	07400	RENAL DIALYSIS	592,298	70,839	663,137	-58,746	604,391	74.00
76.97	07697	CARDIAC REHABILITATION	323,465	111,108	434,573	-3,044	431,529	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	769,268	476,947	1,246,215	-192,836	1,053,379	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	882,658	882,658	589,050	1,471,708	90.02
90.03	09002	RETINAL VASCULAR	171,951	140,643	312,594	-5,936	306,658	90.03
91.00	09100	EMERGENCY	3,923,153	2,920,960	6,844,113	-1,267,199	5,576,914	91.00
91.01	09101	IFCC	13,417,309	12,273,485	25,690,794	-3,157,259	22,533,535	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,473,662	2,636,795	9,110,457	0	9,110,457 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	1,375,066	977,063	2,352,129	0	2,352,129 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,054,597	226,895,856	333,950,453	-2,006,937	331,943,516 118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	46,138	73,254	119,392	2,006,937	2,126,329 192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0 192.01
192.02	19202	OP PHARMACY	0	0	0	0	0 192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0 192.03
192.04	19204	AMBULANCE	0	1,878,457	1,878,457	0	1,878,457 192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	107,100,735	228,847,567	335,948,302	0	335,948,302 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	11,717,488	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,406,736	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-14,129	22,608,513	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,180,918	98,355,203	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,569,857	6.00
7.00	00700	OPERATION OF PLANT	-69,691	9,187,732	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,137,366	8.00
9.00	00900	HOUSEKEEPING	0	3,887,460	9.00
10.00	01000	DIETARY	-495	2,101,541	10.00
11.00	01100	CAFETERIA	0	1,394,883	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-8,143	3,367,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	330,737	14.00
15.00	01500	PHARMACY	-376,782	3,837,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-142,642	3,128,293	16.00
17.00	01700	SOCIAL SERVICE	0	318,879	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	124,152	23.00
23.01	02301	PARAMED ED PRGM - EMS	-203,383	460,534	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	-97,026	7,161	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,964,064	20,986,855	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,976,034	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,410,970	40.00
41.00	04100	SUBPROVIDER - IRF	-127,955	3,216,625	41.00
43.00	04300	NURSERY	-613,750	1,069,548	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-306,121	7,902,542	50.00
51.00	05100	RECOVERY ROOM	0	600,807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	801,332	52.00
53.00	05300	ANESTHESIOLOGY	-1,250,000	215,818	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,029,082	4,193,048	54.00
54.01	03630	ULTRA SOUND	0	956,685	54.01
54.02	05401	SPECIAL PROCEDURES	0	1,037,734	54.02
56.00	05600	RADIOISOTOPE	0	557,964	56.00
57.00	05700	CT SCAN	0	1,099,961	57.00
58.00	05800	MRI	0	504,241	58.00
59.00	05900	CARDIAC CATHETERIZATION	-30,000	981,373	59.00
60.00	06000	LABORATORY	-55,315	10,161,018	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,206,194	63.00
65.00	06500	RESPIRATORY THERAPY	-8,117	1,912,142	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	30,579	65.01
66.00	06600	PHYSICAL THERAPY	-1,759,380	1,619,793	66.00
67.00	06700	OCCUPATIONAL THERAPY	-454	1,404,815	67.00
68.00	06800	SPEECH PATHOLOGY	0	422,339	68.00
69.00	06900	ELECTROCARDIOLOGY	-71,430	1,261,620	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-64,500	129,792	70.00
70.01	03280	SLEEP LAB	0	90,895	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,340,376	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,401,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,281,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,689,148	73.00
73.01	03190	INFUSION THERAPY	-800	442,113	73.01
73.03	07301	PHARMACY VACCINE	0	27,452	73.03
73.04	03480	FCC INFUSION THERAPY	0	616,353	73.04
74.00	07400	RENAL DIALYSIS	-1,160	603,231	74.00
76.97	07697	CARDIAC REHABILITATION	-96,504	335,025	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-9,663	1,043,716	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	1,471,708	90.02
90.03	09002	RETINAL VASCULAR	-22,001	284,657	90.03
91.00	09100	EMERGENCY	-1,559,172	4,017,742	91.00
91.01	09101	IFCC	-4,323,596	18,209,939	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
101.00	10100	HOME HEALTH AGENCY	719,169	9,829,626		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-50	2,352,079		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,305,318	321,638,198		118.00
		NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,126,329		192.00
192.01	19201	REFERENCE LAB	0	0		192.01
192.02	19202	OP PHARMACY	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0		192.03
192.04	19204	AMBULANCE	0	1,878,457		192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,305,318	325,642,984		200.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Date/Time Prepared:
11/30/2018 3:05 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS NON CAP INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	802,457		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,313,387		2.00
	TOTALS		0	2,115,844		
	B - RECALLS CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	1,394,883		1.00
	TOTALS		0	1,394,883		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,886,666		1.00
	TOTALS		0	4,886,666		
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,401,038		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	276		2.00
3.00	PULMONARY FUNCTION TESTING	65.01	0	158		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	12,401,472		
	E - RECALSS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	19,716,202		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	11,095		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/30/2018 3:05 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
29.00		0.00	0	0		29.00
	TOTALS		0	19,727,297		
	F - POB COST OFFSET					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	353,771		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	353,771		
	G - LAB ADMIN					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,506	5,238		1.00
	TOTALS		7,506	5,238		
	H - RECLASS RECOVERY COSTS					
1.00	OPERATING ROOM	50.00	541,103	51,128		1.00
	TOTALS		541,103	51,128		
	I - RECLASS EMT PRECEPTOR COSTS					
1.00	PARAMED ED PRGM - EMS	23.01	475,125	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		475,125	0		
	J - RECLASS PSYCH ANCILLARY SERVICES					
1.00	PSYCH ANCILLARY	90.02	0	589,680		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02	692,768	647,608		2.00
	TOTALS		692,768	1,237,288		
	K - RECLASS VACCINE DRUG COSTS					
1.00	PHARMACY VACCINE	73.03	0	27,054		1.00
	TOTALS		0	27,054		
	L - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,028,365		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,406,736		2.00
	TOTALS		0	14,435,101		
	M - RECLASS FCC ADMIN COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,653,166		1.00
	TOTALS		0	1,653,166		
	N - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY	23.00	95,308	28,844		1.00
	TOTALS		95,308	28,844		
	O - RECLASS LABOR AND DELIVERY EXPENSES					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	687,095	114,237		1.00
	TOTALS		687,095	114,237		
	P - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,281,372		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	8,281,372		
	Q - MISC					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	374		1.00
	TOTALS		0	374		
500.00	Grand Total: Increases		2,498,905	66,713,735		500.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/30/2018 3:05 pm

		Decreases						
		Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
		6.00	7.00	8.00	9.00	10.00		
		A - RECLASS NON CAP INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,115,844	9			
2.00		0.00	0	0	0			
TOTALS			0	2,115,844				
		B - RECALLS CAFETERIA COSTS						
1.00	DIETARY	10.00	0	1,394,883	0			
TOTALS			0	1,394,883				
		C - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,886,666	11			
TOTALS			0	4,886,666				
		D - RECLASS CHARGEABLE MEDICAL SUPPLIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	34,292	0			
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	658,094	0			
3.00	PARAMED ED PRGM - EMS	23.01	0	1,804	0			
4.00	ADULTS & PEDIATRICS	30.00	0	1,348,218	0			
5.00	INTENSIVE CARE UNIT	31.00	0	440,429	0			
6.00	SUBPROVIDER - IPF	40.00	0	3,746	0			
7.00	SUBPROVIDER - IRF	41.00	0	110,259	0			
8.00	NURSERY	43.00	0	39,253	0			
9.00	OPERATING ROOM	50.00	0	4,170,729	0			
10.00	RECOVERY ROOM	51.00	0	67,415	0			
11.00	ANESTHESIOLOGY	53.00	0	262,821	0			
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,454	0			
13.00	ULTRA SOUND	54.01	0	51,710	0			
14.00	SPECIAL PROCEDURES	54.02	0	1,740,428	0			
15.00	RADIOISOTOPE	56.00	0	10,977	0			
16.00	CT SCAN	57.00	0	23,656	0			
17.00	MRI	58.00	0	759	0			
18.00	CARDIAC CATHETERIZATION	59.00	0	1,157,740	0			
19.00	RESPIRATORY THERAPY	65.00	0	151,352	0			
20.00	ELECTROCARDIOLOGY	69.00	0	82,666	0			
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,120	0			
22.00	SLEEP LAB	70.01	0	3,747	0			
23.00	INFUSION THERAPY	73.01	0	48,348	0			
24.00	FCC INFUSION THERAPY	73.04	0	99,700	0			
25.00	RENAL DIALYSIS	74.00	0	57,677	0			
26.00	CARDIAC REHABILITATION	76.97	0	1,726	0			
27.00	HYPERBARIC OXYGEN THERAPY	76.98	0	188,803	0			
28.00	PSYCH ANCILLARY	90.02	0	630	0			
29.00	RETINAL VASCULAR	90.03	0	552	0			
30.00	EMERGENCY	91.00	0	875,249	0			
31.00	IFCC	91.01	0	705,118	0			
TOTALS			0	12,401,472				
		E - RECALSS DRUGS CHARGED TO PATIENTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,961	0			
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,626	0			
3.00	NURSING ADMINISTRATION	13.00	0	42	0			
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	40	0			
5.00	PHARMACY	15.00	0	17,453,830	0			
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	180	0			
7.00	PARAMED ED PRGM - EMS	23.01	0	537	0			
8.00	ADULTS & PEDIATRICS	30.00	0	4,736	0			
9.00	INTENSIVE CARE UNIT	31.00	0	3,536	0			
10.00	SUBPROVIDER - IPF	40.00	0	114	0			
11.00	SUBPROVIDER - IRF	41.00	0	223	0			
12.00	NURSERY	43.00	0	10	0			
13.00	OPERATING ROOM	50.00	0	5,039	0			
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,745	0			
15.00	ULTRA SOUND	54.01	0	22	0			
16.00	SPECIAL PROCEDURES	54.02	0	22,967	0			
17.00	RADIOISOTOPE	56.00	0	658,281	0			
18.00	CT SCAN	57.00	0	75,375	0			
19.00	CARDIAC CATHETERIZATION	59.00	0	30,192	0			
20.00	LABORATORY	60.00	0	417,769	0			
21.00	RESPIRATORY THERAPY	65.00	0	3,709	0			
22.00	ELECTROCARDIOLOGY	69.00	0	158,833	0			
23.00	INFUSION THERAPY	73.01	0	28	0			
24.00	RENAL DIALYSIS	74.00	0	1,069	0			
25.00	CARDIAC REHABILITATION	76.97	0	1,318	0			
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	4,033	0			
27.00	RETINAL VASCULAR	90.03	0	5,384	0			
28.00	EMERGENCY	91.00	0	23,723	0			
29.00	IFCC	91.01	0	798,975	0			
TOTALS			0	19,727,297				

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/30/2018 3:05 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - POB COST OFFSET						
1.00	MAINTENANCE & REPAIRS	6.00	0	45,097	0		1.00
2.00	OPERATION OF PLANT	7.00	0	64,509	0		2.00
3.00	HOUSEKEEPING	9.00	0	244,165	0		3.00
	TOTALS		0	353,771			
	G - LAB ADMIN						
1.00	LABORATORY	60.00	7,506	5,238	0		1.00
	TOTALS		7,506	5,238			
	H - RECLASS RECOVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	541,103	51,128	0		1.00
	TOTALS		541,103	51,128			
	I - RECLASS EMT PRECEPTOR COSTS						
1.00	ADULTS & PEDIATRICS	30.00	40,174	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	33,749	0	0		2.00
3.00	OPERATING ROOM	50.00	11,907	0	0		3.00
4.00	RESPIRATORY THERAPY	65.00	8,613	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	12,455	0	0		5.00
6.00	EMERGENCY	91.00	368,227	0	0		6.00
	TOTALS		475,125	0			
	J - RECLASS PSYCH ANCILLARY SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	692,768	1,237,288	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		692,768	1,237,288			
	K - RECLASS VACCINE DRUG COSTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,054	0		1.00
	TOTALS		0	27,054			
	L - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,435,101	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	14,435,101			
	M - RECLASS FCC ADMIN COSTS						
1.00	IFCC	91.01	0	1,653,166	0		1.00
	TOTALS		0	1,653,166			
	N - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	95,308	28,844	0		1.00
	TOTALS		95,308	28,844			
	O - RECLASS LABOR AND DELIVERY EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	687,095	114,237	0		1.00
	TOTALS		687,095	114,237			
	P - IMPLANT RECLASS						
1.00	OPERATING ROOM	50.00	0	7,269,912	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,011,460	0		2.00
	TOTALS		0	8,281,372			
	Q - MISC						
1.00	OTHER CAP REL COSTS	3.00	0	374	0		1.00
	TOTALS		0	374			
500.00	Grand Total: Decreases		2,498,905	66,713,735			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	7,833,995	1,054,950	0	1,054,950	24,044	1.00	
2.00	Land Improvements	3,162,633	51,555	0	51,555	0	2.00	
3.00	Buildings and Fixtures	132,512,310	17,873,643	0	17,873,643	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	46,795,436	3,747,916	0	3,747,916	206,036	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	190,304,374	22,728,064	0	22,728,064	230,080	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	190,304,374	22,728,064	0	22,728,064	230,080	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	8,864,901	0					1.00
2.00	Land Improvements	3,214,188	0					
3.00	Buildings and Fixtures	150,385,953	0					3.00
4.00	Building Improvements	0	0					
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	50,337,316	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	212,802,358	0					
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	212,802,358	0					

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	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-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	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: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	143,508,938	0	143,508,938	0.754102	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,795,436	0	46,795,436	0.245898	0	2.00
3.00	Total (sum of lines 1-2)	190,304,374	0	190,304,374	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed 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	6,830,822	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,406,736	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,237,558	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed 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	4,886,666	0	0	0	11,717,488	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,406,736	2.00
3.00	Total (sum of lines 1-2)	4,886,666	0	0	0	20,124,224	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-69,691	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,704,087			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	25,284,908			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-495	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
11/30/2018 3:05 pm

				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.
						4.00	5.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE	B	-1,682,744	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00	MISC REVENUE	B	-8,143	NURSING ADMINISTRATION	13.00	0	34.00
34.01	MISC REVENUE	B	-376,782	PHARMACY	15.00	0	34.01
34.02	MISC REVENUE	B	-92,689	MEDICAL RECORDS & LIBRARY	16.00	0	34.02
34.03	MISC REVENUE	B	-203,383	PARAMED ED PRGM - EMS	23.01	0	34.03
34.04	MISC REVENUE	B	-97,026	PARAMED ED PRGM - DIETETICS	23.02	0	34.04
34.05	OTHER INCOME	B	-627,309	ADULTS & PEDIATRICS	30.00	0	34.05
35.19	OTHER INCOME	B	376	SUBPROVIDER - IRF	41.00	0	35.19
35.21	OTHER INCOME	B	-1,150	OPERATING ROOM	50.00	0	35.21
35.43	OTHER INCOME	B	-21,499	LABORATORY	60.00	0	35.43
35.44	MISC REVENUE	B	-1,758,783	PHYSICAL THERAPY	66.00	0	35.44
35.47	MISC REVENUE	B	-800	INFUSION THERAPY	73.01	0	35.47
35.48	MISC REVENUE	B	-93,691	CARDIAC REHABILITATION	76.97	0	35.48
35.49	MISC REVENUE	B	-10,645	RETINAL VASCULAR	90.03	0	35.49
35.53	OTHER INCOME	B	-1,965,523	IFCC	91.01	0	35.53
35.55	ALCOHOL OFFSET	A	-1,000	ADMINISTRATIVE & GENERAL	5.00	0	35.55
36.00	REMOVE LOBBYING EXPENSE	A	-37,707	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	MEDICAID PROVIDER TAX	A	-16,568,494	ADMINISTRATIVE & GENERAL	5.00	0	36.01
37.00	NONALLOWABLE MARKETING EXPENSE	A	-14,129	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
38.00	NONALLOWABLE MARKETING EXPENSE	A	-2,240,581	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	NONALLOWABLE MARKETING EXPENSE	A	-462	MEDICAL RECORDS & LIBRARY	16.00	0	39.00
40.00	NONALLOWABLE MARKETING EXPENSE	A	-2,948	SUBPROVIDER - IRF	41.00	0	40.00
41.00	NONALLOWABLE MARKETING EXPENSE	A	-8,816	LABORATORY	60.00	0	41.00
42.00	NONALLOWABLE MARKETING EXPENSE	A	-597	PHYSICAL THERAPY	66.00	0	42.00
43.00	NONALLOWABLE MARKETING EXPENSE	A	-454	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00	NONALLOWABLE MARKETING EXPENSE	A	-397	CARDIAC REHABILITATION	76.97	0	44.00
45.00	NONALLOWABLE MARKETING EXPENSE	A	-499	EMERGENCY	91.00	0	45.00
45.01	NONALLOWABLE MARKETING EXPENSE	A	17,713	IFCC	91.01	0	45.01
45.02	OTHER INCOME	B	-17,741	HOME HEALTH AGENCY	101.00	0	45.02
46.00	OTHER INCOME	B	-50	HOSPICE	116.00	9	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,305,318				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: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2018 3:05 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	34,048,565	9,500,567	1.00
2.00	101.00	HOME HEALTH AGENCY	MANAGEMENT FEE	1,190,014	453,104	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			35,238,579	9,953,671	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			0.00		0.00	6.00
7.00	B	INGALLS HEALTH SYSTEM	100.00	INGALLS MEMORIA	100.00	7.00
8.00	C	INGALLS MEMORIA	100.00	INGALLS HOME CARE	100.00	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: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2018 3:05 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	24,547,998	0		1.00
2.00	736,910	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	25,284,908			5.00

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

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

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

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

6.00			6.00
7.00	ACUTE		7.00
8.00	HOME CARE		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: 14-0191

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

Worksheet A-8-2

Date/Time Prepared:

11/30/2018 3:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	2,530,283	31,795	2,498,488	211,500	16,657	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	153,614	0	153,614	211,500	1,024	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,336,755	1,336,755	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	125,383	125,383	0	0	0	4.00
5.00	43.00	NURSERY	613,750	613,750	0	0	0	5.00
6.00	50.00	OPERATING ROOM	336,600	296,600	40,000	246,400	267	6.00
7.00	53.00	ANESTHESIOLOGY	1,250,000	1,250,000	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,055,226	1,025,226	30,000	271,900	200	8.00
9.00	59.00	CARDIAC CATHETERIZATION	30,000	30,000	0	0	0	9.00
10.00	60.00	LABORATORY	25,000	25,000	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	25,200	0	25,200	211,500	168	11.00
12.00	69.00	ELECTROCARDIOLOGY	221,717	0	221,717	211,500	1,478	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	64,500	64,500	0	0	0	13.00
14.00	74.00	RENAL DIALYSIS	3,600	0	3,600	211,500	24	14.00
15.00	76.97	CARDIAC REHABILITATION	7,500	0	7,500	211,500	50	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	30,000	0	30,000	211,500	200	16.00
17.00	90.03	RETINAL VASCULAR	35,150	0	35,150	211,500	234	17.00
18.00	91.00	EMERGENCY	1,584,602	1,546,352	38,250	211,500	255	18.00
19.00	91.01	IFCC	2,375,786	2,375,786	0	0	0	19.00
200.00			11,804,666	8,721,147	3,083,519		20,557	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,693,729	84,686	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	104,123	5,206	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	31,629	1,581	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	26,144	1,307	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	17,083	854	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	150,287	7,514	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	74.00	RENAL DIALYSIS	2,440	122	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	5,084	254	0	0	0	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	20,337	1,017	0	0	0	16.00
17.00	90.03	RETINAL VASCULAR	23,794	1,190	0	0	0	17.00
18.00	91.00	EMERGENCY	25,929	1,296	0	0	0	18.00
19.00	91.01	IFCC	0	0	0	0	0	19.00
200.00			2,100,579	105,027	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	1,693,729	804,759	836,554		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	104,123	49,491	49,491		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,336,755		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	125,383		4.00
5.00	43.00	NURSERY	0	0	0	613,750		5.00
6.00	50.00	OPERATING ROOM	0	31,629	8,371	304,971		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,250,000		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	26,144	3,856	1,029,082		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	30,000		9.00
10.00	60.00	LABORATORY	0	0	0	25,000		10.00
11.00	65.00	RESPIRATORY THERAPY	0	17,083	8,117	8,117		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	150,287	71,430	71,430		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	64,500		13.00
14.00	74.00	RENAL DIALYSIS	0	2,440	1,160	1,160		14.00
15.00	76.97	CARDIAC REHABILITATION	0	5,084	2,416	2,416		15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	0	20,337	9,663	9,663		16.00
17.00	90.03	RETINAL VASCULAR	0	23,794	11,356	11,356		17.00
18.00	91.00	EMERGENCY	0	25,929	12,321	1,558,673		18.00
19.00	91.01	IFCC	0	0	0	2,375,786		19.00
200.00			0	2,100,579	982,940	9,704,087		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	11,717,488	11,717,488			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,406,736		8,406,736		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,608,513	63,375	0	22,671,888	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	98,355,203	3,582,091	2,550,074	3,025,225	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,569,857	299,249	6,624	0	6.00
7.00	00700	OPERATION OF PLANT	9,187,732	851,884	40,822	479,754	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,137,366	58,688	919	25,729	8.00
9.00	00900	HOUSEKEEPING	3,887,460	69,603	25,134	0	9.00
10.00	01000	DIETARY	2,101,541	213,577	42,329	0	10.00
11.00	01100	CAFETERIA	1,394,883	101,933	687	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,367,635	41,351	1,562,018	668,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	330,737	77,068	61,461	64,334	14.00
15.00	01500	PHARMACY	3,837,729	111,243	195,934	827,978	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,128,293	161,262	3,550	546,196	16.00
17.00	01700	SOCIAL SERVICE	318,879	0	0	67,739	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	124,152	2,408	0	20,258	23.00
23.01	02301	PARAMED ED PRGM - EMS	460,534	12,039	13,656	135,551	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	7,161	37,129	0	19,937	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,986,855	2,121,612	300,006	3,682,385	30.00
31.00	03100	INTENSIVE CARE UNIT	2,976,034	204,202	95,100	612,516	31.00
40.00	04000	SUBPROVIDER - IPF	1,410,970	64,113	4,914	159,638	40.00
41.00	04100	SUBPROVIDER - IRF	3,216,625	811,207	7,366	649,056	41.00
43.00	04300	NURSERY	1,069,548	95,512	5,531	215,223	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,902,542	710,318	393,257	855,357	50.00
51.00	05100	RECOVERY ROOM	600,807	53,406	22,195	124,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	801,332	0	0	146,045	52.00
53.00	05300	ANESTHESIOLOGY	215,818	6,919	56,759	9,508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,193,048	421,953	496,176	530,237	54.00
54.01	03630	ULTRA SOUND	956,685	45,797	50,190	179,872	54.01
54.02	05401	SPECIAL PROCEDURES	1,037,734	29,424	133,315	202,273	54.02
56.00	05600	RADIOISOTOPE	557,964	30,901	37,440	99,882	56.00
57.00	05700	CT SCAN	1,099,961	32,988	66,224	157,613	57.00
58.00	05800	MRI	504,241	87,116	17,721	90,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	981,373	58,912	275,166	154,071	59.00
60.00	06000	LABORATORY	10,161,018	221,057	158,347	1,159,812	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,206,194	8,428	1,689	60,971	63.00
65.00	06500	RESPIRATORY THERAPY	1,912,142	26,470	39,283	329,033	65.00
65.01	03560	PULMONARY FUNCTION TESTING	30,579	12,746	4,014	6,586	65.01
66.00	06600	PHYSICAL THERAPY	1,619,793	102,302	42,159	696,025	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,404,815	16,983	974	283,797	67.00
68.00	06800	SPEECH PATHOLOGY	422,339	11,622	7,503	88,767	68.00
69.00	06900	ELECTROCARDIOLOGY	1,261,620	60,229	112,881	217,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,792	32,763	17,214	27,163	70.00
70.01	03280	SLEEP LAB	90,895	0	10,214	18,648	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,340,376	0	0	147,251	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,401,038	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,281,372	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,689,148	0	0	0	73.00
73.01	03190	INFUSION THERAPY	442,113	24,945	1,886	85,446	73.01
73.03	07301	PHARMACY VACCINE	27,452	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	616,353	10,354	0	119,908	73.04
74.00	07400	RENAL DIALYSIS	603,231	28,910	18,627	125,895	74.00
76.97	07697	CARDIAC REHABILITATION	335,025	32,731	10,539	68,754	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,043,716	0	1,476	163,511	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	1,471,708	224,717	0	0	90.02
90.03	09002	RETINAL VASCULAR	284,657	174,072	14,484	36,549	90.03
91.00	09100	EMERGENCY	4,017,742	150,443	64,497	755,614	91.00
91.01	09101	IFCC	18,209,939	0	1,434,766	2,851,903	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	9,829,626	99,220	0	1,376,003	11,304,849	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,352,079	0	0	292,276	2,644,355	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	321,638,198	11,695,272	8,405,121	22,662,081	321,604,560	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,126,329	0	1,615	9,807	2,137,751	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	14,190	0	0	14,190	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	8,026	0	0	8,026	192.03
192.04	19204	AMBULANCE	1,878,457	0	0	0	1,878,457	192.04
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)	325,642,984	11,717,488	8,406,736	22,671,888	325,642,984	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	107,512,593					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,910,278	5,786,008				6.00
7.00	00700	OPERATION OF PLANT	5,204,929	634,138	16,399,259			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	602,648	43,687	139,062	2,008,099		8.00
9.00	00900	HOUSEKEEPING	1,962,753	51,812	164,927	0	6,161,689	9.00
10.00	01000	DIETARY	1,161,943	158,985	506,077	0	193,740	10.00
11.00	01100	CAFETERIA	738,092	75,878	241,533	0	92,465	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,779,749	30,781	97,982	0	37,510	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	263,002	57,369	182,614	4,129	69,909	14.00
15.00	01500	PHARMACY	2,451,045	82,809	263,594	0	100,911	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,892,322	120,043	382,116	0	146,284	16.00
17.00	01700	SOCIAL SERVICE	190,557	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	72,364	1,792	5,705	0	2,184	23.00
23.01	02301	PARAMED ED PRGM - EMS	306,464	8,962	28,527	0	10,921	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	31,656	27,639	87,979	0	33,681	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,352,647	1,579,316	5,027,225	983,162	1,924,551	30.00
31.00	03100	INTENSIVE CARE UNIT	1,916,252	152,007	483,864	119,355	185,236	31.00
40.00	04000	SUBPROVIDER - IPF	808,147	47,726	151,918	39,532	58,158	40.00
41.00	04100	SUBPROVIDER - IRF	2,308,784	603,858	1,922,180	104,111	735,861	41.00
43.00	04300	NURSERY	683,043	71,098	226,318	25,797	86,640	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,860,543	528,757	1,683,120	226,699	644,342	50.00
51.00	05100	RECOVERY ROOM	394,659	39,755	126,548	25,967	48,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	466,945	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	142,445	5,150	16,394	0	6,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,780,551	314,099	999,831	64,496	382,761	54.00
54.01	03630	ULTRA SOUND	607,499	34,091	108,518	31,327	41,544	54.01
54.02	05401	SPECIAL PROCEDURES	691,388	21,903	69,721	3,917	26,691	54.02
56.00	05600	RADIOISOTOPE	357,925	23,002	73,220	6,334	28,031	56.00
57.00	05700	CT SCAN	668,735	24,556	78,165	27,369	29,924	57.00
58.00	05800	MRI	344,946	64,849	206,425	13,124	79,025	58.00
59.00	05900	CARDIAC CATHETERIZATION	724,301	43,854	139,594	3,878	53,440	59.00
60.00	06000	LABORATORY	5,766,835	164,554	523,802	0	200,525	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	629,549	6,273	19,969	0	7,645	63.00
65.00	06500	RESPIRATORY THERAPY	1,137,043	19,704	62,722	0	24,012	65.00
65.01	03560	PULMONARY FUNCTION TESTING	26,579	9,488	30,201	0	11,562	65.01
66.00	06600	PHYSICAL THERAPY	1,212,627	76,153	242,407	47,362	92,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	841,137	12,642	40,243	0	15,406	67.00
68.00	06800	SPEECH PATHOLOGY	261,341	8,651	27,539	0	10,542	68.00
69.00	06900	ELECTROCARDIOLOGY	814,563	44,834	142,713	21,140	54,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,993	24,389	77,633	3,276	29,720	70.00
70.01	03280	SLEEP LAB	59,026	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	733,225	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,112,248	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,081,739	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,704,427	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	273,249	18,569	59,109	5,232	22,628	73.01
73.03	07301	PHARMACY VACCINE	13,531	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	367,993	7,707	24,534	0	9,392	73.04
74.00	07400	RENAL DIALYSIS	382,803	21,521	68,504	0	26,225	74.00
76.97	07697	CARDIAC REHABILITATION	220,342	24,365	77,557	11,035	29,691	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	595,748	0	0	477	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	836,137	167,278	532,475	24,083	203,845	90.02
90.03	09002	RETINAL VASCULAR	251,253	129,578	412,469	0	157,904	90.03
91.00	09100	EMERGENCY	2,458,641	111,989	356,479	216,297	136,470	91.00
91.01	09101	IFCC	11,088,173	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,571,957	73,859	235,104	0	90,004	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,303,355	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,522,126	5,769,470	16,346,617	2,008,099	6,141,536	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,053,659	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	6,994	10,563	33,624	0	12,872	192.02
192.03	19203	RETINAL VASCULAR GRANTS	3,956	5,975	19,018	0	7,281	192.03
192.04	19204	AMBULANCE	925,858	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	107,512,593	5,786,008	16,399,259	2,008,099	6,161,689	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,378,192					10.00
11.00	01100	CAFETERIA	0	2,645,471				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	126,800	0	8,712,609		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,894	0	0	1,132,517	14.00
15.00	01500	PHARMACY	0	125,521	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	113,909	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,239	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	3,411	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	19,135	0	504,674	13	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	23,198	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,264,797	764,336	0	4,723,883	26,236	30.00
31.00	03100	INTENSIVE CARE UNIT	256,967	92,542	0	571,944	4,865	31.00
40.00	04000	SUBPROVIDER - IPF	148,776	32,778	0	202,583	49	40.00
41.00	04100	SUBPROVIDER - IRF	513,771	117,646	0	727,097	2,015	41.00
43.00	04300	NURSERY	0	30,145	0	186,308	906	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	127,904	0	790,491	13,187	50.00
51.00	05100	RECOVERY ROOM	0	15,298	0	94,549	442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,035	0	0	478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	82,335	0	0	306	54.00
54.01	03630	ULTRA SOUND	0	26,383	0	0	793	54.01
54.02	05401	SPECIAL PROCEDURES	0	31,324	0	0	1,625	54.02
56.00	05600	RADIOISOTOPE	0	13,242	0	0	137	56.00
57.00	05700	CT SCAN	0	24,578	0	0	710	57.00
58.00	05800	MRI	0	15,599	0	0	126	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,938	0	0	615	59.00
60.00	06000	LABORATORY	0	241,487	0	0	16,092	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,311	0	0	37	63.00
65.00	06500	RESPIRATORY THERAPY	0	61,619	0	0	34	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,279	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	125,070	0	0	4,105	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	62,422	0	0	286	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,063	0	0	25	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,340	0	0	1,098	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,615	0	0	20	70.00
70.01	03280	SLEEP LAB	0	2,658	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	540,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	488,588	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	16,602	0	0	990	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	14,220	0	0	1,701	73.04
74.00	07400	RENAL DIALYSIS	0	16,452	0	0	89	74.00
76.97	07697	CARDIAC REHABILITATION	0	11,587	0	0	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	26,433	0	0	1,545	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	38,652	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	8,376	0	0	0	90.03
91.00	09100	EMERGENCY	155,229	147,415	0	911,080	14,721	91.00
91.01	09101	IFCC	0	0	0	0	9,706	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,378,192	2,643,139	0	8,712,609	1,132,369	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,332	0	0	148	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,378,192	2,645,471	0	8,712,609	1,132,517	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,996,764					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,493,975				16.00
17.00	01700	SOCIAL SERVICE	0	0	589,414			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	1,560	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,135	2,684,322	433,641	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,256	247,891	34,386	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	30	271,786	25,081	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	106	434,772	68,749	0	0	41.00
43.00	04300	NURSERY	0	174,125	27,557	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,627	255,483	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	16,647	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,103	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,990	133,803	0	0	0	54.00
54.01	03630	ULTRA SOUND	4	46,263	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	12,737	80,792	0	0	0	54.02
56.00	05600	RADIOISOTOPE	402,221	35,806	0	0	0	56.00
57.00	05700	CT SCAN	52,320	170,582	0	0	0	57.00
58.00	05800	MRI	0	51,263	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,498	54,058	0	0	0	59.00
60.00	06000	LABORATORY	183,435	391,538	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,564	19,380	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14	43,005	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	3,035	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,220	124,533	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,579	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,813	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,835	90,540	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,961	0	0	0	70.00
70.01	03280	SLEEP LAB	0	3,438	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,983	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,918	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	81,624	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,036,993	232,248	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	16,872	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	39,279	63	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,194	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	812	3,414	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,605	12,235	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	17,635	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	684	2,551	0	0	0	90.03
91.00	09100	EMERGENCY	61	206,385	0	0	0	91.00
91.01	09101	IFCC	159,776	461,335	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,996,764	6,493,975	589,414	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	7,996,764	6,493,975	589,414	0		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS					23.00	23.01	23.02	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			232, 274			23.00
23.01	02301	PARAMED ED PRGM - EMS				1, 502, 036		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					268, 380	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	200, 271	142, 756	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	150, 204	35, 689	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	21, 413	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	62, 812	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	50, 068	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
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	50, 068	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	50, 068	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2, 855	70.02
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	232, 274	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	1, 001, 357	2, 855	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			21.00	22.00				
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	232,274	1,502,036	268,380	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	232,274	1,502,036	268,380	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,201,136	0	62,201,136	30.00
31.00	03100	INTENSIVE CARE UNIT	8,140,310	0	8,140,310	31.00
40.00	04000	SUBPROVIDER - IPF	3,447,612	0	3,447,612	40.00
41.00	04100	SUBPROVIDER - IRF	12,286,016	0	12,286,016	41.00
43.00	04300	NURSERY	2,897,751	0	2,897,751	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,043,695	0	19,043,695	50.00
51.00	05100	RECOVERY ROOM	1,563,028	0	1,563,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,322	0	1,414,322	52.00
53.00	05300	ANESTHESIOLOGY	506,885	0	506,885	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,407,586	0	10,407,586	54.00
54.01	03630	ULTRA SOUND	2,128,966	0	2,128,966	54.01
54.02	05401	SPECIAL PROCEDURES	2,342,844	0	2,342,844	54.02
56.00	05600	RADIOISOTOPE	1,666,105	0	1,666,105	56.00
57.00	05700	CT SCAN	2,433,725	0	2,433,725	57.00
58.00	05800	MRI	1,475,212	0	1,475,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,539,698	0	2,539,698	59.00
60.00	06000	LABORATORY	19,188,502	0	19,188,502	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,986,010	0	1,986,010	63.00
65.00	06500	RESPIRATORY THERAPY	3,705,149	0	3,705,149	65.00
65.01	03560	PULMONARY FUNCTION TESTING	136,069	0	136,069	65.01
66.00	06600	PHYSICAL THERAPY	4,388,556	0	4,388,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,704,284	0	2,704,284	67.00
68.00	06800	SPEECH PATHOLOGY	875,205	0	875,205	68.00
69.00	06900	ELECTROCARDIOLOGY	2,950,418	0	2,950,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	451,539	0	451,539	70.00
70.01	03280	SLEEP LAB	184,879	0	184,879	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,233,690	0	2,233,690	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,067,028	0	19,067,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,933,323	0	12,933,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,895,090	0	36,895,090	73.00
73.01	03190	INFUSION THERAPY	967,641	0	967,641	73.01
73.03	07301	PHARMACY VACCINE	80,325	0	80,325	73.03
73.04	03480	FCC INFUSION THERAPY	1,178,356	0	1,178,356	73.04
74.00	07400	RENAL DIALYSIS	1,292,259	0	1,292,259	74.00
76.97	07697	CARDIAC REHABILITATION	825,854	0	825,854	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,847,746	0	1,847,746	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	3,516,530	0	3,516,530	90.02
90.03	09002	RETINAL VASCULAR	1,472,580	0	1,472,580	90.03
91.00	09100	EMERGENCY	10,707,275	0	10,707,275	91.00
91.01	09101	IFCC	34,215,598	0	34,215,598	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
	OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	17,275,773	0	17,275,773		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,947,710	0	3,947,710		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	319,522,280	0	319,522,280		118.00
	NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,193,890	0	3,193,890		192.00
192.01	19201	REFERENCE LAB	0	0	0		192.01
192.02	19202	OP PHARMACY	78,243	0	78,243		192.02
192.03	19203	RETINAL VASCULAR GRANTS	44,256	0	44,256		192.03
192.04	19204	AMBULANCE	2,804,315	0	2,804,315		192.04
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)	325,642,984	0	325,642,984		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MBLE 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	21,770	63,375	85,145	85,145	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	123,095	3,582,091	2,550,074	6,255,260	11,358 5.00
6.00	00600	MAINTENANCE & REPAIRS	75	299,249	6,624	305,948	0 6.00
7.00	00700	OPERATION OF PLANT	365	851,884	40,822	893,071	1,801 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	58,688	919	59,607	97 8.00
9.00	00900	HOUSEKEEPING	1,560	69,603	25,134	96,297	0 9.00
10.00	01000	DIETARY	0	213,577	42,329	255,906	0 10.00
11.00	01100	CAFETERIA	0	101,933	687	102,620	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	20,122	41,351	1,562,018	1,623,491	2,511 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,595	77,068	61,461	148,124	242 14.00
15.00	01500	PHARMACY	0	111,243	195,934	307,177	3,109 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,800	161,262	3,550	170,612	2,051 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	254 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	2,408	0	2,408	76 23.00
23.01	02301	PARAMED ED PRGM - EMS	0	12,039	13,656	25,695	509 23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	37,129	0	37,129	75 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,572	2,121,612	300,006	2,425,190	13,851 30.00
31.00	03100	INTENSIVE CARE UNIT	0	204,202	95,100	299,302	2,300 31.00
40.00	04000	SUBPROVIDER - IPF	0	64,113	4,914	69,027	599 40.00
41.00	04100	SUBPROVIDER - IRF	225	811,207	7,366	818,798	2,437 41.00
43.00	04300	NURSERY	40	95,512	5,531	101,083	808 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	686,236	710,318	393,257	1,789,811	3,211 50.00
51.00	05100	RECOVERY ROOM	150	53,406	22,195	75,751	467 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	548 52.00
53.00	05300	ANESTHESIOLOGY	75	6,919	56,759	63,753	36 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,464	421,953	496,176	939,593	1,991 54.00
54.01	03630	ULTRA SOUND	0	45,797	50,190	95,987	675 54.01
54.02	05401	SPECIAL PROCEDURES	0	29,424	133,315	162,739	759 54.02
56.00	05600	RADIOISOTOPE	0	30,901	37,440	68,341	375 56.00
57.00	05700	CT SCAN	0	32,988	66,224	99,212	592 57.00
58.00	05800	MRI	75	87,116	17,721	104,912	341 58.00
59.00	05900	CARDIAC CATHETERIZATION	20	58,912	275,166	334,098	578 59.00
60.00	06000	LABORATORY	640	221,057	158,347	380,044	4,354 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,428	1,689	10,117	229 63.00
65.00	06500	RESPIRATORY THERAPY	16,279	26,470	39,283	82,032	1,235 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	12,746	4,014	16,760	25 65.01
66.00	06600	PHYSICAL THERAPY	0	102,302	42,159	144,461	2,613 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,983	974	17,957	1,065 67.00
68.00	06800	SPEECH PATHOLOGY	0	11,622	7,503	19,125	333 68.00
69.00	06900	ELECTROCARDIOLOGY	245	60,229	112,881	173,355	818 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,763	17,214	49,977	102 70.00
70.01	03280	SLEEP LAB	20	0	10,214	10,234	70 70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	553 70.02
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
73.01	03190	INFUSION THERAPY	24,633	24,945	1,886	51,464	321 73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0 73.03
73.04	03480	FCC INFUSION THERAPY	0	10,354	0	10,354	450 73.04
74.00	07400	RENAL DIALYSIS	390	28,910	18,627	47,927	473 74.00
76.97	07697	CARDIAC REHABILITATION	37,059	32,731	10,539	80,329	258 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	75	0	1,476	1,551	614 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	224,717	0	224,717	0 90.02
90.03	09002	RETINAL VASCULAR	50,000	174,072	14,484	238,556	137 90.03
91.00	09100	EMERGENCY	20	150,443	64,497	214,960	2,837 91.00
91.01	09101	IFCC	508,019	0	1,434,766	1,942,785	10,707 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

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	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	99,220	0	99,220	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	1,097	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,531,619	11,695,272	8,405,121	21,632,012	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,615	1,615	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	14,190	0	14,190	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	8,026	0	8,026	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,531,619	11,717,488	8,406,736	21,655,843	85,145

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,266,618					5.00
6.00	00600	MAINTENANCE & REPAIRS	111,346	417,294				6.00
7.00	00700	OPERATION OF PLANT	303,384	45,735	1,243,991			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,127	3,151	10,549	108,531		8.00
9.00	00900	HOUSEKEEPING	114,405	3,737	12,511	0	226,950	9.00
10.00	01000	DIETARY	67,727	11,466	38,389	0	7,136	10.00
11.00	01100	CAFETERIA	43,022	5,472	18,322	0	3,406	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	162,025	2,220	7,433	0	1,382	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,330	4,137	13,852	223	2,575	14.00
15.00	01500	PHARMACY	142,866	5,972	19,995	0	3,717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	110,299	8,658	28,986	0	5,388	16.00
17.00	01700	SOCIAL SERVICE	11,107	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,218	129	433	0	80	23.00
23.01	02301	PARAMED ED PRGM - EMS	17,863	646	2,164	0	402	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	1,845	1,993	6,674	0	1,241	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	778,242	113,904	381,346	53,136	70,886	30.00
31.00	03100	INTENSIVE CARE UNIT	111,694	10,963	36,704	6,451	6,823	31.00
40.00	04000	SUBPROVIDER - IPF	47,105	3,442	11,524	2,137	2,142	40.00
41.00	04100	SUBPROVIDER - IRF	134,574	43,551	145,810	5,627	27,104	41.00
43.00	04300	NURSERY	39,813	5,128	17,168	1,394	3,191	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	283,310	38,135	127,676	12,252	23,733	50.00
51.00	05100	RECOVERY ROOM	23,004	2,867	9,599	1,403	1,784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,217	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,303	371	1,244	0	231	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,072	22,653	75,844	3,486	14,098	54.00
54.01	03630	ULTRA SOUND	35,410	2,459	8,232	1,693	1,530	54.01
54.02	05401	SPECIAL PROCEDURES	40,299	1,580	5,289	212	983	54.02
56.00	05600	RADIOISOTOPE	20,863	1,659	5,554	342	1,032	56.00
57.00	05700	CT SCAN	38,979	1,771	5,929	1,479	1,102	57.00
58.00	05800	MRI	20,106	4,677	15,659	709	2,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,218	3,163	10,589	210	1,968	59.00
60.00	06000	LABORATORY	336,136	11,868	39,734	0	7,386	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,695	452	1,515	0	282	63.00
65.00	06500	RESPIRATORY THERAPY	66,276	1,421	4,758	0	884	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,549	684	2,291	0	426	65.01
66.00	06600	PHYSICAL THERAPY	70,681	5,492	18,388	2,560	3,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,028	912	3,053	0	567	67.00
68.00	06800	SPEECH PATHOLOGY	15,233	624	2,089	0	388	68.00
69.00	06900	ELECTROCARDIOLOGY	47,479	3,233	10,826	1,143	2,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,945	1,759	5,889	177	1,095	70.00
70.01	03280	SLEEP LAB	3,440	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	42,738	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	356,269	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	237,916	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	565,650	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	15,927	1,339	4,484	283	833	73.01
73.03	07301	PHARMACY VACCINE	789	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	21,450	556	1,861	0	346	73.04
74.00	07400	RENAL DIALYSIS	22,313	1,552	5,196	0	966	74.00
76.97	07697	CARDIAC REHABILITATION	12,843	1,757	5,883	596	1,094	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,725	0	0	26	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	48,737	12,064	40,392	1,302	7,508	90.02
90.03	09002	RETINAL VASCULAR	14,645	9,345	31,288	0	5,816	90.03
91.00	09100	EMERGENCY	143,309	8,077	27,041	11,690	5,027	91.00
91.01	09101	IFCC	646,305	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	324,777	5,327	17,834	0	3,315	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	75,970	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,150,598	416,101	1,239,997	108,531	226,208	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	61,415	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	408	762	2,551	0	474	192.02
192.03	19203	RETINAL VASCULAR GRANTS	231	431	1,443	0	268	192.03
192.04	19204	AMBULANCE	53,966	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,266,618	417,294	1,243,991	108,531	226,950	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	380,624					10.00
11.00	01100	CAFETERIA	0	172,842				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,284	0	1,807,346		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,430	0	0	185,913	14.00
15.00	01500	PHARMACY	0	8,201	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,442	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	800	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	223	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	1,250	0	104,690	2	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	1,516	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	283,830	49,938	0	979,923	4,307	30.00
31.00	03100	INTENSIVE CARE UNIT	22,340	6,046	0	118,644	799	31.00
40.00	04000	SUBPROVIDER - IPF	12,934	2,142	0	42,024	8	40.00
41.00	04100	SUBPROVIDER - IRF	44,665	7,686	0	150,829	331	41.00
43.00	04300	NURSERY	0	1,970	0	38,648	149	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,357	0	163,980	2,165	50.00
51.00	05100	RECOVERY ROOM	0	1,000	0	19,613	73	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	198	0	0	79	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,379	0	0	50	54.00
54.01	03630	ULTRA SOUND	0	1,724	0	0	130	54.01
54.02	05401	SPECIAL PROCEDURES	0	2,047	0	0	267	54.02
56.00	05600	RADIOISOTOPE	0	865	0	0	23	56.00
57.00	05700	CT SCAN	0	1,606	0	0	117	57.00
58.00	05800	MRI	0	1,019	0	0	21	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,303	0	0	101	59.00
60.00	06000	LABORATORY	0	15,778	0	0	2,642	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	739	0	0	6	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,026	0	0	6	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	84	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	8,171	0	0	674	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,078	0	0	47	67.00
68.00	06800	SPEECH PATHOLOGY	0	788	0	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,374	0	0	180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	301	0	0	3	70.00
70.01	03280	SLEEP LAB	0	174	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	88,781	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	80,203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	1,085	0	0	163	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	929	0	0	279	73.04
74.00	07400	RENAL DIALYSIS	0	1,075	0	0	15	74.00
76.97	07697	CARDIAC REHABILITATION	0	757	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,727	0	0	254	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	3,360	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	547	0	0	0	90.03
91.00	09100	EMERGENCY	13,495	9,631	0	188,995	2,416	91.00
91.01	09101	IFCC	0	0	0	0	1,593	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	380,624	172,690	0	1,807,346	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	152	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	380,624	172,842	0	1,807,346	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	491,037					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	333,436				16.00
17.00	01700	SOCIAL SERVICE	0	0	12,161			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	96	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193	137,831	8,948			30.00
31.00	03100	INTENSIVE CARE UNIT	77	12,728	709			31.00
40.00	04000	SUBPROVIDER - IPF	2	13,955	517			40.00
41.00	04100	SUBPROVIDER - IRF	7	22,323	1,418			41.00
43.00	04300	NURSERY	0	8,940	569			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100	13,118	0			50.00
51.00	05100	RECOVERY ROOM	0	855	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	2,264	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	491	6,870	0			54.00
54.01	03630	ULTRA SOUND	0	2,375	0			54.01
54.02	05401	SPECIAL PROCEDURES	782	4,148	0			54.02
56.00	05600	RADIOISOTOPE	24,698	1,838	0			56.00
57.00	05700	CT SCAN	3,213	8,759	0			57.00
58.00	05800	MRI	0	2,632	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	1,873	2,776	0			59.00
60.00	06000	LABORATORY	11,264	20,104	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	894	995	0			63.00
65.00	06500	RESPIRATORY THERAPY	1	2,208	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	156	0			65.01
66.00	06600	PHYSICAL THERAPY	198	6,394	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,313	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	1,274	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,569	4,649	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	152	0			70.00
70.01	03280	SLEEP LAB	0	177	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	513	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	663	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,191	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	432,100	11,925	0			73.00
73.01	03190	INFUSION THERAPY	0	866	0			73.01
73.03	07301	PHARMACY VACCINE	2,412	3	0			73.03
73.04	03480	FCC INFUSION THERAPY	0	318	0			73.04
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
76.97	07697	CARDIAC REHABILITATION	50	175	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	160	628	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	905	0			90.02
90.03	09002	RETINAL VASCULAR	42	131	0			90.03
91.00	09100	EMERGENCY	4	10,597	0			91.00
91.01	09101	IFCC	9,811	23,687	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	491,037	333,436	12,161	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0		192.03
192.04	19204	AMBULANCE	0	0	0		192.04
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)	491,037	333,436	12,161	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
		SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
		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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			7,567		23.00
23.01	02301	PARAMED ED PRGM - EMS				153,317	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
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					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01	03630	ULTRA SOUND					54.01
54.02	05401	SPECIAL PROCEDURES					54.02
56.00	05600	RADIOISOTOPE					56.00
57.00	05700	CT SCAN					57.00
58.00	05800	MRI					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	03560	PULMONARY FUNCTION TESTING					65.01
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
70.01	03280	SLEEP LAB					70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
73.01	03190	INFUSION THERAPY					73.01
73.03	07301	PHARMACY VACCINE					73.03
73.04	03480	FCC INFUSION THERAPY					73.04
74.00	07400	RENAL DIALYSIS					74.00
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY					90.02
90.03	09002	RETINAL VASCULAR					90.03
91.00	09100	EMERGENCY					91.00
91.01	09101	IFCC					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			21.00	22.00				
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	REFERENCE LAB						192.01
192.02	19202	OP PHARMACY						192.02
192.03	19203	RETINAL VASCULAR GRANTS						192.03
192.04	19204	AMBULANCE						192.04
200.00		Cross Foot Adjustments	0	0	7,567	153,317	50,473	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	7,567	153,317	50,473	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,301,525	0	5,301,525	30.00
31.00	03100	INTENSIVE CARE UNIT	635,580	0	635,580	31.00
40.00	04000	SUBPROVIDER - IPF	207,558	0	207,558	40.00
41.00	04100	SUBPROVIDER - IRF	1,405,160	0	1,405,160	41.00
43.00	04300	NURSERY	218,861	0	218,861	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,465,848	0	2,465,848	50.00
51.00	05100	RECOVERY ROOM	136,416	0	136,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,765	0	27,765	52.00
53.00	05300	ANESTHESIOLOGY	76,479	0	76,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,527	0	1,232,527	54.00
54.01	03630	ULTRA SOUND	150,215	0	150,215	54.01
54.02	05401	SPECIAL PROCEDURES	219,105	0	219,105	54.02
56.00	05600	RADIOISOTOPE	125,590	0	125,590	56.00
57.00	05700	CT SCAN	162,759	0	162,759	57.00
58.00	05800	MRI	152,987	0	152,987	58.00
59.00	05900	CARDIAC CATHETERIZATION	398,877	0	398,877	59.00
60.00	06000	LABORATORY	829,310	0	829,310	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,924	0	51,924	63.00
65.00	06500	RESPIRATORY THERAPY	162,847	0	162,847	65.00
65.01	03560	PULMONARY FUNCTION TESTING	21,975	0	21,975	65.01
66.00	06600	PHYSICAL THERAPY	263,050	0	263,050	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,020	0	78,020	67.00
68.00	06800	SPEECH PATHOLOGY	39,858	0	39,858	68.00
69.00	06900	ELECTROCARDIOLOGY	248,638	0	248,638	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,400	0	65,400	70.00
70.01	03280	SLEEP LAB	14,095	0	14,095	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,804	0	43,804	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445,713	0	445,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,310	0	322,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,009,675	0	1,009,675	73.00
73.01	03190	INFUSION THERAPY	76,765	0	76,765	73.01
73.03	07301	PHARMACY VACCINE	3,204	0	3,204	73.03
73.04	03480	FCC INFUSION THERAPY	36,543	0	36,543	73.04
74.00	07400	RENAL DIALYSIS	79,517	0	79,517	74.00
76.97	07697	CARDIAC REHABILITATION	103,742	0	103,742	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,685	0	39,685	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	338,985	0	338,985	90.02
90.03	09002	RETINAL VASCULAR	300,508	0	300,508	90.03
91.00	09100	EMERGENCY	638,079	0	638,079	91.00
91.01	09101	IFCC	2,634,888	0	2,634,888	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	455,639	0	455,639	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	77,067	0	77,067	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,298,493	0	21,298,493	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,243	0	63,243	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	OP PHARMACY	18,385	0	18,385	192.02
192.03	19203	RETINAL VASCULAR GRANTS	10,399	0	10,399	192.03
192.04	19204	AMBULANCE	53,966	0	53,966	192.04
200.00		Cross Foot Adjustments	211,357	0	211,357	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,655,843	0	21,655,843	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MOVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	729,953					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,386,830				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,948	0	106,664,283			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	223,150	3,150,711	14,232,736	-107,512,593	218,130,391	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,642	8,184	0	0	3,875,730	6.00
7.00	00700	OPERATION OF PLANT	53,069	50,437	2,257,094	0	10,560,192	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	1,135	121,047	0	1,222,702	8.00
9.00	00900	HOUSEKEEPING	4,336	31,054	0	0	3,982,197	9.00
10.00	01000	DIETARY	13,305	52,299	0	0	2,357,447	10.00
11.00	01100	CAFETERIA	6,350	849	0	0	1,497,503	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,576	1,929,930	3,146,415	0	5,639,787	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	75,937	302,672	0	533,600	14.00
15.00	01500	PHARMACY	6,930	242,084	3,895,378	0	4,972,884	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	4,386	2,569,682	0	3,839,301	16.00
17.00	01700	SOCIAL SERVICE	0	0	318,689	0	386,618	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	0	95,308	0	146,818	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	16,872	637,726	0	621,780	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	0	93,797	0	64,227	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,168	370,668	17,324,620	0	27,090,858	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	117,499	2,881,695	0	3,887,852	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	6,072	751,048	0	1,639,635	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	9,101	3,053,604	0	4,684,254	41.00
43.00	04300	NURSERY	5,950	6,834	1,012,559	0	1,385,814	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,250	485,883	4,024,188	0	9,861,474	50.00
51.00	05100	RECOVERY ROOM	3,327	27,423	584,835	0	800,717	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	687,095	0	947,377	52.00
53.00	05300	ANESTHESIOLOGY	431	70,128	44,732	0	289,004	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	613,044	2,494,598	0	5,641,414	54.00
54.01	03630	ULTRA SOUND	2,853	62,012	846,243	0	1,232,544	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	164,715	951,630	0	1,402,746	54.02
56.00	05600	RADIOISOTOPE	1,925	46,259	469,913	0	726,187	56.00
57.00	05700	CT SCAN	2,055	81,822	741,519	0	1,356,786	57.00
58.00	05800	MRI	5,427	21,895	427,078	0	699,855	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	339,978	724,856	0	1,469,522	59.00
60.00	06000	LABORATORY	13,771	195,644	5,456,553	0	11,700,234	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	2,087	286,849	0	1,277,282	63.00
65.00	06500	RESPIRATORY THERAPY	1,649	48,536	1,547,998	0	2,306,928	65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	4,960	30,986	0	53,925	65.01
66.00	06600	PHYSICAL THERAPY	6,373	52,089	3,274,581	0	2,460,279	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,203	1,335,178	0	1,706,569	67.00
68.00	06800	SPEECH PATHOLOGY	724	9,270	417,619	0	530,231	68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	139,469	1,025,260	0	1,652,653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	21,268	127,792	0	206,932	70.00
70.01	03280	SLEEP LAB	0	12,620	87,732	0	119,757	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	692,768	0	1,487,627	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,401,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,281,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,689,148	73.00
73.01	03190	INFUSION THERAPY	1,554	2,330	401,999	0	554,390	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	27,452	73.03
73.04	03480	FCC INFUSION THERAPY	645	0	564,128	0	746,615	73.04
74.00	07400	RENAL DIALYSIS	1,801	23,014	592,298	0	776,663	74.00
76.97	07697	CARDIAC REHABILITATION	2,039	13,021	323,465	0	447,049	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,824	769,268	0	1,208,703	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	13,999	0	0	0	1,696,425	90.02
90.03	09002	RETINAL VASCULAR	10,844	17,895	171,951	0	509,762	90.03
91.00	09100	EMERGENCY	9,372	79,688	3,554,926	0	4,988,296	91.00
91.01	09101	IFCC	0	1,772,706	13,417,309	0	22,496,608	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,181	0	6,473,662	0	11,304,849	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,375,066	0	2,644,355	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	728,569	10,384,835	106,618,145	-107,512,593	214,091,967	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,995	46,138	0	2,137,751	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	0	0	0	14,190	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	0	0	0	8,026	192.03
192.04	19204	AMBULANCE	0	0	0	0	1,878,457	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,717,488	8,406,736	22,671,888		107,512,593	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.052387	0.809365	0.212554		0.492882	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			85,145		6,266,618	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000798		0.028729	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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	484,213					6.00
7.00	00700	OPERATION OF PLANT	53,069	431,144				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	3,656	1,610,869			8.00
9.00	00900	HOUSEKEEPING	4,336	4,336		423,152		9.00
10.00	01000	DIETARY	13,305	13,305		13,305	267,325	10.00
11.00	01100	CAFETERIA	6,350	6,350		6,350		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		0		12.00
13.00	01300	NURSING ADMINISTRATION	2,576	2,576		2,576		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	4,801	3,312	4,801		14.00
15.00	01500	PHARMACY	6,930	6,930		6,930		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	10,046		10,046		16.00
17.00	01700	SOCIAL SERVICE	0	0		0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	150		150		23.00
23.01	02301	PARAMED ED PRGM - EMS	750	750		750		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	2,313		2,313		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,168	132,168	788,680	132,168	199,343	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	12,721	95,745	12,721	15,690	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	3,994	31,712	3,994	9,084	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	50,535	83,516	50,535	31,370	41.00
43.00	04300	NURSERY	5,950	5,950	20,694	5,950		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,250	44,250	181,855	44,250		50.00
51.00	05100	RECOVERY ROOM	3,327	3,327	20,830	3,327		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	431	431	0	431		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	26,286	51,738	26,286		54.00
54.01	03630	ULTRA SOUND	2,853	2,853	25,130	2,853		54.01
54.02	05401	SPECIAL PROCEDURES	1,833	1,833	3,142	1,833		54.02
56.00	05600	RADIOISOTOPE	1,925	1,925	5,081	1,925		56.00
57.00	05700	CT SCAN	2,055	2,055	21,955	2,055		57.00
58.00	05800	MRI	5,427	5,427	10,528	5,427		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	3,670	3,111	3,670		59.00
60.00	06000	LABORATORY	13,771	13,771	0	13,771		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	525	0	525		63.00
65.00	06500	RESPIRATORY THERAPY	1,649	1,649	0	1,649		65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	794	0	794		65.01
66.00	06600	PHYSICAL THERAPY	6,373	6,373	37,993	6,373		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,058	0	1,058		67.00
68.00	06800	SPEECH PATHOLOGY	724	724	0	724		68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	3,752	16,958	3,752		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	2,041	2,628	2,041		70.00
70.01	03280	SLEEP LAB	0	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
73.01	03190	INFUSION THERAPY	1,554	1,554	4,197	1,554		73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	645	645	0	645		73.04
74.00	07400	RENAL DIALYSIS	1,801	1,801	0	1,801		74.00
76.97	07697	CARDIAC REHABILITATION	2,039	2,039	8,852	2,039		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	383	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	13,999	13,999	19,319	13,999	2,360	90.02
90.03	09002	RETINAL VASCULAR	10,844	10,844	0	10,844		90.03
91.00	09100	EMERGENCY	9,372	9,372	173,510	9,372	9,478	91.00
91.01	09101	IFCC	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
101.00	10100	HOME HEALTH AGENCY	6,181	6,181	0	6,181	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	482,829	429,760	1,610,869	421,768	267,325	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	884	0	884	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	500	0	500	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,786,008	16,399,259	2,008,099	6,161,689	4,378,192	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.949303	38.036617	1.246594	14.561408	16.377787	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	417,294	1,243,991	108,531	226,950	380,624	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.861798	2.885326	0.067374	0.536332	1.423825	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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	105,485					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,056	0	56,211			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	873	0	0	16,428,577		14.00
15.00	01500	PHARMACY	5,005	0	0	0	14,868,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,542	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	488	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	136	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	763	0	3,256	190	2,900	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	925	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,477	0	30,477	380,581	5,829	30.00
31.00	03100	INTENSIVE CARE UNIT	3,690	0	3,690	70,574	2,335	31.00
40.00	04000	SUBPROVIDER - IPF	1,307	0	1,307	708	56	40.00
41.00	04100	SUBPROVIDER - IRF	4,691	0	4,691	29,224	197	41.00
43.00	04300	NURSERY	1,202	0	1,202	13,145	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,100	0	5,100	191,297	3,025	50.00
51.00	05100	RECOVERY ROOM	610	0	610	6,418	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	121	0	0	6,938	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,283	0	0	4,443	14,857	54.00
54.01	03630	ULTRA SOUND	1,052	0	0	11,499	7	54.01
54.02	05401	SPECIAL PROCEDURES	1,249	0	0	23,569	23,682	54.02
56.00	05600	RADIOISOTOPE	528	0	0	1,992	747,872	56.00
57.00	05700	CT SCAN	980	0	0	10,306	97,282	57.00
58.00	05800	MRI	622	0	0	1,830	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	795	0	0	8,919	56,707	59.00
60.00	06000	LABORATORY	9,629	0	0	233,440	341,071	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	451	0	0	542	27,080	63.00
65.00	06500	RESPIRATORY THERAPY	2,457	0	0	500	26	65.00
65.01	03560	PULMONARY FUNCTION TESTING	51	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,987	0	0	59,541	5,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,489	0	0	4,152	0	67.00
68.00	06800	SPEECH PATHOLOGY	481	0	0	360	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,449	0	0	15,924	77,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184	0	0	294	0	70.00
70.01	03280	SLEEP LAB	106	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,845,320	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,087,563	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,084,289	73.00
73.01	03190	INFUSION THERAPY	662	0	0	14,364	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73,034	73.03
73.04	03480	FCC INFUSION THERAPY	567	0	0	24,674	0	73.04
74.00	07400	RENAL DIALYSIS	656	0	0	1,285	4	74.00
76.97	07697	CARDIAC REHABILITATION	462	0	0	25	1,509	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,054	0	0	22,419	4,843	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	334	0	0	49	1,271	90.03
91.00	09100	EMERGENCY	5,878	0	5,878	213,545	114	91.00
91.01	09101	IFCC	0	0	0	140,795	297,081	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,392	0	56,211	16,426,425	14,868,846
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93	0	0	2,152	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
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)	2,645,471	0	8,712,609	1,132,517	7,996,764
203.00		Unit cost multiplier (Wkst. B, Part I)	25.079120	0.000000	154.998292	0.068936	0.537820
204.00		Cost to be allocated (per Wkst. B, Part II)	172,842	0	1,807,346	185,913	491,037
205.00		Unit cost multiplier (Wkst. B, Part II)	1.638546	0.000000	32.152888	0.011316	0.033025
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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,324,810					16.00
17.00	01700	SOCIAL SERVICE	0	74,049				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,374,331	54,479	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	126,916	4,320	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	139,150	3,151	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	222,596	8,637	0	0	0	41.00
43.00	04300	NURSERY	89,149	3,462	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	130,803	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	8,523	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,580	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,505	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	23,686	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	41,364	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	18,332	0	0	0	0	56.00
57.00	05700	CT SCAN	87,335	0	0	0	0	57.00
58.00	05800	MRI	26,246	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,677	0	0	0	0	59.00
60.00	06000	LABORATORY	200,461	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,922	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,018	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,554	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	63,759	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,096	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,704	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,355	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,516	0	0	0	0	70.00
70.01	03280	SLEEP LAB	1,760	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,111	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,614	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,790	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,907	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	8,638	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	32	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	3,171	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,748	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,264	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	9,029	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	1,306	0	0	0	0	90.03
91.00	09100	EMERGENCY	105,666	0	0	0	0	91.00
91.01	09101	IFCC	236,196	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0		0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,324,810	74,049	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	6,493,975	589,414	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.953187	7.959783	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	333,436	12,161	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.100287	0.164229	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (MEALS SERVED)		
			SERVICES-OTHE R PRGM COSTS					
			APPRV (ASSIGNED TIME)					
			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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		100				23.00
23.01	02301	PARAMED ED PRGM - EMS			120			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				188		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	16	100		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12	25		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	15		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	44		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
70.01	03280	SLEEP LAB	0	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0		73.00
73.01	03190	INFUSION THERAPY	0	0	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0		90.03
91.00	09100	EMERGENCY	0	0	80	2		91.00
91.01	09101	IFCC	0	0	0	0		91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (MEALS SERVED)		
			SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	120	188		118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0		192.03
192.04	19204	AMBULANCE	0	0	0	0		192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	232,274	1,502,036	268,380		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,322.740000	12,516.966667	1,427.553191		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	7,567	153,317	50,473		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	75.670000	1,277.641667	268.473404		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,201,136		62,201,136	0	62,201,136	30.00
31.00	03100	INTENSIVE CARE UNIT	8,140,310		8,140,310	0	8,140,310	31.00
40.00	04000	SUBPROVIDER - IPF	3,447,612		3,447,612	0	3,447,612	40.00
41.00	04100	SUBPROVIDER - IRF	12,286,016		12,286,016	0	12,286,016	41.00
43.00	04300	NURSERY	2,897,751		2,897,751	0	2,897,751	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,043,695		19,043,695	8,371	19,052,066	50.00
51.00	05100	RECOVERY ROOM	1,563,028		1,563,028	0	1,563,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,322		1,414,322	0	1,414,322	52.00
53.00	05300	ANESTHESIOLOGY	506,885		506,885	0	506,885	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,407,586		10,407,586	3,856	10,411,442	54.00
54.01	03630	ULTRA SOUND	2,128,966		2,128,966	0	2,128,966	54.01
54.02	05401	SPECIAL PROCEDURES	2,342,844		2,342,844	0	2,342,844	54.02
56.00	05600	RADIOISOTOPE	1,666,105		1,666,105	0	1,666,105	56.00
57.00	05700	CT SCAN	2,433,725		2,433,725	0	2,433,725	57.00
58.00	05800	MRI	1,475,212		1,475,212	0	1,475,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,539,698		2,539,698	0	2,539,698	59.00
60.00	06000	LABORATORY	19,188,502		19,188,502	0	19,188,502	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,986,010		1,986,010	0	1,986,010	63.00
65.00	06500	RESPIRATORY THERAPY	3,705,149	0	3,705,149	8,117	3,713,266	65.00
65.01	03560	PULMONARY FUNCTION TESTING	136,069	0	136,069	0	136,069	65.01
66.00	06600	PHYSICAL THERAPY	4,388,556	0	4,388,556	0	4,388,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,704,284	0	2,704,284	0	2,704,284	67.00
68.00	06800	SPEECH PATHOLOGY	875,205	0	875,205	0	875,205	68.00
69.00	06900	ELECTROCARDIOLOGY	2,950,418		2,950,418	71,430	3,021,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	451,539		451,539	0	451,539	70.00
70.01	03280	SLEEP LAB	184,879		184,879	0	184,879	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,233,690		2,233,690	0	2,233,690	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,067,028		19,067,028	0	19,067,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,933,323		12,933,323	0	12,933,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,895,090		36,895,090	0	36,895,090	73.00
73.01	03190	INFUSION THERAPY	967,641		967,641	0	967,641	73.01
73.03	07301	PHARMACY VACCINE	80,325		80,325	0	80,325	73.03
73.04	03480	FCC INFUSION THERAPY	1,178,356		1,178,356	0	1,178,356	73.04
74.00	07400	RENAL DIALYSIS	1,292,259		1,292,259	1,160	1,293,419	74.00
76.97	07697	CARDIAC REHABILITATION	825,854		825,854	2,416	828,270	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,847,746		1,847,746	9,663	1,857,409	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	3,516,530		3,516,530	0	3,516,530	90.02
90.03	09002	RETINAL VASCULAR	1,472,580		1,472,580	11,356	1,483,936	90.03
91.00	09100	EMERGENCY	10,707,275		10,707,275	12,321	10,719,596	91.00
91.01	09101	IFCC	34,215,598		34,215,598	0	34,215,598	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,295,681		7,295,681	0	7,295,681	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	17,275,773		17,275,773	0	17,275,773	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,947,710		3,947,710		3,947,710	116.00
200.00		Subtotal (see instructions)	326,817,961	0	326,817,961	128,690	326,946,651	200.00
201.00		Less Observation Beds	7,295,681		7,295,681		7,295,681	201.00
202.00		Total (see instructions)	319,522,280	0	319,522,280	128,690	319,650,970	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	100,918,070		100,918,070		30.00
31.00	03100	INTENSIVE CARE UNIT	12,784,292		12,784,292		31.00
40.00	04000	SUBPROVIDER - IPF	3,882,092		3,882,092		40.00
41.00	04100	SUBPROVIDER - IRF	12,329,314		12,329,314		41.00
43.00	04300	NURSERY	6,447,324		6,447,324		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,461,843	39,293,872	82,755,715	0.230119	0.000000
51.00	05100	RECOVERY ROOM	6,266,952	7,670,618	13,937,570	0.112145	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,307,516	0	3,307,516	0.427609	0.000000
53.00	05300	ANESTHESIOLOGY	8,163,849	7,353,462	15,517,311	0.032666	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,427,408	27,762,042	36,189,450	0.287586	0.000000
54.01	03630	ULTRA SOUND	4,150,924	9,597,253	13,748,177	0.154854	0.000000
54.02	05401	SPECIAL PROCEDURES	8,695,844	9,568,445	18,264,289	0.128275	0.000000
56.00	05600	RADIOISOTOPE	3,384,307	5,814,945	9,199,252	0.181113	0.000000
57.00	05700	CT SCAN	29,078,458	55,476,941	84,555,399	0.028783	0.000000
58.00	05800	MRI	9,095,994	9,423,059	18,519,053	0.079659	0.000000
59.00	05900	CARDIAC CATHETERIZATION	8,318,896	9,828,208	18,147,104	0.139951	0.000000
60.00	06000	LABORATORY	60,021,887	107,674,382	167,696,269	0.114424	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,306,425	2,470,157	7,776,582	0.255383	0.000000
65.00	06500	RESPIRATORY THERAPY	20,476,521	2,935,436	23,411,957	0.158259	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	118,210	742,288	860,498	0.158128	0.000000
66.00	06600	PHYSICAL THERAPY	8,810,367	11,856,049	20,666,416	0.212352	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,716,474	115,213	7,831,687	0.345300	0.000000
68.00	06800	SPEECH PATHOLOGY	2,997,240	182,343	3,179,583	0.275258	0.000000
69.00	06900	ELECTROCARDIOLOGY	12,159,043	9,820,469	21,979,512	0.134235	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	922,246	269,860	1,192,106	0.378774	0.000000
70.01	03280	SLEEP LAB	821,490	393,721	1,215,211	0.152137	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,122,481	0	8,122,481	0.275001	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,864,792	5,556,499	12,421,291	1.535028	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,092,323	7,771,401	21,863,724	0.591543	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	47,863,637	109,065,384	156,929,021	0.235107	0.000000
73.01	03190	INFUSION THERAPY	37,984	2,574,419	2,612,403	0.370403	0.000000
73.03	07301	PHARMACY VACCINE	242,340	18,989	261,329	0.307371	0.000000
73.04	03480	FCC INFUSION THERAPY	25,502	5,798,578	5,824,080	0.202325	0.000000
74.00	07400	RENAL DIALYSIS	2,892,894	599,486	3,492,380	0.370022	0.000000
76.97	07697	CARDIAC REHABILITATION	61,298	761,626	822,924	1.003560	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,309,137	6,902,035	8,211,172	0.225028	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	24,134	5,110,050	5,134,184	0.684925	0.000000
90.03	09002	RETINAL VASCULAR	1,886	885,648	887,534	1.659182	0.000000
91.00	09100	EMERGENCY	16,376,165	87,035,843	103,412,008	0.103540	0.000000
91.01	09101	IFCC	5,061,234	263,238,811	268,300,045	0.127527	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,384,891	15,673,779	21,058,670	0.346445	0.000000
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	10,251,293	10,251,293		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,720,089	4,720,089		116.00
200.00		Subtotal (see instructions)	496,423,684	844,212,693	1,340,636,377		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	496,423,684	844,212,693	1,340,636,377		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

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
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	0.230221			50.00
51.00	05100	RECOVERY ROOM	0.112145			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427609			52.00
53.00	05300	ANESTHESIOLOGY	0.032666			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287693			54.00
54.01	03630	ULTRA SOUND	0.154854			54.01
54.02	05401	SPECIAL PROCEDURES	0.128275			54.02
56.00	05600	RADIOISOTOPE	0.181113			56.00
57.00	05700	CT SCAN	0.028783			57.00
58.00	05800	MRI	0.079659			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139951			59.00
60.00	06000	LABORATORY	0.114424			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255383			63.00
65.00	06500	RESPIRATORY THERAPY	0.158606			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158128			65.01
66.00	06600	PHYSICAL THERAPY	0.212352			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345300			67.00
68.00	06800	SPEECH PATHOLOGY	0.275258			68.00
69.00	06900	ELECTROCARDIOLOGY	0.137485			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.378774			70.00
70.01	03280	SLEEP LAB	0.152137			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275001			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.535028			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.591543			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235107			73.00
73.01	03190	INFUSION THERAPY	0.370403			73.01
73.03	07301	PHARMACY VACCINE	0.307371			73.03
73.04	03480	FCC INFUSION THERAPY	0.202325			73.04
74.00	07400	RENAL DIALYSIS	0.370355			74.00
76.97	07697	CARDIAC REHABILITATION	1.006496			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.226205			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.684925			90.02
90.03	09002	RETINAL VASCULAR	1.671977			90.03
91.00	09100	EMERGENCY	0.103659			91.00
91.01	09101	IFCC	0.127527			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346445			92.00
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
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: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

			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	62,201,136		62,201,136	0	62,201,136	30.00
31.00	03100	INTENSIVE CARE UNIT	8,140,310		8,140,310	0	8,140,310	31.00
40.00	04000	SUBPROVIDER - IPF	3,447,612		3,447,612	0	3,447,612	40.00
41.00	04100	SUBPROVIDER - IRF	12,286,016		12,286,016	0	12,286,016	41.00
43.00	04300	NURSERY	2,897,751		2,897,751	0	2,897,751	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,043,695		19,043,695	8,371	19,052,066	50.00
51.00	05100	RECOVERY ROOM	1,563,028		1,563,028	0	1,563,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,322		1,414,322	0	1,414,322	52.00
53.00	05300	ANESTHESIOLOGY	506,885		506,885	0	506,885	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,407,586		10,407,586	3,856	10,411,442	54.00
54.01	03630	ULTRA SOUND	2,128,966		2,128,966	0	2,128,966	54.01
54.02	05401	SPECIAL PROCEDURES	2,342,844		2,342,844	0	2,342,844	54.02
56.00	05600	RADIOISOTOPE	1,666,105		1,666,105	0	1,666,105	56.00
57.00	05700	CT SCAN	2,433,725		2,433,725	0	2,433,725	57.00
58.00	05800	MRI	1,475,212		1,475,212	0	1,475,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,539,698		2,539,698	0	2,539,698	59.00
60.00	06000	LABORATORY	19,188,502		19,188,502	0	19,188,502	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,986,010		1,986,010	0	1,986,010	63.00
65.00	06500	RESPIRATORY THERAPY	3,705,149	0	3,705,149	8,117	3,713,266	65.00
65.01	03560	PULMONARY FUNCTION TESTING	136,069	0	136,069	0	136,069	65.01
66.00	06600	PHYSICAL THERAPY	4,388,556	0	4,388,556	0	4,388,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,704,284	0	2,704,284	0	2,704,284	67.00
68.00	06800	SPEECH PATHOLOGY	875,205	0	875,205	0	875,205	68.00
69.00	06900	ELECTROCARDIOLOGY	2,950,418		2,950,418	71,430	3,021,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	451,539		451,539	0	451,539	70.00
70.01	03280	SLEEP LAB	184,879		184,879	0	184,879	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,233,690		2,233,690	0	2,233,690	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,067,028		19,067,028	0	19,067,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,933,323		12,933,323	0	12,933,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,895,090		36,895,090	0	36,895,090	73.00
73.01	03190	INFUSION THERAPY	967,641		967,641	0	967,641	73.01
73.03	07301	PHARMACY VACCINE	80,325		80,325	0	80,325	73.03
73.04	03480	FCC INFUSION THERAPY	1,178,356		1,178,356	0	1,178,356	73.04
74.00	07400	RENAL DIALYSIS	1,292,259		1,292,259	1,160	1,293,419	74.00
76.97	07697	CARDIAC REHABILITATION	825,854		825,854	2,416	828,270	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,847,746		1,847,746	9,663	1,857,409	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	3,516,530		3,516,530	0	3,516,530	90.02
90.03	09002	RETINAL VASCULAR	1,472,580		1,472,580	11,356	1,483,936	90.03
91.00	09100	EMERGENCY	10,707,275		10,707,275	12,321	10,719,596	91.00
91.01	09101	IFCC	34,215,598		34,215,598	0	34,215,598	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,295,681		7,295,681		7,295,681	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	17,275,773		17,275,773		17,275,773	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,947,710		3,947,710		3,947,710	116.00
200.00		Subtotal (see instructions)	326,817,961	0	326,817,961	128,690	326,946,651	200.00
201.00		Less Observation Beds	7,295,681		7,295,681		7,295,681	201.00
202.00		Total (see instructions)	319,522,280	0	319,522,280	128,690	319,650,970	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	100,918,070		100,918,070		30.00
31.00	03100	INTENSIVE CARE UNIT	12,784,292		12,784,292		31.00
40.00	04000	SUBPROVIDER - IPF	3,882,092		3,882,092		40.00
41.00	04100	SUBPROVIDER - IRF	12,329,314		12,329,314		41.00
43.00	04300	NURSERY	6,447,324		6,447,324		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,461,843	39,293,872	82,755,715	0.230119	0.000000
51.00	05100	RECOVERY ROOM	6,266,952	7,670,618	13,937,570	0.112145	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,307,516	0	3,307,516	0.427609	0.000000
53.00	05300	ANESTHESIOLOGY	8,163,849	7,353,462	15,517,311	0.032666	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,427,408	27,762,042	36,189,450	0.287586	0.000000
54.01	03630	ULTRA SOUND	4,150,924	9,597,253	13,748,177	0.154854	0.000000
54.02	05401	SPECIAL PROCEDURES	8,695,844	9,568,445	18,264,289	0.128275	0.000000
56.00	05600	RADIOISOTOPE	3,384,307	5,814,945	9,199,252	0.181113	0.000000
57.00	05700	CT SCAN	29,078,458	55,476,941	84,555,399	0.028783	0.000000
58.00	05800	MRI	9,095,994	9,423,059	18,519,053	0.079659	0.000000
59.00	05900	CARDIAC CATHETERIZATION	8,318,896	9,828,208	18,147,104	0.139951	0.000000
60.00	06000	LABORATORY	60,021,887	107,674,382	167,696,269	0.114424	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,306,425	2,470,157	7,776,582	0.255383	0.000000
65.00	06500	RESPIRATORY THERAPY	20,476,521	2,935,436	23,411,957	0.158259	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	118,210	742,288	860,498	0.158128	0.000000
66.00	06600	PHYSICAL THERAPY	8,810,367	11,856,049	20,666,416	0.212352	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,716,474	115,213	7,831,687	0.345300	0.000000
68.00	06800	SPEECH PATHOLOGY	2,997,240	182,343	3,179,583	0.275258	0.000000
69.00	06900	ELECTROCARDIOLOGY	12,159,043	9,820,469	21,979,512	0.134235	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	922,246	269,860	1,192,106	0.378774	0.000000
70.01	03280	SLEEP LAB	821,490	393,721	1,215,211	0.152137	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,122,481	0	8,122,481	0.275001	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,864,792	5,556,499	12,421,291	1.535028	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,092,323	7,771,401	21,863,724	0.591543	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	47,863,637	109,065,384	156,929,021	0.235107	0.000000
73.01	03190	INFUSION THERAPY	37,984	2,574,419	2,612,403	0.370403	0.000000
73.03	07301	PHARMACY VACCINE	242,340	18,989	261,329	0.307371	0.000000
73.04	03480	FCC INFUSION THERAPY	25,502	5,798,578	5,824,080	0.202325	0.000000
74.00	07400	RENAL DIALYSIS	2,892,894	599,486	3,492,380	0.370022	0.000000
76.97	07697	CARDIAC REHABILITATION	61,298	761,626	822,924	1.003560	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,309,137	6,902,035	8,211,172	0.225028	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	24,134	5,110,050	5,134,184	0.684925	0.000000
90.03	09002	RETINAL VASCULAR	1,886	885,648	887,534	1.659182	0.000000
91.00	09100	EMERGENCY	16,376,165	87,035,843	103,412,008	0.103540	0.000000
91.01	09101	IFCC	5,061,234	263,238,811	268,300,045	0.127527	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,384,891	15,673,779	21,058,670	0.346445	0.000000
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	10,251,293	10,251,293		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,720,089	4,720,089		116.00
200.00		Subtotal (see instructions)	496,423,684	844,212,693	1,340,636,377		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	496,423,684	844,212,693	1,340,636,377		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	SPECIAL PROCEDURES	0.000000			54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	03280	SLEEP LAB	0.000000			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			70.02
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
73.01	03190	INFUSION THERAPY	0.000000			73.01
73.03	07301	PHARMACY VACCINE	0.000000			73.03
73.04	03480	FCC INFUSION THERAPY	0.000000			73.04
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.000000			90.02
90.03	09002	RETINAL VASCULAR	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	IFCC	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
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: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,301,525	0	5,301,525	61,718	85.90	30.00	
31.00	INTENSIVE CARE UNIT	635,580		635,580	4,320	147.13	31.00	
40.00	SUBPROVIDER - IPF	207,558	0	207,558	3,151	65.87	40.00	
41.00	SUBPROVIDER - IRF	1,405,160	0	1,405,160	8,637	162.69	41.00	
43.00	NURSERY	218,861		218,861	3,462	63.22	43.00	
200.00	Total (lines 30 through 199)	7,768,684		7,768,684	81,288		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	20,974	1,801,667					30.00
31.00	INTENSIVE CARE UNIT	1,909	280,871					31.00
40.00	SUBPROVIDER - IPF	869	57,241					40.00
41.00	SUBPROVIDER - IRF	5,927	964,264					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	29,679	3,104,043					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/30/2018 3:05 pm		
				Title XVIII		Hospital		PPS
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,465,848	82,755,715	0.029797	17,502,544	521,523	50.00
51.00	05100	RECOVERY ROOM	136,416	13,937,570	0.009788	2,495,921	24,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,765	3,307,516	0.008395	13,671	115	52.00
53.00	05300	ANESTHESIOLOGY	76,479	15,517,311	0.004929	3,304,241	16,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,527	36,189,450	0.034058	4,210,161	143,390	54.00
54.01	03630	ULTRA SOUND	150,215	13,748,177	0.010926	1,914,934	20,923	54.01
54.02	05401	SPECIAL PROCEDURES	219,105	18,264,289	0.011996	4,371,677	52,443	54.02
56.00	05600	RADIOISOTOPE	125,590	9,199,252	0.013652	1,631,747	22,277	56.00
57.00	05700	CT SCAN	162,759	84,555,399	0.001925	15,093,047	29,054	57.00
58.00	05800	MRI	152,987	18,519,053	0.008261	4,335,505	35,816	58.00
59.00	05900	CARDIAC CATHETERIZATION	398,877	18,147,104	0.021980	3,110,594	68,371	59.00
60.00	06000	LABORATORY	829,310	167,696,269	0.004945	26,222,550	129,671	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,924	7,776,582	0.006677	2,264,074	15,117	63.00
65.00	06500	RESPIRATORY THERAPY	162,847	23,411,957	0.006956	9,296,483	64,666	65.00
65.01	03560	PULMONARY FUNCTION TESTING	21,975	860,498	0.025538	49,787	1,271	65.01
66.00	06600	PHYSICAL THERAPY	263,050	20,666,416	0.012728	1,751,633	22,295	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,020	7,831,687	0.009962	1,107,620	11,034	67.00
68.00	06800	SPEECH PATHOLOGY	39,858	3,179,583	0.012536	777,451	9,746	68.00
69.00	06900	ELECTROCARDIOLOGY	248,638	21,979,512	0.011312	5,364,795	60,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,400	1,192,106	0.054861	473,987	26,003	70.00
70.01	03280	SLEEP LAB	14,095	1,215,211	0.011599	330,852	3,838	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,804	8,122,481	0.005393	829,881	4,476	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445,713	12,421,291	0.035883	3,047,179	109,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,310	21,863,724	0.014742	6,777,751	99,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,009,675	156,929,021	0.006434	19,697,123	126,731	73.00
73.01	03190	INFUSION THERAPY	76,765	2,612,403	0.029385	7,368	217	73.01
73.03	07301	PHARMACY VACCINE	3,204	261,329	0.012260	3,350	41	73.03
73.04	03480	FCC INFUSION THERAPY	36,543	5,824,080	0.006274	19,250	121	73.04
74.00	07400	RENAL DIALYSIS	79,517	3,492,380	0.022769	1,376,480	31,341	74.00
76.97	07697	CARDIAC REHABILITATION	103,742	822,924	0.126065	26,646	3,359	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,685	8,211,172	0.004833	530,908	2,566	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	338,985	5,134,184	0.066025	3,975	262	90.02
90.03	09002	RETINAL VASCULAR	300,508	887,534	0.338588	1,117	378	90.03
91.00	09100	EMERGENCY	638,079	103,412,008	0.006170	8,695,024	53,648	91.00
91.01	09101	IFCC	2,634,888	268,300,045	0.009821	1,939,082	19,044	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	621,825	21,058,670	0.029528	3,067,760	90,585	92.00
200.00		Total (lines 50 through 199)	13,618,928	1,189,303,903		151,646,168	1,820,986	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/30/2018 3:05 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	343,027	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	185,893	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	21,413	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	62,812	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	613,145	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	343,027	61,718	5.56	20,974	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	185,893	4,320	43.03	1,909	31.00			
40.00	04000	SUBPROVIDER - IPF	0	21,413	3,151	6.80	869	40.00			
41.00	04100	SUBPROVIDER - IRF	0	62,812	8,637	7.27	5,927	41.00			
43.00	04300	NURSERY	0	0	3,462	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	613,145	81,288		29,679	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	116,615					30.00			
31.00	03100	INTENSIVE CARE UNIT	82,144					31.00			
40.00	04000	SUBPROVIDER - IPF	5,909					40.00			
41.00	04100	SUBPROVIDER - IRF	43,089					41.00			
43.00	04300	NURSERY	0					43.00			
200.00		Total (lines 30 through 199)	247,757					200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50,068	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
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	50,068	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	50,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,855	70.02
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	232,274	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	1,004,212	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	40,236	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,429,781	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	50,068	50,068	82,755,715	0.000605	50.00
51.00	05100	RECOVERY ROOM		0	0	0	13,937,570	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,307,516	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	15,517,311	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	36,189,450	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	13,748,177	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	18,264,289	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	9,199,252	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	84,555,399	0.000000	57.00
58.00	05800	MRI		0	0	0	18,519,053	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	18,147,104	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	167,696,269	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	7,776,582	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	50,068	50,068	23,411,957	0.002139	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	860,498	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	20,666,416	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	7,831,687	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,179,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	50,068	50,068	21,979,512	0.002278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,192,106	0.000000	70.00
70.01	03280	SLEEP LAB		0	0	0	1,215,211	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	2,855	2,855	8,122,481	0.000351	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	12,421,291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	21,863,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	232,274	232,274	156,929,021	0.001480	73.00
73.01	03190	INFUSION THERAPY		0	0	0	2,612,403	0.000000	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	261,329	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	5,824,080	0.000000	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	3,492,380	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	822,924	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	8,211,172	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	5,134,184	0.000000	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	887,534	0.000000	90.03
91.00	09100	EMERGENCY		0	1,004,212	1,004,212	103,412,008	0.009711	91.00
91.01	09101	IFCC		0	0	0	268,300,045	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	40,236	40,236	21,058,670	0.001911	92.00
200.00		Total (lines 50 through 199)		0	1,429,781	1,429,781	1,189,303,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000605	17,502,544	10,589	9,019,149	5,457	50.00	
51.00	05100	RECOVERY ROOM	0.000000	2,495,921	0	1,726,706	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	13,671	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	3,304,241	0	1,680,187	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,210,161	0	7,856,845	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	1,914,934	0	1,646,890	0	54.01	
54.02	05401	SPECIAL PROCEDURES	0.000000	4,371,677	0	4,827,581	0	54.02	
56.00	05600	RADIOISOTOPE	0.000000	1,631,747	0	1,797,500	0	56.00	
57.00	05700	CT SCAN	0.000000	15,093,047	0	12,075,464	0	57.00	
58.00	05800	MRI	0.000000	4,335,505	0	3,009,998	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,110,594	0	5,079,413	0	59.00	
60.00	06000	LABORATORY	0.000000	26,222,550	0	11,216,827	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,264,074	0	986,841	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.002139	9,296,483	19,885	236,439	506	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	49,787	0	218,164	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.000000	1,751,633	0	34,235	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,107,620	0	6,313	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	777,451	0	3,703	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.002278	5,364,795	12,221	2,399,718	5,467	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	473,987	0	64,508	0	70.00	
70.01	03280	SLEEP LAB	0.000000	330,852	0	117,199	0	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000351	829,881	291	0	0	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,047,179	0	2,733,353	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,777,751	0	3,022,662	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001480	19,697,123	29,152	48,101,667	71,190	73.00	
73.01	03190	INFUSION THERAPY	0.000000	7,368	0	1,488,749	0	73.01	
73.03	07301	PHARMACY VACCINE	0.000000	3,350	0	5,931	0	73.03	
73.04	03480	FCC INFUSION THERAPY	0.000000	19,250	0	3,040,559	0	73.04	
74.00	07400	RENAL DIALYSIS	0.000000	1,376,480	0	292,500	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	26,646	0	438,771	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	530,908	0	2,230,147	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	3,975	0	610,227	0	90.02	
90.03	09002	RETINAL VASCULAR	0.000000	1,117	0	377,612	0	90.03	
91.00	09100	EMERGENCY	0.009711	8,695,024	84,437	9,477,423	92,035	91.00	
91.01	09101	IFCC	0.000000	1,939,082	0	41,543,418	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.001911	3,067,760	5,862	1,666,780	3,185	92.00	
200.00	Total (lines 50 through 199)			151,646,168	162,437	179,033,479	177,840	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 3:05 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.230119	9,019,149	0	0	2,075,478	50.00
51.00	05100 RECOVERY ROOM	0.112145	1,726,706	0	0	193,641	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427609	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032666	1,680,187	0	0	54,885	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287586	7,856,845	0	0	2,259,519	54.00
54.01	03630 ULTRA SOUND	0.154854	1,646,890	0	0	255,028	54.01
54.02	05401 SPECIAL PROCEDURES	0.128275	4,827,581	0	0	619,258	54.02
56.00	05600 RADIOISOTOPE	0.181113	1,797,500	0	0	325,551	56.00
57.00	05700 CT SCAN	0.028783	12,075,464	0	0	347,568	57.00
58.00	05800 MRI	0.079659	3,009,998	0	0	239,773	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139951	5,079,413	0	0	710,869	59.00
60.00	06000 LABORATORY	0.114424	11,216,827	0	0	1,283,474	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255383	986,841	0	0	252,022	63.00
65.00	06500 RESPIRATORY THERAPY	0.158259	236,439	0	0	37,419	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158128	218,164	0	0	34,498	65.01
66.00	06600 PHYSICAL THERAPY	0.212352	34,235	0	0	7,270	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345300	6,313	0	0	2,180	67.00
68.00	06800 SPEECH PATHOLOGY	0.275258	3,703	0	0	1,019	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134235	2,399,718	0	0	322,126	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378774	64,508	0	0	24,434	70.00
70.01	03280 SLEEP LAB	0.152137	117,199	0	0	17,830	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275001	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.535028	2,733,353	0	0	4,195,773	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.591543	3,022,662	0	0	1,788,035	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235107	48,101,667	0	0	11,309,039	73.00
73.01	03190 INFUSION THERAPY	0.370403	1,488,749	0	0	551,437	73.01
73.03	07301 PHARMACY VACCINE	0.307371	5,931	0	9,862	1,823	73.03
73.04	03480 FCC INFUSION THERAPY	0.202325	3,040,559	0	0	615,181	73.04
74.00	07400 RENAL DIALYSIS	0.370022	292,500	0	0	108,231	74.00
76.97	07697 CARDIAC REHABILITATION	1.003560	438,771	0	0	440,333	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.225028	2,230,147	0	0	501,846	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0.684925	610,227	0	0	417,960	90.02
90.03	09002 RETINAL VASCULAR	1.659182	377,612	0	0	626,527	90.03
91.00	09100 EMERGENCY	0.103540	9,477,423	0	0	981,292	91.00
91.01	09101 IFCC	0.127527	41,543,418	0	0	5,297,907	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346445	1,666,780	0	0	577,448	92.00
200.00	Subtotal (see instructions)		179,033,479	0	9,862	36,476,674	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		179,033,479	0	9,862	36,476,674	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	03630	ULTRA SOUND	0	0					
54.02	05401	SPECIAL PROCEDURES	0	0					
56.00	05600	RADIOISOTOPE	0	0					
57.00	05700	CT SCAN	0	0					
58.00	05800	MRI	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0					
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
65.01	03560	PULMONARY FUNCTION TESTING	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
70.01	03280	SLEEP LAB	0	0					
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					
73.01	03190	INFUSION THERAPY	0	0					
73.03	07301	PHARMACY VACCINE	0	3,031					
73.04	03480	FCC INFUSION THERAPY	0	0					
74.00	07400	RENAL DIALYSIS	0	0					
76.97	07697	CARDIAC REHABILITATION	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
76.99	07699	LITHOTRIPSY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0	0					
90.03	09002	RETINAL VASCULAR	0	0					
91.00	09100	EMERGENCY	0	0					
91.01	09101	IFCC	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
200.00		Subtotal (see instructions)	0	3,031					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	3,031					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/30/2018 3:05 pm	
				Component CCN:14-S191					
				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	2,465,848	82,755,715	0.029797	0	0	50.00	
51.00	05100	RECOVERY ROOM	136,416	13,937,570	0.009788	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,765	3,307,516	0.008395	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	76,479	15,517,311	0.004929	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,527	36,189,450	0.034058	7,011	239	54.00	
54.01	03630	ULTRA SOUND	150,215	13,748,177	0.010926	3,599	39	54.01	
54.02	05401	SPECIAL PROCEDURES	219,105	18,264,289	0.011996	0	0	54.02	
56.00	05600	RADIOISOTOPE	125,590	9,199,252	0.013652	0	0	56.00	
57.00	05700	CT SCAN	162,759	84,555,399	0.001925	32,829	63	57.00	
58.00	05800	MRI	152,987	18,519,053	0.008261	25,735	213	58.00	
59.00	05900	CARDIAC CATHETERIZATION	398,877	18,147,104	0.021980	0	0	59.00	
60.00	06000	LABORATORY	829,310	167,696,269	0.004945	183,726	909	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,924	7,776,582	0.006677	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	162,847	23,411,957	0.006956	5,003	35	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	21,975	860,498	0.025538	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	263,050	20,666,416	0.012728	2,041	26	66.00	
67.00	06700	OCCUPATIONAL THERAPY	78,020	7,831,687	0.009962	1,083	11	67.00	
68.00	06800	SPEECH PATHOLOGY	39,858	3,179,583	0.012536	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	248,638	21,979,512	0.011312	26,813	303	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	65,400	1,192,106	0.054861	1,000	55	70.00	
70.01	03280	SLEEP LAB	14,095	1,215,211	0.011599	0	0	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,804	8,122,481	0.005393	276,529	1,491	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445,713	12,421,291	0.035883	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,310	21,863,724	0.014742	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,009,675	156,929,021	0.006434	85,178	548	73.00	
73.01	03190	INFUSION THERAPY	76,765	2,612,403	0.029385	0	0	73.01	
73.03	07301	PHARMACY VACCINE	3,204	261,329	0.012260	0	0	73.03	
73.04	03480	FCC INFUSION THERAPY	36,543	5,824,080	0.006274	0	0	73.04	
74.00	07400	RENAL DIALYSIS	79,517	3,492,380	0.022769	1,300	30	74.00	
76.97	07697	CARDIAC REHABILITATION	103,742	822,924	0.126065	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,685	8,211,172	0.004833	2,810	14	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	338,985	5,134,184	0.066025	0	0	90.02	
90.03	09002	RETINAL VASCULAR	300,508	887,534	0.338588	0	0	90.03	
91.00	09100	EMERGENCY	638,079	103,412,008	0.006170	97,875	604	91.00	
91.01	09101	IFCC	2,634,888	268,300,045	0.009821	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	21,058,670	0.000000	0	0	92.00	
200.00		Total (lines 50 through 199)	12,997,103	1,189,303,903		752,532	4,580	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	50,068	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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	50,068	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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	50,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	2,855	70.02
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	232,274	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	1,004,212	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,389,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		50,068	50,068	82,755,715	0.000605	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,937,570	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	3,307,516	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	15,517,311	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	36,189,450	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	13,748,177	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	18,264,289	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	9,199,252	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	84,555,399	0.000000	57.00
58.00	05800	MRI	0		0	0	18,519,053	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	18,147,104	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	167,696,269	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	7,776,582	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		50,068	50,068	23,411,957	0.002139	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	860,498	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	20,666,416	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	7,831,687	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	3,179,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		50,068	50,068	21,979,512	0.002278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	1,192,106	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,215,211	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		2,855	2,855	8,122,481	0.000351	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	12,421,291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	21,863,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		232,274	232,274	156,929,021	0.001480	73.00
73.01	03190	INFUSION THERAPY	0		0	0	2,612,403	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	261,329	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	5,824,080	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		0	0	3,492,380	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	822,924	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	8,211,172	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	5,134,184	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	887,534	0.000000	90.03
91.00	09100	EMERGENCY	0		1,004,212	1,004,212	103,412,008	0.009711	91.00
91.01	09101	IFCC	0		0	0	268,300,045	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	21,058,670	0.000000	92.00
200.00		Total (lines 50 through 199)	0		1,389,545	1,389,545	1,189,303,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000605	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,011	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	3,599	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	32,829	0	0	0	0	57.00
58.00	05800	MRI	0.000000	25,735	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	183,726	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.002139	5,003	11	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	2,041	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,083	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.002278	26,813	61	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,000	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000351	276,529	97	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001480	85,178	126	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	1,300	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	2,810	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.009711	97,875	950	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		752,532	1,245	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/30/2018 3:05 pm		
					Component CCN: 14-T191				
					Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,465,848	82,755,715	0.029797	71,921	2,143	50.00	
51.00	05100	RECOVERY ROOM	136,416	13,937,570	0.009788	18,592	182	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,765	3,307,516	0.008395	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	76,479	15,517,311	0.004929	13,195	65	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,527	36,189,450	0.034058	245,905	8,375	54.00	
54.01	03630	ULTRA SOUND	150,215	13,748,177	0.010926	84,278	921	54.01	
54.02	05401	SPECIAL PROCEDURES	219,105	18,264,289	0.011996	44,405	533	54.02	
56.00	05600	RADIOISOTOPE	125,590	9,199,252	0.013652	16,855	230	56.00	
57.00	05700	CT SCAN	162,759	84,555,399	0.001925	366,820	706	57.00	
58.00	05800	MRI	152,987	18,519,053	0.008261	71,837	593	58.00	
59.00	05900	CARDIAC CATHETERIZATION	398,877	18,147,104	0.021980	0	0	59.00	
60.00	06000	LABORATORY	829,310	167,696,269	0.004945	1,501,154	7,423	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,924	7,776,582	0.006677	42,116	281	63.00	
65.00	06500	RESPIRATORY THERAPY	162,847	23,411,957	0.006956	727,294	5,059	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	21,975	860,498	0.025538	1,928	49	65.01	
66.00	06600	PHYSICAL THERAPY	263,050	20,666,416	0.012728	3,745,095	47,668	66.00	
67.00	06700	OCCUPATIONAL THERAPY	78,020	7,831,687	0.009962	3,775,997	37,616	67.00	
68.00	06800	SPEECH PATHOLOGY	39,858	3,179,583	0.012536	1,117,019	14,003	68.00	
69.00	06900	ELECTROCARDIOLOGY	248,638	21,979,512	0.011312	73,033	826	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	65,400	1,192,106	0.054861	10,498	576	70.00	
70.01	03280	SLEEP LAB	14,095	1,215,211	0.011599	0	0	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,804	8,122,481	0.005393	0	0	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445,713	12,421,291	0.035883	126,098	4,525	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,310	21,863,724	0.014742	8,100	119	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,009,675	156,929,021	0.006434	1,979,629	12,737	73.00	
73.01	03190	INFUSION THERAPY	76,765	2,612,403	0.029385	1,460	43	73.01	
73.03	07301	PHARMACY VACCINE	3,204	261,329	0.012260	0	0	73.03	
73.04	03480	FCC INFUSION THERAPY	36,543	5,824,080	0.006274	0	0	73.04	
74.00	07400	RENAL DIALYSIS	79,517	3,492,380	0.022769	424,396	9,663	74.00	
76.97	07697	CARDIAC REHABILITATION	103,742	822,924	0.126065	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,685	8,211,172	0.004833	142,756	690	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	338,985	5,134,184	0.066025	0	0	90.02	
90.03	09002	RETINAL VASCULAR	300,508	887,534	0.338588	463	157	90.03	
91.00	09100	EMERGENCY	638,079	103,412,008	0.006170	40,095	247	91.00	
91.01	09101	IFCC	2,634,888	268,300,045	0.009821	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	21,058,670	0.000000	27,192	0	92.00	
200.00		Total (lines 50 through 199)	12,997,103	1,189,303,903		14,678,131	155,430	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50,068	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	50,068	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	50,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	2,855	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	232,274	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	1,004,212	91.00
91.01	09101	IFCC	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	1,389,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		50,068	50,068	82,755,715	0.000605	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,937,570	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	3,307,516	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	15,517,311	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	36,189,450	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	13,748,177	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	18,264,289	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	9,199,252	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	84,555,399	0.000000	57.00
58.00	05800	MRI	0		0	0	18,519,053	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	18,147,104	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	167,696,269	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	7,776,582	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		50,068	50,068	23,411,957	0.002139	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	860,498	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	20,666,416	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	7,831,687	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	3,179,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		50,068	50,068	21,979,512	0.002278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	1,192,106	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,215,211	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		2,855	2,855	8,122,481	0.000351	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	12,421,291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	21,863,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		232,274	232,274	156,929,021	0.001480	73.00
73.01	03190	INFUSION THERAPY	0		0	0	2,612,403	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	261,329	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	5,824,080	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		0	0	3,492,380	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	822,924	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	8,211,172	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	5,134,184	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	887,534	0.000000	90.03
91.00	09100	EMERGENCY	0		1,004,212	1,004,212	103,412,008	0.009711	91.00
91.01	09101	IFCC	0		0	0	268,300,045	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	21,058,670	0.000000	92.00
200.00		Total (lines 50 through 199)	0		1,389,545	1,389,545	1,189,303,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000605	71,921	44	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	18,592	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	13,195	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	245,905	0	0	0	54.00
54.01	03630 ULTRA SOUND	0.000000	84,278	0	0	0	54.01
54.02	05401 SPECIAL PROCEDURES	0.000000	44,405	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0.000000	16,855	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	366,820	0	0	0	57.00
58.00	05800 MRI	0.000000	71,837	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,501,154	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	42,116	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.002139	727,294	1,556	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	1,928	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	3,745,095	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,775,997	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,117,019	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.002278	73,033	166	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,498	0	0	0	70.00
70.01	03280 SLEEP LAB	0.000000	0	0	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000351	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	126,098	0	440	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,100	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001480	1,979,629	2,930	0	0	73.00
73.01	03190 INFUSION THERAPY	0.000000	1,460	0	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.000000	0	0	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.000000	0	0	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.000000	424,396	0	4,550	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	142,756	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0.000000	0	0	0	0	90.02
90.03	09002 RETINAL VASCULAR	0.000000	463	0	0	0	90.03
91.00	09100 EMERGENCY	0.009711	40,095	389	0	0	91.00
91.01	09101 IFCC	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	27,192	0	0	0	92.00
200.00	Total (lines 50 through 199)		14,678,131	5,085	4,990	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 3:05 pm	
				Component CCN: 14-T191			
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.230119	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.112145	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427609	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032666	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287586	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0.154854	0	0	0	0	54.01
54.02	05401 SPECIAL PROCEDURES	0.128275	0	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0.181113	0	0	0	0	56.00
57.00	05700 CT SCAN	0.028783	0	0	0	0	57.00
58.00	05800 MRI	0.079659	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139951	0	0	0	0	59.00
60.00	06000 LABORATORY	0.114424	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255383	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.158259	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158128	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.212352	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345300	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.275258	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134235	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378774	0	0	0	0	70.00
70.01	03280 SLEEP LAB	0.152137	0	0	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275001	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.535028	440	0	0	675	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.591543	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235107	0	0	0	0	73.00
73.01	03190 INFUSION THERAPY	0.370403	0	0	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.307371	0	0	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.202325	0	0	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.370022	4,550	0	0	1,684	74.00
76.97	07697 CARDIAC REHABILITATION	1.003560	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.225028	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0.684925	0	0	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.659182	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.103540	0	0	0	0	91.00
91.01	09101 IFCC	0.127527	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346445	0	0	0	0	92.00
200.00	Subtotal (see instructions)		4,990	0	0	2,359	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		4,990	0	0	2,359	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/30/2018 3:05 pm	
			Component CCN: 14-T191					
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Costs							
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
	6.00	7.00						
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0			50.00	
51.00	05100	RECOVERY ROOM	0	0			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00	
53.00	05300	ANESTHESIOLOGY	0	0			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00	
54.01	03630	ULTRA SOUND	0	0			54.01	
54.02	05401	SPECIAL PROCEDURES	0	0			54.02	
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	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0			62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00	
65.00	06500	RESPIRATORY THERAPY	0	0			65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0			65.01	
66.00	06600	PHYSICAL THERAPY	0	0			66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00	
68.00	06800	SPEECH PATHOLOGY	0	0			68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00	
70.01	03280	SLEEP LAB	0	0			70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			70.02	
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	
73.01	03190	INFUSION THERAPY	0	0			73.01	
73.03	07301	PHARMACY VACCINE	0	0			73.03	
73.04	03480	FCC INFUSION THERAPY	0	0			73.04	
74.00	07400	RENAL DIALYSIS	0	0			74.00	
76.97	07697	CARDIAC REHABILITATION	0	0			76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98	
76.99	07699	LITHOTRIPSY	0	0			76.99	
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0			90.02	
90.03	09002	RETINAL VASCULAR	0	0			90.03	
91.00	09100	EMERGENCY	0	0			91.00	
91.01	09101	IFCC	0	0			91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00	
200.00		Subtotal (see instructions)	0	0			200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00	
202.00		Net Charges (line 200 - line 201)	0	0			202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/30/2018 3:05 pm	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	343,027	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	185,893	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	21,413	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	62,812	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	613,145	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	343,027	61,718	5.56	3,176	30.00		
31.00	03100	INTENSIVE CARE UNIT		185,893	4,320	43.03	97	31.00		
40.00	04000	SUBPROVIDER - IPF	0	21,413	3,151	6.80	74	40.00		
41.00	04100	SUBPROVIDER - IRF	0	62,812	8,637	7.27	118	41.00		
43.00	04300	NURSERY		0	3,462	0.00	1,939	43.00		
200.00		Total (lines 30 through 199)		613,145	81,288		5,404	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	17,659						30.00	
31.00	03100	INTENSIVE CARE UNIT	4,174						31.00	
40.00	04000	SUBPROVIDER - IPF	503						40.00	
41.00	04100	SUBPROVIDER - IRF	858						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	23,194						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description			Title XIX		Hospital		Cost	
			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	50,068	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
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	50,068	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	50,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,855	70.02
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	232,274	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	1,004,212	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,389,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	50,068	50,068	82,755,715	0.000605	50.00
51.00	05100	RECOVERY ROOM		0	0	0	13,937,570	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,307,516	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	15,517,311	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	36,189,450	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	13,748,177	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	18,264,289	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	9,199,252	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	84,555,399	0.000000	57.00
58.00	05800	MRI		0	0	0	18,519,053	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	18,147,104	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	167,696,269	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	7,776,582	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	50,068	50,068	23,411,957	0.002139	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	860,498	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	20,666,416	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	7,831,687	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,179,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	50,068	50,068	21,979,512	0.002278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,192,106	0.000000	70.00
70.01	03280	SLEEP LAB		0	0	0	1,215,211	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	2,855	2,855	8,122,481	0.000351	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	12,421,291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	21,863,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	232,274	232,274	156,929,021	0.001480	73.00
73.01	03190	INFUSION THERAPY		0	0	0	2,612,403	0.000000	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	261,329	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	5,824,080	0.000000	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	3,492,380	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	822,924	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	8,211,172	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	5,134,184	0.000000	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	887,534	0.000000	90.03
91.00	09100	EMERGENCY		0	1,004,212	1,004,212	103,412,008	0.009711	91.00
91.01	09101	IFCC		0	0	0	268,300,045	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	21,058,670	0.000000	92.00
200.00		Total (lines 50 through 199)		0	1,389,545	1,389,545	1,189,303,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		Title XIX			Hospital		Cost	
		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	0.000605	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.002139	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.002278	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000351	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001480	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.009711	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XIX		Subprovider - IPF		Cost	
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	50,068	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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	50,068	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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	50,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	2,855	70.02
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	232,274	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	1,004,212	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,389,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		50,068	50,068	82,755,715	0.000605	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,937,570	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	3,307,516	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	15,517,311	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	36,189,450	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	13,748,177	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	18,264,289	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	9,199,252	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	84,555,399	0.000000	57.00
58.00	05800	MRI	0		0	0	18,519,053	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	18,147,104	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	167,696,269	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	7,776,582	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		50,068	50,068	23,411,957	0.002139	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	860,498	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	20,666,416	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	7,831,687	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	3,179,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		50,068	50,068	21,979,512	0.002278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	1,192,106	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,215,211	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		2,855	2,855	8,122,481	0.000351	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	12,421,291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	21,863,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		232,274	232,274	156,929,021	0.001480	73.00
73.01	03190	INFUSION THERAPY	0		0	0	2,612,403	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	261,329	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	5,824,080	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		0	0	3,492,380	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	822,924	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	8,211,172	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	5,134,184	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	887,534	0.000000	90.03
91.00	09100	EMERGENCY	0		1,004,212	1,004,212	103,412,008	0.009711	91.00
91.01	09101	IFCC	0		0	0	268,300,045	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	21,058,670	0.000000	92.00
200.00		Total (lines 50 through 199)	0		1,389,545	1,389,545	1,189,303,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0191 Component CCN:14-S191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XIX		Subprovider - IPF		Cost	
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		0.000605	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0.000000	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.002139	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.002278	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0.000000	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000351	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001480	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY		0.000000	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0.000000	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0.000000	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.000000	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.009711	0	0	0	0	91.00
91.01	09101	IFCC		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XIX		Subprovider - IRF		Cost	
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	50,068	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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	50,068	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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	50,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	2,855	70.02
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	232,274	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	1,004,212	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,389,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		50,068	50,068	82,755,715	0.000605	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,937,570	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	3,307,516	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	15,517,311	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	36,189,450	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	13,748,177	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	18,264,289	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	9,199,252	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	84,555,399	0.000000	57.00
58.00	05800	MRI	0		0	0	18,519,053	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	18,147,104	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	167,696,269	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	7,776,582	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		50,068	50,068	23,411,957	0.002139	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	860,498	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	20,666,416	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	7,831,687	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	3,179,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		50,068	50,068	21,979,512	0.002278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	1,192,106	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,215,211	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		2,855	2,855	8,122,481	0.000351	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	12,421,291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	21,863,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		232,274	232,274	156,929,021	0.001480	73.00
73.01	03190	INFUSION THERAPY	0		0	0	2,612,403	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	261,329	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	5,824,080	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		0	0	3,492,380	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	822,924	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	8,211,172	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	5,134,184	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	887,534	0.000000	90.03
91.00	09100	EMERGENCY	0		1,004,212	1,004,212	103,412,008	0.009711	91.00
91.01	09101	IFCC	0		0	0	268,300,045	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	21,058,670	0.000000	92.00
200.00		Total (lines 50 through 199)	0		1,389,545	1,389,545	1,189,303,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XIX		Subprovider - IRF		Cost	
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	0.000605	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.002139	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.002278	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000351	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001480	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.009711	0	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		61,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,718	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)		54,479	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)		20,974	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)		62,201,136	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)		62,201,136	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)		62,201,136	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)		1,007.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,138,226	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)		21,138,226	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/30/2018 3:05 pm

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	8,140,310	4,320	1,884.33	1,999	3,597,186	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					31,425,592	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,161,004	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,281,297	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,983,423	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,264,720	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,896,284	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)					7,239	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,007.83	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,295,681	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/30/2018 3:05 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,301,525	62,201,136	0.085232	7,295,681	621,825	90.00
91.00 Nursing School cost	0	62,201,136	0.000000	7,295,681	0	91.00
92.00 Allied health cost	343,027	62,201,136	0.005515	7,295,681	40,236	92.00
93.00 All other Medical Education	0	62,201,136	0.000000	7,295,681	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,151	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,151	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,151	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)		869	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,447,612	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,447,612	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,447,612	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)		1,094.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		950,799	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)		950,799	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 14-S191		Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						139,593
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,090,392
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						63,150
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						5,825
52.00	Total Program excludable cost (sum of lines 50 and 51)						68,975
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,021,417
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	207,558	3,447,612	0.060203	0	0	90.00
91.00 Nursing School cost	0	3,447,612	0.000000	0	0	91.00
92.00 Allied health cost	21,413	3,447,612	0.006211	0	0	92.00
93.00 All other Medical Education	0	3,447,612	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,637	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,637	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)		8,637	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)		5,927	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)		12,286,016	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)		12,286,016	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)		12,286,016	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)		1,422.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,431,098	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)		8,431,098	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 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)					3,714,837	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,145,935	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,007,353	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					160,515	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,167,868	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,978,067	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: 14-0191 Component CCN: 14-T191		Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,405,160	12,286,016	0.114371	0	0	90.00
91.00 Nursing School cost	0	12,286,016	0.000000	0	0	91.00
92.00 Allied health cost	62,812	12,286,016	0.005112	0	0	92.00
93.00 All other Medical Education	0	12,286,016	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
		Title XIX	Hospital	Cost
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)		61,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,718	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)		54,479	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,176	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,462	15.00
16.00	Nursery days (title V or XIX only)		1,939	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)		62,201,136	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)		62,201,136	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)		62,201,136	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)		1,007.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,200,868	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,200,868	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/30/2018 3:05 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,897,751	3,462	837.02	1,939	1,622,982	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,140,310	4,320	1,884.33	97	182,780	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,006,630	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					7,239	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,007.83	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,295,681	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/30/2018 3:05 pm

		Title XIX		Hospital		Cost	
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	5,301,525	62,201,136	0.085232	7,295,681	621,825	90.00
91.00	Nursing School cost	0	62,201,136	0.000000	7,295,681	0	91.00
92.00	Allied health cost	343,027	62,201,136	0.005515	7,295,681	40,236	92.00
93.00	All other Medical Education	0	62,201,136	0.000000	7,295,681	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,151 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,151 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,151 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)			74 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			3,462 15.00
16.00	Nursery days (title V or XIX only)			1,939 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,447,612 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,447,612 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,447,612 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)			1,094.13 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			80,966 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)			80,966 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
				Title XIX	Subprovider - IPF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					80,966	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)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XIX		Subprovider - IPF	Cost	
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	207,558	3,447,612	0.060203	0	0	90.00
91.00 Nursing School cost	0	3,447,612	0.000000	0	0	91.00
92.00 Allied health cost	21,413	3,447,612	0.006211	0	0	92.00
93.00 All other Medical Education	0	3,447,612	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
		Title XIX	Subprovider - IRF	Cost
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)		8,637	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,637	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)		8,637	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)		118	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,462	15.00
16.00	Nursery days (title V or XIX only)		1,939	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)		12,286,016	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)		12,286,016	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)		12,286,016	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)		1,422.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		167,854	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)		167,854	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm
				Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					167,854	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)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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: 14-0191 Component CCN: 14-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,405,160	12,286,016	0.114371	0	0	90.00
91.00	Nursing School cost	0	12,286,016	0.000000	0	0	91.00
92.00	Allied health cost	62,812	12,286,016	0.005112	0	0	92.00
93.00	All other Medical Education	0	12,286,016	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		39,209,580	30.00
31.00	03100	INTENSIVE CARE UNIT		6,368,022	31.00
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	0.230221	17,502,544	50.00
51.00	05100	RECOVERY ROOM	0.112145	2,495,921	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427609	13,671	52.00
53.00	05300	ANESTHESIOLOGY	0.032666	3,304,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287693	4,210,161	54.00
54.01	03630	ULTRA SOUND	0.154854	1,914,934	54.01
54.02	05401	SPECIAL PROCEDURES	0.128275	4,371,677	54.02
56.00	05600	RADIOISOTOPE	0.181113	1,631,747	56.00
57.00	05700	CT SCAN	0.028783	15,093,047	57.00
58.00	05800	MRI	0.079659	4,335,505	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139951	3,110,594	59.00
60.00	06000	LABORATORY	0.114424	26,222,550	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255383	2,264,074	63.00
65.00	06500	RESPIRATORY THERAPY	0.158606	9,296,483	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158128	49,787	65.01
66.00	06600	PHYSICAL THERAPY	0.212352	1,751,633	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345300	1,107,620	67.00
68.00	06800	SPEECH PATHOLOGY	0.275258	777,451	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137485	5,364,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.378774	473,987	70.00
70.01	03280	SLEEP LAB	0.152137	330,852	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275001	829,881	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.535028	3,047,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.591543	6,777,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235107	19,697,123	73.00
73.01	03190	INFUSION THERAPY	0.370403	7,368	73.01
73.03	07301	PHARMACY VACCINE	0.307371	3,350	73.03
73.04	03480	FCC INFUSION THERAPY	0.202325	19,250	73.04
74.00	07400	RENAL DIALYSIS	0.370355	1,376,480	74.00
76.97	07697	CARDIAC REHABILITATION	1.006496	26,646	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.226205	530,908	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.684925	3,975	90.02
90.03	09002	RETINAL VASCULAR	1.671977	1,117	90.03
91.00	09100	EMERGENCY	0.103659	8,695,024	91.00
91.01	09101	IFCC	0.127527	1,939,082	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346445	3,067,760	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		151,646,168	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)		151,646,168	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,252,189		40.00
41.00	04100 SUBPROVIDER - IRF		52,444		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.230221	0	0	50.00
51.00	05100 RECOVERY ROOM	0.112145	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427609	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032666	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287693	7,011	2,017	54.00
54.01	03630 ULTRA SOUND	0.154854	3,599	557	54.01
54.02	05401 SPECIAL PROCEDURES	0.128275	0	0	54.02
56.00	05600 RADIOISOTOPE	0.181113	0	0	56.00
57.00	05700 CT SCAN	0.028783	32,829	945	57.00
58.00	05800 MRI	0.079659	25,735	2,050	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139951	0	0	59.00
60.00	06000 LABORATORY	0.114424	183,726	21,023	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255383	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.158606	5,003	794	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158128	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.212352	2,041	433	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345300	1,083	374	67.00
68.00	06800 SPEECH PATHOLOGY	0.275258	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.137485	26,813	3,686	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378774	1,000	379	70.00
70.01	03280 SLEEP LAB	0.152137	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275001	276,529	76,046	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.535028	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.591543	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235107	85,178	20,026	73.00
73.01	03190 INFUSION THERAPY	0.370403	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.307371	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.202325	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.370355	1,300	481	74.00
76.97	07697 CARDIAC REHABILITATION	1.006496	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.226205	2,810	636	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.684925	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.671977	0	0	90.03
91.00	09100 EMERGENCY	0.103659	97,875	10,146	91.00
91.01	09101 IFCC	0.127527	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346445	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		752,532	139,593	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)		752,532		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 3:05 pm	
		Component CCN: 14-T191			
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		8,445,064		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.230221	71,921	16,558	50.00
51.00	05100 RECOVERY ROOM	0.112145	18,592	2,085	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427609	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032666	13,195	431	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287693	245,905	70,745	54.00
54.01	03630 ULTRA SOUND	0.154854	84,278	13,051	54.01
54.02	05401 SPECIAL PROCEDURES	0.128275	44,405	5,696	54.02
56.00	05600 RADIOISOTOPE	0.181113	16,855	3,053	56.00
57.00	05700 CT SCAN	0.028783	366,820	10,558	57.00
58.00	05800 MRI	0.079659	71,837	5,722	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139951	0	0	59.00
60.00	06000 LABORATORY	0.114424	1,501,154	171,768	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255383	42,116	10,756	63.00
65.00	06500 RESPIRATORY THERAPY	0.158606	727,294	115,353	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158128	1,928	305	65.01
66.00	06600 PHYSICAL THERAPY	0.212352	3,745,095	795,278	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345300	3,775,997	1,303,852	67.00
68.00	06800 SPEECH PATHOLOGY	0.275258	1,117,019	307,468	68.00
69.00	06900 ELECTROCARDIOLOGY	0.137485	73,033	10,041	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378774	10,498	3,976	70.00
70.01	03280 SLEEP LAB	0.152137	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275001	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.535028	126,098	193,564	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.591543	8,100	4,791	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235107	1,979,629	465,425	73.00
73.01	03190 INFUSION THERAPY	0.370403	1,460	541	73.01
73.03	07301 PHARMACY VACCINE	0.307371	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.202325	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.370355	424,396	157,177	74.00
76.97	07697 CARDIAC REHABILITATION	1.006496	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.226205	142,756	32,292	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.684925	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.671977	463	774	90.03
91.00	09100 EMERGENCY	0.103659	40,095	4,156	91.00
91.01	09101 IFCC	0.127527	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346445	27,192	9,421	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		14,678,131	3,714,837	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)		14,678,131		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,523,386	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		27,994,486	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)		671,528	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		248.17	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	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)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	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)		0.00	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)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.79	31.00
32.00	Sum of lines 30 and 31		40.23	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.41	33.00
34.00	Disproportionate share adjustment (see instructions)		2,045,914	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000621504	0.000559980	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,715,030	3,789,214	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		936,392	2,834,124	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,770,516		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		43,005,830		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)			43,005,830	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,288,493	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).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			108,776	53.00
54.00	Special add-on payments for new technologies			5,250	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			198,759	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			162,437	58.00
59.00	Total (sum of amounts on lines 49 through 58)			46,769,545	59.00
60.00	Primary payer payments			10,889	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			46,758,656	61.00
62.00	Deductibles billed to program beneficiaries			3,586,200	62.00
63.00	Coinsurance billed to program beneficiaries			240,379	63.00
64.00	Allowable bad debts (see instructions)			1,777,421	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,155,324	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,134,248	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			44,087,401	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			94,542	70.93
70.94	HRR adjustment amount (see instructions)			-342,393	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		43,839,550	71.00	
71.01	Sequestration adjustment (see instructions)		876,791	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		42,289,309	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)		673,450	74.00	
75.00	Contested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		638,055	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2018 3:05 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,523,386	0	8,523,386		8,523,386
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,994,486	0		27,994,486	27,994,486
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	671,528	0	166,604	504,924	671,528
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	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
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	0
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2241	0.2241	0.2241	0.2241	0
11.00	Disproportionate share adjustment (see instructions)	34.00	2,045,914	0	477,523	1,568,391	2,045,914
11.01	Uncompensated care payments	36.00	3,770,516	0	0	5,186,449	5,186,449
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	43,005,830	0	9,167,513	33,838,317	43,005,830
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	43,005,830	0	9,167,513	33,838,317	43,005,830
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,288,493	0	764,579	2,523,914	3,288,493
17.00	Special add-on payments for new technologies	54.00	5,250	0	5,250	0	5,250
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2018 3:05 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	9,937,342	36,362,231	46,299,573
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,969,890	0	689,879	2,280,011	2,969,890
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	66,459	0	16,129	50,330	66,459
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0849	0.0849	0.0849	0.0849	
25.00	Disproportionate share adjustment (see instructions)	11.00	252,144	0	58,571	193,573	252,144
26.00	Total prospective capital payments (see instructions)	12.00	3,288,493	0	764,579	2,523,914	3,288,493
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5				Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2018 3:05 pm	
				Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)			
		0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,523,386	8,523,386		8,523,386		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,994,486		27,994,486	27,994,486		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	671,528	166,604	504,924	671,528		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	0	0	0	0		4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000			5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0		6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0		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	0	0	0	0		9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0		9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2241	0.2241	0.2241			10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,045,914	477,523	1,568,391	2,045,914		11.00	
11.01	Uncompensated care payments	36.00	3,770,516	936,392	2,834,124	3,770,516		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	43,005,830	10,103,905	32,901,925	43,005,830		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	43,005,830	10,103,905	32,901,925	43,005,830		15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,288,493	764,579	2,523,914	3,288,493		16.00	
17.00	Special add-on payments for new technologies	54.00	5,250	5,250	0	5,250		17.00	
17.01	Net organ acquisition cost							17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		18.00	
19.00	SUBTOTAL			10,873,734	35,425,839	46,299,573		19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2018 3:05 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,969,890	689,879	2,280,011	2,969,890	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	66,459	16,129	50,330	66,459	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0849	0.0849	0.0849		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	252,144	58,571	193,573	252,144	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,288,493	764,579	2,523,914	3,288,493	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	94,542	58,639	35,903	94,542	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	-342,393	-129,636	-212,757	-342,393	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: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,031	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,298,834	2.00
3.00	OPPS payments		27,665,057	3.00
4.00	Outlier payment (see instructions)		55,593	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		177,840	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,031	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,862	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)		9,862	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)		9,862	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,831	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)		3,031	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)		27,898,490	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,361,640	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)		22,539,881	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)		22,539,881	30.00
31.00	Primary payer payments		1,055	31.00
32.00	Subtotal (line 30 minus line 31)		22,538,826	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,441,421	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		936,924	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		894,730	36.00
37.00	Subtotal (see instructions)		23,475,750	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-8	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,475,758	40.00
40.01	Sequestration adjustment (see instructions)		469,515	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		23,187,114	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-180,871	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: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,359	2.00
3.00	OPPS payments		4,302	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		4,302	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		860	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)		3,442	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)		3,442	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,442	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)		3,442	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)		3,442	40.00
40.01	Sequestration adjustment (see instructions)		69	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,373	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 3:05 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,901,306		21,910,918	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		1,320,288		1,156,636	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	01/25/2018	67,715	01/25/2018	119,560	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)		67,715		119,560	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)		42,289,309		23,187,114	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		673,450		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		180,871	6.02	
7.00	Total Medicare program liability (see instructions)		42,962,759		23,006,243	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: 14-0191 Component CCN: 14-S191		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		699,996		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		699,996		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		47,113		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		747,109		0	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0191
 Component CCN: 14-T191

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/30/2018 3:05 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		10,137,187		3,373	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	01/25/2018	6,143		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)		-6,143		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)		10,131,044		3,373	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		90,743		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,221,787		3,373	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			768,512 1.00
2.00	Net IPF PPS Outlier Payments			30,348 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)			8.632877 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			798,860 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)			798,860 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			798,860 18.00
19.00	Deductibles			43,788 19.00
20.00	Subtotal (line 18 minus line 19)			755,072 20.00
21.00	Coinsurance			40,785 21.00
22.00	Subtotal (line 20 minus line 21)			714,287 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			62,946 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			40,915 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			26,354 25.00
26.00	Subtotal (sum of lines 22 and 24)			755,202 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)			7,154 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)			762,356 31.00
31.01	Sequestration adjustment (see instructions)			15,247 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			699,996 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)			47,113 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			30,348 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	8,184,883 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0551 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	218,536 3.00		
4.00	Outlier Payments	2,061,888 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	23.663014 10.00		
11.00	Teaching Adjustment Factor (see instructions)	0.000000 11.00		
12.00	Teaching Adjustment (see instructions)	0 12.00		
13.00	Total PPS Payment (see instructions)	10,465,307 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	10,465,307 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	10,465,307 19.00		
20.00	Deductibles	35,796 20.00		
21.00	Subtotal (line 19 minus line 20)	10,429,511 21.00		
22.00	Coinsurance	63,702 22.00		
23.00	Subtotal (line 21 minus line 22)	10,365,809 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	25,249 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	16,412 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	21,686 26.00		
27.00	Subtotal (sum of lines 23 and 25)	10,382,221 27.00		
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 28.00		
29.00	Other pass through costs (see instructions)	48,174 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0 31.00		
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0 31.50		
31.99	Demonstration payment adjustment amount before sequestration	0 31.99		
32.00	Total amount payable to the provider (see instructions)	10,430,395 32.00		
32.01	Sequestration adjustment (see instructions)	208,608 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	10,131,044 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	90,743 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	10,297 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	2,061,888 50.00		
51.00	Outlier reconciliation adjustment amount (see instructions)	0 51.00		
52.00	The rate used to calculate the Time Value of Money	0.00 52.00		
53.00	Time Value of Money (see instructions)	0 53.00		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2018 3:05 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		5,006,630		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,006,630	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,006,630	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		5,006,630	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		5,006,630	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2018 3:05 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	80,966		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	80,966	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	80,966	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	80,966	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	80,966	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2018 3:05 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	167,854		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	167,854	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	167,854	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	167,854	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	167,854	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-0191

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

Worksheet G

Date/Time Prepared:
11/30/2018 3:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	512,241	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	145,254,286	0	0	0	4.00
5.00	Other receivable	3,916,973	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-105,042,709	0	0	0	6.00
7.00	Inventory	5,997,840	0	0	0	7.00
8.00	Prepaid expenses	3,277,631	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	47,107,498	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	101,023,760	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,464,807	0	0	0	12.00
13.00	Land improvements	3,214,188	0	0	0	13.00
14.00	Accumulated depreciation	-548,095	0	0	0	14.00
15.00	Buildings	153,763,821	0	0	0	15.00
16.00	Accumulated depreciation	-9,754,999	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	166,371	0	0	0	21.00
22.00	Accumulated depreciation	-69,028	0	0	0	22.00
23.00	Major movable equipment	40,314,036	0	0	0	23.00
24.00	Accumulated depreciation	-12,614,020	0	0	0	24.00
25.00	Minor equipment depreciable	9,014,620	0	0	0	25.00
26.00	Accumulated depreciation	-4,135,545	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)	185,816,156	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	203,569,694	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	5,914,793	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	209,484,487	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	496,324,403	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	27,301,260	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,163,304	0	0	0	38.00
39.00	Payroll taxes payable	1,995,952	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	104,880	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	27,351,249	0	0	0	43.00
44.00	Other current liabilities	26,417,006	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	90,333,651	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	102,812,066	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	16,220,107	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	119,032,173	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	209,365,824	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	286,958,579				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	286,958,579	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	496,324,403	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0191

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

Worksheet G-1

Date/Time Prepared:
11/30/2018 3:05 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		301,477,075		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-14,853,388				2.00
3.00	Total (sum of line 1 and line 2)		286,623,687		0		3.00
4.00	FUND BAL TEMP RESTRICTED	318,979		0		0	4.00
5.00	OTHER TRANSFERS	15,913		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)		334,892		0		10.00
11.00	Subtotal (line 3 plus line 10)		286,958,579		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		286,958,579		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	FUND BAL TEMP RESTRICTED		0				4.00
5.00	OTHER TRANSFERS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			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: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	110,683,639		110,683,639	1.00
2.00	SUBPROVIDER - IPF	3,882,092		3,882,092	2.00
3.00	SUBPROVIDER - IRF	12,329,314		12,329,314	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)	126,895,045		126,895,045	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,784,292		12,784,292	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,784,292		12,784,292	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	139,679,337		139,679,337	17.00
18.00	Ancillary services	356,744,347	823,761,894	1,180,506,241	18.00
19.00	Outpatient services	0	0	0	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		10,251,293	10,251,293	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	4,720,089	4,720,089	26.00
27.00	OTHER PATIENT REVENUES - OCCUPATION	0	5,479,416	5,479,416	27.00
27.01	AMBULANCE REVENUE	0	2,447,367	2,447,367	27.01
27.02	MED/SERVICE CAR TRIPS	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	496,423,684	846,660,059	1,343,083,743	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		335,948,302		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		335,948,302		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0191

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

Worksheet G-3

Date/Time Prepared:
11/30/2018 3:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,343,083,743	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,048,086,110	2.00
3.00	Net patient revenues (line 1 minus line 2)	294,997,633	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	335,948,302	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-40,950,669	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	829,994	6.00
7.00	Income from investments	2,443,330	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	3,552	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	67,741	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	3,433,705	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	7,004,658	24.00
24.01	OTHER NON-OPERATING GAINS	12,314,301	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.15	OTHER (SPECIFY)	0	24.15
25.00	Total other income (sum of lines 6-24)	26,097,281	25.00
26.00	Total (line 5 plus line 25)	-14,853,388	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)	-14,853,388	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0191

Period:

Worksheet H

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 3:05 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportatio n (see instructions)	Contracted/Pu rchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0
2.00 Capital Related - Movable Equipment			0		0	0
3.00 Plant Operation & Maintenance	0	0	0	0	0	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	2,066,126	439,997	5,825	88	1,202,784	3,714,820
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	1,606,397	216,842	67,361	0	0	1,890,600
7.00 Physical Therapy	773,209	114,283	3,904	21,272	0	912,668
8.00 Occupational Therapy	179,838	25,705	0	6,929	32	212,504
9.00 Speech Pathology	11,985	1,059	0	28,622	0	41,666
10.00 Medical Social Services	74,262	11,361	3,129	0	0	88,752
11.00 Home Health Aide	35,779	3,797	6,060	0	0	45,636
12.00 Supplies (see instructions)	0	0	0	0	228,926	228,926
13.00 Drugs	0	0	0	0	0	0
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	1,726,065	240,703	1,197	0	6,921	1,974,886
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	6,473,661	1,053,747	87,476	56,911	1,438,663	9,110,458
	Reclassificat ion	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	3,714,820	719,168	4,433,988		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	1,890,600	0	1,890,600		6.00
7.00 Physical Therapy	0	912,668	0	912,668		7.00
8.00 Occupational Therapy	0	212,504	0	212,504		8.00
9.00 Speech Pathology	0	41,666	0	41,666		9.00
10.00 Medical Social Services	0	88,752	0	88,752		10.00
11.00 Home Health Aide	0	45,636	0	45,636		11.00
12.00 Supplies (see instructions)	0	228,926	0	228,926		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	1,974,886	0	1,974,886		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	9,110,458	719,168	9,829,626		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: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n			
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)		
									0
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	4,433,988	0	0	0	0	4,433,988	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,890,600	0	0	0	0	1,890,600	6.00	
7.00	Physical Therapy	912,668	0	0	0	0	912,668	7.00	
8.00	Occupational Therapy	212,504	0	0	0	0	212,504	8.00	
9.00	Speech Pathology	41,666	0	0	0	0	41,666	9.00	
10.00	Medical Social Services	88,752	0	0	0	0	88,752	10.00	
11.00	Home Health Aide	45,636	0	0	0	0	45,636	11.00	
12.00	Supplies (see instructions)	228,926	0	0	0	0	228,926	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	1,974,886	0	0	0	0	1,974,886	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)	9,829,626	0	0	0	0	9,829,626	24.00	
		Administrativ e & General	Total (cols. 4A + 5)						
		5.00	6.00						
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	4,433,988						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,301,301	3,191,901					6.00	
7.00	Physical Therapy	752,042	1,664,710					7.00	
8.00	Occupational Therapy	171,812	384,316					8.00	
9.00	Speech Pathology	32,077	73,743					9.00	
10.00	Medical Social Services	62,298	151,050					10.00	
11.00	Home Health Aide	54,701	100,337					11.00	
12.00	Supplies (see instructions)	171,298	400,224					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	1,888,459	3,863,345					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)		9,829,626					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-4,433,988	5,925,671
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	-151,516	1,739,084
7.00	Physical Therapy	0	0	0	0	92,375	1,005,043
8.00	Occupational Therapy	0	0	0	0	17,109	229,613
9.00	Speech Pathology	0	0	0	0	1,202	42,868
10.00	Medical Social Services	0	0	0	0	-5,496	83,256
11.00	Home Health Aide	0	0	0	0	27,468	73,104
12.00	Supplies (see instructions)	0	0	0	0	0	228,926
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	548,891	2,523,777
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-3,903,955	5,925,671
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		4,433,988
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.748268

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	99,220	0	439,164	538,384	34,702	1.00
2.00	Skilled Nursing Care	3,191,901	0	0	341,446	3,533,347	1,623,783	2.00
3.00	Physical Therapy	1,664,710	0	0	164,349	1,829,059	938,408	3.00
4.00	Occupational Therapy	384,316	0	0	38,225	422,541	214,390	4.00
5.00	Speech Pathology	73,743	0	0	2,547	76,290	40,026	5.00
6.00	Medical Social Services	151,050	0	0	15,785	166,835	77,736	6.00
7.00	Home Health Aide	100,337	0	0	7,605	107,942	68,257	7.00
8.00	Supplies (see instructions)	400,224	0	0	0	400,224	218,207	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	3,863,345	0	0	366,882	4,230,227	2,356,448	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)	9,829,626	99,220	0	1,376,003	11,304,849	5,571,957	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		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	73,859	235,104	0	90,004	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	73,859	235,104	0	90,004	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	
		19.00	20.00	SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - DIETETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	972,053	0	972,053			1.00
2.00	Skilled Nursing Care	0	5,157,130	0	5,157,130	307,478	5,464,608	2.00
3.00	Physical Therapy	0	2,767,467	0	2,767,467	165,002	2,932,469	3.00
4.00	Occupational Therapy	0	636,931	0	636,931	37,975	674,906	4.00
5.00	Speech Pathology	0	116,316	0	116,316	6,935	123,251	5.00
6.00	Medical Social Services	0	244,571	0	244,571	14,582	259,153	6.00
7.00	Home Health Aide	0	176,199	0	176,199	10,505	186,704	7.00
8.00	Supplies (see instructions)	0	618,431	0	618,431	36,872	655,303	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	6,586,675	0	6,586,675	392,704	6,979,379	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	17,275,773	0	17,275,773	972,053	17,275,773	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.					0.059622		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: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	6,181	0	2,066,127	-474,736	63,648	6,181	1.00
2.00	Skilled Nursing Care	0	0	1,606,397	-555,082	2,978,265	0	2.00
3.00	Physical Therapy	0	0	773,209	-107,875	1,721,184	0	3.00
4.00	Occupational Therapy	0	0	179,838	-29,318	393,223	0	4.00
5.00	Speech Pathology	0	0	11,985	-2,876	73,414	0	5.00
6.00	Medical Social Services	0	0	74,262	-24,255	142,580	0	6.00
7.00	Home Health Aide	0	0	35,779	17,252	125,194	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	400,224	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	1,726,065	91,862	4,322,089	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)	6,181	0	6,473,662		10,219,821	6,181	20.00
21.00	Total cost to be allocated	99,220	0	1,376,003		5,571,957	73,859	21.00
22.00	Unit cost multiplier	16.052419	0.000000	0.212554		0.545211	11.949361	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	6,181	0	6,181	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	6,181	0	6,181	0	0	0	20.00
21.00	Total cost to be allocated	235,104	0	90,004	0	0	0	21.00
22.00	Unit cost multiplier	38.036564	0.000000	14.561398	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

Cost Center Description		NURSING		CENTRAL		PHARMACY		MEDICAL		Agency 1		NONPHYSICIAN			
		ADMINISTRATIO N (DIRECT NRSING HRS)		SERVICES & SUPPLY (COSTED REQUIS.)		(COSTED REQUIS.)		RECORDS & LIBRARY (TIME SPENT)		SOCIAL SERVICE (TOTAL PATI ENT DAYS)		ANESTHETISTS (ASSIGNED TIME)			
		13.00		14.00		15.00		16.00		17.00		19.00			
1.00	Administrative and General		0		0		0		0		0		0		1.00
2.00	Skilled Nursing Care		0		0		0		0		0		0		2.00
3.00	Physical Therapy		0		0		0		0		0		0		3.00
4.00	Occupational Therapy		0		0		0		0		0		0		4.00
5.00	Speech Pathology		0		0		0		0		0		0		5.00
6.00	Medical Social Services		0		0		0		0		0		0		6.00
7.00	Home Health Aide		0		0		0		0		0		0		7.00
8.00	Supplies (see instructions)		0		0		0		0		0		0		8.00
9.00	Drugs		0		0		0		0		0		0		9.00
10.00	DME		0		0		0		0		0		0		10.00
11.00	Home Dialysis Aide Services		0		0		0		0		0		0		11.00
12.00	Respiratory Therapy		0		0		0		0		0		0		12.00
13.00	Private Duty Nursing		0		0		0		0		0		0		13.00
14.00	Clinic		0		0		0		0		0		0		14.00
15.00	Health Promotion Activities		0		0		0		0		0		0		15.00
16.00	Day Care Program		0		0		0		0		0		0		16.00
17.00	Home Delivered Meals Program		0		0		0		0		0		0		17.00
18.00	Homemaker Service		0		0		0		0		0		0		18.00
19.00	All Others (specify)		0		0		0		0		0		0		19.00
19.50	Telemedicine		0		0		0		0		0		0		19.50
20.00	Total (sum of lines 1-19)		0		0		0		0		0		0		20.00
21.00	Total cost to be allocated		0		0		0		0		0		0		21.00
22.00	Unit cost multiplier		0.000000		0.000000		0.000000		0.000000		0.000000		0.000000		22.00
Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS				PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)			PARAMED ED PRGM - DIETETICS (MEALS SERVED)				
			SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)		SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)										
			20.00		21.00				22.00			23.00		23.01	
1.00	Administrative and General		0		0		0		0		0		0		1.00
2.00	Skilled Nursing Care		0		0		0		0		0		0		2.00
3.00	Physical Therapy		0		0		0		0		0		0		3.00
4.00	Occupational Therapy		0		0		0		0		0		0		4.00
5.00	Speech Pathology		0		0		0		0		0		0		5.00
6.00	Medical Social Services		0		0		0		0		0		0		6.00
7.00	Home Health Aide		0		0		0		0		0		0		7.00
8.00	Supplies (see instructions)		0		0		0		0		0		0		8.00
9.00	Drugs		0		0		0		0		0		0		9.00
10.00	DME		0		0		0		0		0		0		10.00
11.00	Home Dialysis Aide Services		0		0		0		0		0		0		11.00
12.00	Respiratory Therapy		0		0		0		0		0		0		12.00
13.00	Private Duty Nursing		0		0		0		0		0		0		13.00
14.00	Clinic		0		0		0		0		0		0		14.00
15.00	Health Promotion Activities		0		0		0		0		0		0		15.00
16.00	Day Care Program		0		0		0		0		0		0		16.00
17.00	Home Delivered Meals Program		0		0		0		0		0		0		17.00
18.00	Homemaker Service		0		0		0		0		0		0		18.00
19.00	All Others (specify)		0		0		0		0		0		0		19.00
19.50	Telemedicine		0		0		0		0		0		0		19.50
20.00	Total (sum of lines 1-19)		0		0		0		0		0		0		20.00
21.00	Total cost to be allocated		0		0		0		0		0		0		21.00
22.00	Unit cost multiplier		0.000000		0.000000		0.000000		0.000000		0.000000		0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pm

				Title XVIII		Home Health Agency I	11/30/2018 3:05 pm PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total 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	5,464,608		5,464,608	22,535	242.49	1.00
2.00	Physical Therapy	3.00	2,932,469	483,880	3,416,349	11,993	284.86	2.00
3.00	Occupational Therapy	4.00	674,906	188,751	863,657	2,877	300.19	3.00
4.00	Speech Pathology	5.00	123,251	28,608	151,859	547	277.62	4.00
5.00	Medical Social Services	6.00	259,153		259,153	527	491.75	5.00
6.00	Home Health Aide	7.00	186,704		186,704	1,237	150.93	6.00
7.00	Total (sum of lines 1-6)		9,641,091	701,239	10,342,330	39,716		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Program Visits				
				Part A	Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	12,676			8.00
9.00	Physical Therapy		16974	0	6,865			9.00
10.00	Occupational Therapy		16974	0	1,825			10.00
11.00	Speech Pathology		16974	0	335			11.00
12.00	Medical Social Services		16974	0	335			12.00
13.00	Home Health Aide		16974	0	783			13.00
14.00	Total (sum of lines 8-13)			0	22,819			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	655,303	0	655,303	211,926	3.092131	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		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	12,676		0	3,073,803		1.00
2.00	Physical Therapy	0	6,865		0	1,955,564		2.00
3.00	Occupational Therapy	0	1,825		0	547,847		3.00
4.00	Speech Pathology	0	335		0	93,003		4.00
5.00	Medical Social Services	0	335		0	164,736		5.00
6.00	Home Health Aide	0	783		0	118,178		6.00
7.00	Total (sum of lines 1-6)	0	22,819		0	5,953,131		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		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	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B			Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
								6.00	7.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	261,422	0	0	808,351	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	3,073,803						1.00	
2.00	Physical Therapy	1,955,564						2.00	
3.00	Occupational Therapy	547,847						3.00	
4.00	Speech Pathology	93,003						4.00	
5.00	Medical Social Services	164,736						5.00	
6.00	Home Health Aide	118,178						6.00	
7.00	Total (sum of lines 1-6)	5,953,131						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: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2017

Part II

To 06/30/2018

Date/Time Prepared:

11/30/2018 3:05 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.212352	2,278,670	483,880	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.345300	546,630	188,751	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.275258	103,930	28,608	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.535028	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.235107	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.370403	0	0	col. 2, line 16.01		5.01
5.03 Cost of Drugs 3	73.03	0.307371	0	0	col. 2, line 16.03		5.03
5.04 Cost of Drugs 4	73.04	0.202325	0	0	col. 2, line 16.04		5.04

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0 1.00
2.00	Total charges	0	0	0 2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0 3.00
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 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)	0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0 8.00
9.00	Primary payer amounts	0	0	0 9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,307,619 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	47,211 12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	134,266 13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	69,350 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	20,319 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	429 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	4,579,194 22.00
23.00	Excess reasonable cost (from line 8)		0	0 23.00
24.00	Subtotal (line 22 minus line 23)		0	4,579,194 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	4,579,194 26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	4,579,194 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 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	4,579,194 31.00
31.01	Sequestration adjustment (see instructions)		0	91,583 31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0 31.02
32.00	Interim payments (see instructions)		0	4,487,610 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	1 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: 14-0191

Period:

Worksheet H-5

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 3:05 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		4,487,610	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) Program to Provider					3.00
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		4,487,610	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) Program to Provider					5.00
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		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,487,611	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 3:05 pm

				Hospice I		11/30/2018 0:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		35,853	35,853	0	35,853	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	197,125	197,125	0	197,125	3.00
4.00	ADMINISTRATIVE & GENERAL*	414,710	10,937	425,647	0	425,647	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	73,758	73,758	0	73,758	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	133,352	133,352	0	133,352	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		32,912	32,912	0	32,912	25.00
26.00	PHYSICIAN SERVICES**	0	289,224	289,224	0	289,224	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	625,769	0	625,769	0	625,769	28.00
29.00	LPN/LVN**	47,028	0	47,028	0	47,028	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**	37,947	0	37,947	0	37,947	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	6,761	6,761	0	6,761	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	218,741	0	218,741	0	218,741	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	112,670	112,670	0	112,670	38.00
39.00	PATIENT TRANSPORTATION**	0	29,946	29,946	0	29,946	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	692	692	0	692	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	91	91	0	91	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)**	1,786	50,365	52,151	0	52,151	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	3,376	3,376	0	3,376	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*	29,086	0	29,086	0	29,086	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	1,375,067	977,062	2,352,129	0	2,352,129	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: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2017

To 06/30/2018

Date/Time Prepared:
11/30/2018 3:05 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	35,853	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	197,125	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	425,647	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	73,758	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	133,352	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	32,912	25.00
26.00	PHYSICIAN SERVICES**	0	289,224	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	625,769	28.00
29.00	LPN/LVN**	0	47,028	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	37,947	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	6,761	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	218,741	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	112,670	38.00
39.00	PATIENT TRANSPORTATION**	0	29,946	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	692	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	91	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)**	-50	52,101	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	3,376	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	29,086	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	-50	2,352,079	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: 14-0191 Hospice CCN: 14-1535	Period: From 07/01/2017 To 06/30/2018	Worksheet 0-2 Date/Time Prepared: 11/30/2018 3:05 pm
--	---	---	--

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	259,255	259,255	0	259,255	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	218,902	0	218,902	0	218,902	28.00
29.00	LPN/LVN	45,831	0	45,831	0	45,831	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	37,947	0	37,947	0	37,947	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	87,904	0	87,904	0	87,904	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	112,670	112,670	0	112,670	38.00
39.00	PATIENT TRANSPORTATION	0	29,946	29,946	0	29,946	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	692	692	0	692	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	91	91	0	91	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)	1,313	1,167	2,480	0	2,480	46.00
100.00	TOTAL *	391,897	403,821	795,718	0	795,718	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	259,255	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	218,902	28.00
29.00	LPN/LVN	0	45,831	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	37,947	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	87,904	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	112,670	38.00
39.00	PATIENT TRANSPORTATION	0	29,946	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	692	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	91	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	2,480	46.00
100.00	TOTAL *	0	795,718	100.00

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

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

Provider CCN: 14-0191

Period:

Worksheet 0-3

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 3:05 pm

		Hospice I			
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
	1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	27.00
28.00	REGISTERED NURSE	27,324	0	0	28.00
29.00	LPN/LVN	80	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	8,787	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	32	0	0	46.00
100.00	TOTAL *	36,223	0	0	36,223

* 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	27,324	28.00
29.00	LPN/LVN	0	80	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	8,787	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	32	46.00
100.00	TOTAL *	0	36,223	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: 14-0191

Period:

Worksheet 0-4

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 3:05 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		32,912	32,912	0	32,912	25.00
26.00	PHYSICIAN SERVICES	0	29,969	29,969	0	29,969	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	379,543	0	379,543	0	379,543	28.00
29.00	LPN/LVN	1,117	0	1,117	0	1,117	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	6,761	6,761	0	6,761	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	122,050	0	122,050	0	122,050	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)	441	49,198	49,639	0	49,639	46.00
100.00	TOTAL *	503,151	118,840	621,991	0	621,991	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	32,912	25.00
26.00	PHYSICIAN SERVICES	0	29,969	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	379,543	28.00
29.00	LPN/LVN	0	1,117	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	6,761	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	122,050	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)	-50	49,589	46.00
100.00	TOTAL *	-50	621,941	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: 14-0191

Period:

Worksheet 0-5

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 3:05 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,853	0	35,853	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	197,125	292,276	489,401	3.00
4.00	ADMINISTRATIVE & GENERAL	425,647	1,303,355	1,729,002	4.00
5.00	PLANT OPERATION & MAINTENANCE	73,758	0	73,758	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	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	133,352	0	133,352	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	795,718	0	795,718	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	36,223	0	36,223	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	621,941	0	621,941	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	3,376	0	3,376	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	29,086	0	29,086	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	2,352,079	1,595,631	3,947,710	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pm

						Hospice I			
Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL			
		0	1.00	2.00	3.00	3A			
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT	0	0					1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	35,853		35,853				2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	489,401	0	0	489,401			3.00	
4.00	ADMINISTRATIVE & GENERAL	1,729,002	0	35,853	147,600	1,912,455		4.00	
5.00	PLANT OPERATION & MAINTENANCE	73,758	0	0	0	73,758		5.00	
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00	
7.00	HOUSEKEEPING	0	0	0	0	0		7.00	
8.00	DIETARY	0	0	0	0	0		8.00	
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00	
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0		10.00	
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00	
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00	
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00	
14.00	PHARMACY	133,352	0	0	0	133,352		14.00	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00	
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00	
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0		17.00	
LEVEL OF CARE									
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00	
51.00	HOSPICE ROUTINE HOME CARE	795,718			139,480	935,198		51.00	
52.00	HOSPICE INPATIENT RESPITE CARE	36,223	0	0	12,892	49,115		52.00	
53.00	HOSPICE GENERAL INPATIENT CARE	621,941	0	0	179,077	801,018		53.00	
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM	3,376	0	0	0	3,376		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	29,086	0	0	10,352	39,438		64.00	
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00	
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00	
67.00	ADVERTISING	0	0	0	0	0		67.00	
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00	
69.00	THRIFT STORE	0	0	0	0	0		69.00	
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00	
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00	
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00	
100.00	TOTAL	3,947,710	0	35,853	489,401	3,947,710		100.00	

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00		5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,912,455						4.00
5.00	PLANT OPERATION & MAINTENANCE	69,308		143,066				5.00
6.00	LAUNDRY & LINEN SERVICE	0		0	0			6.00
7.00	HOUSEKEEPING	0		0		0		7.00
8.00	DIETARY	0		0		0	0	8.00
9.00	NURSING ADMINISTRATION	0		0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0		10.00
11.00	MEDICAL RECORDS	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	125,306		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	878,771						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	46,152		9,608	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	752,688		133,458	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	3,172		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	37,058		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	1,912,455		143,066	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pm

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

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/30/2018 3:05 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	258,658					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	257,090	0	0		2,071,059	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,568	0	0	0	106,443	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	1,687,164	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		6,548	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		76,496	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	258,658	0	0	0	3,947,710	100.00

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

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet 0-6
Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,375,067			3.00
4.00	ADMINISTRATIVE & GENERAL	0	100	414,710	-1,912,455	2,035,255	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	73,758	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	133,352	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			391,897	0	935,198	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	36,223	0	49,115	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	503,151	0	801,018	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	3,376	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	29,086	0	39,438	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						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	35,853	489,401		1,912,455	100.00
101.00	UNIT COST MULTIPLIER	0.000000	358.530000	0.355911		0.939664	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,221					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		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					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	82	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,139	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	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)	143,066	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	117.171171	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 3:05 pm

Cost Center Descriptions		Hospice I				PHARMACY (CHARGES)	
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATIO N (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)		
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	13,530	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	13,448	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	82	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	100	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	258,658	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	19.117369	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 3:05 pm

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

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

Provider CCN: 14-0191

Period:

Worksheet 0-7

Hospice CCN: 14-1535

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

Date/Time Prepared:
11/30/2018 3:05 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.212352	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.345300	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.275258	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.235107	0	0	0	4.00
4.01	INFUSION THERAPY	73.01	0.370403	0	0	0	4.01
4.03	PHARMACY VACCINE	73.03	0.307371	0	0	0	4.03
4.04	FCC INFUSION THERAPY	73.04	0.202325	0	0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.114424	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.535028	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	1.003560	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.225028	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service		Costs by LOC		
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	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
4.01	INFUSION THERAPY	0	0	0	0	0	4.01
4.03	PHARMACY VACCINE	0	0	0	0	0	4.03
4.04	FCC INFUSION THERAPY	0	0	0	0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0191

Period:

Worksheet 0-8

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 3:05 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,071,059	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			13,448	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			154.00	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	12,209	725		9.00
10.00	Program cost (line 8 times line 9)	1,880,186	111,650		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)			106,443	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			82	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,298.09	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	73	8		14.00
15.00	Program cost (line 13 times line 14)	94,761	10,385		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)			1,687,164	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,139	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,481.27	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	959	101		19.00
20.00	Program cost (line 18 times line 19)	1,420,538	149,608		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,864,666	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			14,669	22.00
23.00	Average cost per diem (line 21 divided by line 22)			263.46	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/30/2018 3:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,969,890	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		66,459	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)		162.21	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.79	8.00
9.00	Sum of lines 7 and 8		40.23	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.49	10.00
11.00	Disproportionate share adjustment (see instructions)		252,144	11.00
12.00	Total prospective capital payments (see instructions)		3,288,493	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