

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:
12/21/2018 4:33 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date:	Time:
	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)

Officer or Administrator of Provider(s)

CFO

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	770,380	-180,875	0	0	1.00
2.00	Subprovider - IPF	0	42,371	0		0	2.00
3.00	Subprovider - IRF	0	90,666	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	903,417	-180,874	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 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 12/21/2018 4:33 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			
		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	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

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
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,293	4,364	0	0	6,521	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	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), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	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

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			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
			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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			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	
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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		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
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

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	0	25,595,752	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00

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: 12/21/2018 4:33 pm	
		1.00		2.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER (SPECIFY)						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	
				Beginning		Ending	
				1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2017		06/30/2018	
						170.00	

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: 12/21/2018 4:33 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: 12/21/2018 4:33 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:
12/21/2018 4:33 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 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
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		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

HFS Supplemental Information

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part IX
Date/Time Prepared:
12/21/2018 4:33 pm

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

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:
12/21/2018 4:33 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
8.02 CHILDRENS HOSPITAL	31.02	0	0	0.00	0	8.02
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 (SPECIFY)						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:
12/21/2018 4:33 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	2,795	40,003		1.00
2.00	HMO and other (see instructions)	2,395	8,324			2.00
3.00	HMO IPF Subprovider	0	7,789			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	2,795	40,003		7.00
8.00	INTENSIVE CARE UNIT	1,909	97	4,320		8.00
8.02	CHILDRENS HOSPITAL	0	1,325	2,554		8.02
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		788	1,346		13.00
14.00	Total (see instructions)	22,883	5,005	48,223	0.00	1,487.45
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	869	2,470	17,189	0.00	13.07
17.00	SUBPROVIDER - IRF	5,927	254	8,637	0.00	46.91
18.00	SUBPROVIDER (SPECIFY)					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	96.11
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	13,241	834	14,669	0.00	21.64
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	0.00
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:
12/21/2018 4:33 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	419	9,679	1.00
2.00 HMO and other (see instructions)			480	2,001		2.00
3.00 HMO IPF Subprovider				1,218		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
8.02 CHILDRENS HOSPITAL						8.02
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	419	9,679	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	70	312	2,875	16.00
17.00 SUBPROVIDER - IRF	0.00	0	423	8	630	17.00
18.00 SUBPROVIDER (SPECIFY)						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:
12/21/2018 4:33 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)		15,509,477	570,433	16,079,910	378,603.00	42.47	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:
12/21/2018 4:33 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:
12/21/2018 4:33 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)	15,509,477	570,433	16,079,910	378,603.00	42.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,882,365	-570,433	98,311,932	3,403,588.00	28.88	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	21.12	5.00
6.00	Total (sum of lines 3 thru 5)	135,992,716	-570,433	135,422,283	3,534,930.00	38.31	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: 12/21/2018 4:33 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:
12/21/2018 4:33 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: 12/21/2018 4:33 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					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			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: 12/21/2018 4:33 pm	
			Hospice I					
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.								
			Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
			1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015								
10.00	Hospice Continuous Home Care		0	0	0	0		10.00
11.00	Hospice Routine Home Care		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: 12/21/2018 4:33 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:
12/21/2018 4:33 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	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,232,736	102,418,704	116,651,440	-21,477,155	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,614,954	3,614,954	-45,097	6.00
7.00	00700	OPERATION OF PLANT	2,257,094	7,064,838	9,321,932	-64,509	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,047	1,016,319	1,137,366	0	8.00
9.00	00900	HOUSEKEEPING	0	4,131,625	4,131,625	-244,165	9.00
10.00	01000	DIETARY	0	3,496,919	3,496,919	-1,394,883	10.00
11.00	01100	CAFETERIA	0	0	0	1,394,883	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,146,415	229,405	3,375,820	-42	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	302,672	686,199	988,871	-658,134	14.00
15.00	01500	PHARMACY	3,990,686	17,801,807	21,792,493	-17,577,982	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,569,682	701,157	3,270,839	96	16.00
17.00	01700	SOCIAL SERVICE	318,689	190	318,879	0	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	0	0	0	124,152	23.00
23.01	02301	PARAMED ED PRGM - EMS	162,601	28,532	191,133	472,784	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	93,797	10,390	104,187	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,644,672	4,710,270	20,354,942	-4,716,747	30.00
31.00	03100	INTENSIVE CARE UNIT	2,915,444	538,304	3,453,748	-477,714	31.00
31.02	03102	CHILDRENS HOSPITAL	707,520	461,089	1,168,609	0	31.02
40.00	04000	SUBPROVIDER - IPF	4,304,609	4,309,066	8,613,675	-3,860	40.00
41.00	04100	SUBPROVIDER - IRF	3,053,604	401,458	3,455,062	-110,482	41.00
43.00	04300	NURSERY	392,566	275,265	667,831	-39,263	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,494,992	15,579,027	19,074,019	-10,865,356	50.00
51.00	05100	RECOVERY ROOM	584,835	83,387	668,222	-67,415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	801,332	52.00
53.00	05300	ANESTHESIOLOGY	44,732	1,683,907	1,728,639	-262,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,494,598	2,814,731	5,309,329	-87,199	54.00
54.01	03630	ULTRA SOUND	846,243	162,174	1,008,417	-51,732	54.01
54.02	05401	SPECIAL PROCEDURES	951,630	1,849,499	2,801,129	-1,763,395	54.02
56.00	05600	RADIOISOTOPE	469,913	757,309	1,227,222	-669,258	56.00
57.00	05700	CT SCAN	741,519	457,473	1,198,992	-99,031	57.00
58.00	05800	MRI	427,078	77,922	505,000	-759	58.00
59.00	05900	CARDIAC CATHETERIZATION	737,311	2,485,909	3,223,220	-2,211,847	59.00
60.00	06000	LABORATORY	5,464,059	5,182,787	10,646,846	-430,513	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	279,343	903,012	1,182,355	23,839	63.00
65.00	06500	RESPIRATORY THERAPY	1,556,611	527,322	2,083,933	-163,674	65.00
65.01	03560	PULMONARY FUNCTION TESTING	30,986	-565	30,421	158	65.01
66.00	06600	PHYSICAL THERAPY	3,274,581	104,592	3,379,173	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,335,178	70,091	1,405,269	0	67.00
68.00	06800	SPEECH PATHOLOGY	417,619	4,720	422,339	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,025,260	549,289	1,574,549	-241,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,792	85,620	213,412	-19,120	70.00
70.01	03280	SLEEP LAB	87,732	6,910	94,642	-3,747	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,340,376	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,401,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,281,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	19,689,148	73.00
73.01	03190	INFUSION THERAPY	401,999	89,290	491,289	-48,376	73.01
73.03	07301	PHARMACY VACCINE	0	398	398	27,054	73.03
73.04	03480	FCC INFUSION THERAPY	564,128	151,925	716,053	-99,700	73.04
74.00	07400	RENAL DIALYSIS	592,298	70,839	663,137	-58,746	74.00
76.97	07697	CARDIAC REHABILITATION	323,465	111,108	434,573	-3,044	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	769,268	476,947	1,246,215	-192,836	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	882,658	882,658	589,050	90.02
90.03	09002	RETINAL VASCULAR	171,951	140,643	312,594	-5,936	90.03
91.00	09100	EMERGENCY	3,923,153	2,920,960	6,844,113	-1,267,199	91.00
91.01	09101	IFCC	13,417,309	12,273,485	25,690,794	-3,157,259	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:
12/21/2018 4:33 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:
12/21/2018 4:33 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	13,674,131	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,976,034	31.00
31.02	03102	CHILDRENS HOSPITAL	0	1,168,609	31.02
40.00	04000	SUBPROVIDER - IPF	0	8,609,815	40.00
41.00	04100	SUBPROVIDER - IRF	-127,955	3,216,625	41.00
43.00	04300	NURSERY	-613,750	14,818	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

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:
12/21/2018 4:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
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

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet Non-CMS W
Date/Time Prepared:
12/21/2018 4:33 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-PHARMACY	02300		23.00
23.01	PARAMED ED PRGM - EMS	02301		23.01
23.02	PARAMED ED PRGM - DIETETICS	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.02	CHILDRENS HOSPITAL	03102		31.02
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRA SOUND	03630	ULTRA SOUND	54.01
54.02	SPECIAL PROCEDURES	05401		54.02
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPH.	06250		62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	PULMONARY FUNCTION TESTING	03560	PULMONARY FUNCTION TESTING	65.01
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP LAB	03280	EKG AND EEG	70.01
70.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
73.01	INFUSION THERAPY	03190	CHEMOTHERAPY	73.01
73.03	PHARMACY VACCINE	07301		73.03
73.04	FCC INFUSION THERAPY	03480	ONCOLOGY	73.04
74.00	RENAL DIALYSIS	07400		74.00
76.97	CARDIAC REHABILITATION	07697		76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698		76.98
76.99	LITHOTRIPSY	07699		76.99
OUTPATIENT SERVICE COST CENTERS				
90.02	PSYCH ANCILLARY	09001		90.02
90.03	RETINAL VASCULAR	09002		90.03
91.00	EMERGENCY	09100		91.00
91.01	IFCC	09101		91.01

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet Non-CMS W
Date/Time Prepared:
12/21/2018 4:33 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	09200		92.00
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
	NONREIMBURSABLE COST CENTERS			
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	REFERENCE LAB	19201		192.01
192.02	OP PHARMACY	19202		192.02
192.03	RETINAL VASCULAR GRANTS	19203		192.03
192.04	AMBULANCE	19204		192.04
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
12/21/2018 4:33 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:
12/21/2018 4:33 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:
12/21/2018 4:33 pm

		Decreases					12/21/2010 4:00 PM	
	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		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		0	2,115,844				
	B - RECALLS CAFETERIA COSTS							
1.00	DIETARY	10.00	0	1,394,883	0		1.00	
	TOTALS		0	1,394,883				
	C - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,886,666	11		1.00	
	TOTALS		0	4,886,666				
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	34,292	0		1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	658,094	0		2.00	
3.00	PARAMED ED PRGM - EMS	23.01	0	1,804	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	1,348,218	0		4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	440,429	0		5.00	
6.00	SUBPROVIDER - IPF	40.00	0	3,746	0		6.00	
7.00	SUBPROVIDER - IRF	41.00	0	110,259	0		7.00	
8.00	NURSERY	43.00	0	39,253	0		8.00	
9.00	OPERATING ROOM	50.00	0	4,170,729	0		9.00	
10.00	RECOVERY ROOM	51.00	0	67,415	0		10.00	
11.00	ANESTHESIOLOGY	53.00	0	262,821	0		11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,454	0		12.00	
13.00	ULTRA SOUND	54.01	0	51,710	0		13.00	
14.00	SPECIAL PROCEDURES	54.02	0	1,740,428	0		14.00	
15.00	RADIOISOTOPE	56.00	0	10,977	0		15.00	
16.00	CT SCAN	57.00	0	23,656	0		16.00	
17.00	MRI	58.00	0	759	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	1,157,740	0		18.00	
19.00	RESPIRATORY THERAPY	65.00	0	151,352	0		19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	82,666	0		20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,120	0		21.00	
22.00	SLEEP LAB	70.01	0	3,747	0		22.00	
23.00	INFUSION THERAPY	73.01	0	48,348	0		23.00	
24.00	FCC INFUSION THERAPY	73.04	0	99,700	0		24.00	
25.00	RENAL DIALYSIS	74.00	0	57,677	0		25.00	
26.00	CARDIAC REHABILITATION	76.97	0	1,726	0		26.00	
27.00	HYPERBARIC OXYGEN THERAPY	76.98	0	188,803	0		27.00	
28.00	PSYCH ANCILLARY	90.02	0	630	0		28.00	
29.00	RETINAL VASCULAR	90.03	0	552	0		29.00	
30.00	EMERGENCY	91.00	0	875,249	0		30.00	
31.00	IFCC	91.01	0	705,118	0		31.00	
	TOTALS		0	12,401,472				
	E - RECALSS DRUGS CHARGED TO PATIENTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,961	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,626	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	42	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	40	0		4.00	
5.00	PHARMACY	15.00	0	17,453,830	0		5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	180	0		6.00	
7.00	PARAMED ED PRGM - EMS	23.01	0	537	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	4,736	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	3,536	0		9.00	
10.00	SUBPROVIDER - IPF	40.00	0	114	0		10.00	
11.00	SUBPROVIDER - IRF	41.00	0	223	0		11.00	
12.00	NURSERY	43.00	0	10	0		12.00	
13.00	OPERATING ROOM	50.00	0	5,039	0		13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,745	0		14.00	
15.00	ULTRA SOUND	54.01	0	22	0		15.00	
16.00	SPECIAL PROCEDURES	54.02	0	22,967	0		16.00	
17.00	RADIOISOTOPE	56.00	0	658,281	0		17.00	
18.00	CT SCAN	57.00	0	75,375	0		18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	30,192	0		19.00	
20.00	LABORATORY	60.00	0	417,769	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	3,709	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	158,833	0		22.00	
23.00	INFUSION THERAPY	73.01	0	28	0		23.00	
24.00	RENAL DIALYSIS	74.00	0	1,069	0		24.00	
25.00	CARDIAC REHABILITATION	76.97	0	1,318	0		25.00	
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	4,033	0		26.00	
27.00	RETINAL VASCULAR	90.03	0	5,384	0		27.00	
28.00	EMERGENCY	91.00	0	23,723	0		28.00	
29.00	IFCC	91.01	0	798,975	0		29.00	
	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:
12/21/2018 4:33 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

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
12/21/2018 4:33 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS NON CAP INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	802,457	ADMINISTRATIVE & GENERAL	5.00	0	2,115,844	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,313,387		0.00	0	0	2.00
	TOTALS		0	2,115,844	TOTALS		0	2,115,844	
B - RECALLS CAFETERIA COSTS									
1.00	CAFETERIA	11.00	0	1,394,883	DIETARY	10.00	0	1,394,883	1.00
	TOTALS		0	1,394,883	TOTALS		0	1,394,883	
C - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,886,666	ADMINISTRATIVE & GENERAL	5.00	0	4,886,666	1.00
	TOTALS		0	4,886,666	TOTALS		0	4,886,666	
D - RECLASS CHARGEABLE MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,401,038	ADMINISTRATIVE & GENERAL	5.00	0	34,292	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	276	CENTRAL SERVICES & SUPPLY	14.00	0	658,094	2.00
3.00	PULMONARY FUNCTION TESTING	65.01	0	158	PARAMED ED PRGM - EMS	23.01	0	1,804	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,348,218	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	440,429	5.00
6.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	3,746	6.00
7.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	110,259	7.00
8.00		0.00	0	0	NURSERY	43.00	0	39,253	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	4,170,729	9.00
10.00		0.00	0	0	RECOVERY ROOM	51.00	0	67,415	10.00
11.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	262,821	11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	44,454	12.00
13.00		0.00	0	0	ULTRA SOUND	54.01	0	51,710	13.00
14.00		0.00	0	0	SPECIAL PROCEDURES	54.02	0	1,740,428	14.00
15.00		0.00	0	0	RADIOISOTOPE	56.00	0	10,977	15.00
16.00		0.00	0	0	CT SCAN	57.00	0	23,656	16.00
17.00		0.00	0	0	MRI	58.00	0	759	17.00
18.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,157,740	18.00
19.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	151,352	19.00
20.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	82,666	20.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	19,120	21.00
22.00		0.00	0	0	SLEEP LAB	70.01	0	3,747	22.00
23.00		0.00	0	0	INFUSION THERAPY	73.01	0	48,348	23.00
24.00		0.00	0	0	FCC INFUSION THERAPY	73.04	0	99,700	24.00
25.00		0.00	0	0	RENAL DIALYSIS	74.00	0	57,677	25.00
26.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	1,726	26.00
27.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.98	0	188,803	27.00
28.00		0.00	0	0	PSYCH ANCILLARY	90.02	0	630	28.00
29.00		0.00	0	0	RETINAL VASCULAR	90.03	0	552	29.00
30.00		0.00	0	0	EMERGENCY	91.00	0	875,249	30.00
31.00		0.00	0	0	IFCC	91.01	0	705,118	31.00
	TOTALS		0	12,401,472	TOTALS		0	12,401,472	
E - RECLASS DRUGS CHARGED TO PATIENTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	19,716,202	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,961	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	11,095	ADMINISTRATIVE & GENERAL	5.00	0	5,626	2.00
3.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	42	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	40	4.00
5.00		0.00	0	0	PHARMACY	15.00	0	17,453,830	5.00
6.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	180	6.00
7.00		0.00	0	0	PARAMED ED PRGM - EMS	23.01	0	537	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	4,736	8.00
9.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	3,536	9.00
10.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	114	10.00
11.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	223	11.00
12.00		0.00	0	0	NURSERY	43.00	0	10	12.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	5,039	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	42,745	14.00
15.00		0.00	0	0	ULTRA SOUND	54.01	0	22	15.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
12/21/2018 4:33 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
16.00		0.00	0	0	0 SPECIAL PROCEDURES	54.02	0	22,967	16.00
17.00		0.00	0	0	0 RADIOISOTOPE	56.00	0	658,281	17.00
18.00		0.00	0	0	0 CT SCAN	57.00	0	75,375	18.00
19.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	0	30,192	19.00
20.00		0.00	0	0	0 LABORATORY	60.00	0	417,769	20.00
21.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	0	3,709	21.00
22.00		0.00	0	0	0 ELECTROCARDIOLOGY	69.00	0	158,833	22.00
23.00		0.00	0	0	0 INFUSION THERAPY	73.01	0	28	23.00
24.00		0.00	0	0	0 RENAL DIALYSIS	74.00	0	1,069	24.00
25.00		0.00	0	0	0 CARDIAC REHABILITATION	76.97	0	1,318	25.00
26.00		0.00	0	0	0 HYPERBARIC OXYGEN THERAPY	76.98	0	4,033	26.00
27.00		0.00	0	0	0 RETINAL VASCULAR	90.03	0	5,384	27.00
28.00		0.00	0	0	0 EMERGENCY	91.00	0	23,723	28.00
29.00		0.00	0	0	0 IFCC	91.01	0	798,975	29.00
	TOTALS		0	19,727,297	TOTALS		0	19,727,297	
F - POB COST OFFSET									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	353,771	MAINTENANCE & REPAIRS	6.00	0	45,097	1.00
2.00		0.00	0	0	0 OPERATION OF PLANT	7.00	0	64,509	2.00
3.00		0.00	0	0	0 HOUSEKEEPING	9.00	0	244,165	3.00
	TOTALS		0	353,771	TOTALS		0	353,771	
G - LAB ADMIN									
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,506	5,238	LABORATORY	60.00	7,506	5,238	1.00
	TOTALS		7,506	5,238	TOTALS		7,506	5,238	
H - RECLASS RECOVERY COSTS									
1.00	OPERATING ROOM	50.00	541,103	51,128	ADULTS & PEDIATRICS	30.00	541,103	51,128	1.00
	TOTALS		541,103	51,128	TOTALS		541,103	51,128	
I - RECLASS EMT PRECEPTOR COSTS									
1.00	PARAMED ED PRGM - EMS	23.01	475,125	0	0 ADULTS & PEDIATRICS	30.00	40,174	0	1.00
2.00		0.00	0	0	0 INTENSIVE CARE UNIT	31.00	33,749	0	2.00
3.00		0.00	0	0	0 OPERATING ROOM	50.00	11,907	0	3.00
4.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	8,613	0	4.00
5.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	12,455	0	5.00
6.00		0.00	0	0	0 EMERGENCY	91.00	368,227	0	6.00
	TOTALS		475,125	0	0 TOTALS		475,125	0	
J - RECLASS PSYCH ANCILLARY SERVICES									
1.00	PSYCH ANCILLARY	90.02	0	589,680	ADULTS & PEDIATRICS	30.00	692,768	1,237,288	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02	692,768	647,608		0.00	0	0	2.00
	TOTALS		692,768	1,237,288	TOTALS		692,768	1,237,288	
K - RECLASS VACCINE DRUG COSTS									
1.00	PHARMACY VACCINE	73.03	0	27,054	DRUGS CHARGED TO PATIENTS	73.00	0	27,054	1.00
	TOTALS		0	27,054	TOTALS		0	27,054	
L - DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,028,365	ADMINISTRATIVE & GENERAL	5.00	0	14,435,101	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,406,736		0.00	0	0	2.00
	TOTALS		0	14,435,101	TOTALS		0	14,435,101	
M - RECLASS FCC ADMIN COSTS									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,653,166	IFCC	91.01	0	1,653,166	1.00
	TOTALS		0	1,653,166	TOTALS		0	1,653,166	
N - PHARMACY RESIDENCY									
1.00	PARAMED ED PRGM-PHARMACY	23.00	95,308	28,844	PHARMACY	15.00	95,308	28,844	1.00
	TOTALS		95,308	28,844	TOTALS		95,308	28,844	
O - RECLASS LABOR AND DELIVERY EXPENSES									
1.00	DELIVERY ROOM & LABOR ROOM	52.00	687,095	114,237	ADULTS & PEDIATRICS	30.00	687,095	114,237	1.00
	TOTALS		687,095	114,237	TOTALS		687,095	114,237	
P - IMPLANT RECLASS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,281,372	OPERATING ROOM	50.00	0	7,269,912	1.00
2.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	0	1,011,460	2.00
	TOTALS		0	8,281,372	TOTALS		0	8,281,372	

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
12/21/2018 4:33 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
Q - MISC									
1.00	ADMINISTRATIVE &	5.00	0	374	OTHER CAP REL COSTS	3.00	0	374	1.00
	GENERAL								
	TOTALS		0	374	TOTALS		0	374	
500.00	Grand Total:		2,498,905	66,713,735	Grand Total:		2,498,905	66,713,735	500.00
	Increases				Decreases				

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:
12/21/2018 4:33 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				
2.00	Land Improvements	3,214,188	0				
3.00	Buildings and Fixtures	150,385,953	0				
4.00	Building Improvements	0	0				
5.00	Fixed Equipment	0	0				
6.00	Movable Equipment	50,337,316	0				
7.00	HIT designated Assets	0	0				
8.00	Subtotal (sum of lines 1-7)	212,802,358	0				
9.00	Reconciling Items	0	0				
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:
12/21/2018 4:33 pm

12/21/2016 4:00 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:
12/21/2018 4:33 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-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	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-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	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:
12/21/2018 4:33 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:
12/21/2018 4:33 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00	2.00	3.00	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	ALCHOHOL 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:
12/21/2018 4:33 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:
12/21/2018 4:33 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:

12/21/2018 4:33 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:
12/21/2018 4:33 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	
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	3,025,193	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	13,674,131	2,121,612	300,006	2,908,489	30.00
31.00	03100	INTENSIVE CARE UNIT	2,976,034	204,202	95,100	612,516	31.00
31.02	03102	CHILDRENS HOSPITAL	1,168,609	80,744	4,676	150,386	31.02
40.00	04000	SUBPROVIDER - IPF	8,609,815	64,113	4,914	914,962	40.00
41.00	04100	SUBPROVIDER - IRF	3,216,625	811,207	7,366	649,056	41.00
43.00	04300	NURSERY	14,818	14,768	855	83,441	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
12/21/2018 4:33 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	
91.01	09101	IFCC	18,209,939	0	1,434,766	2,851,903	22,496,608	91.01
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:
12/21/2018 4:33 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	107,512,561					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	9,366,847	1,579,316	5,027,225	960,785	1,924,551	30.00
31.00	03100	INTENSIVE CARE UNIT	1,916,252	152,007	483,864	119,355	185,236	31.00
31.02	03102	CHILDRENS HOSPITAL	692,211	60,105	191,324	39,119	73,244	31.02
40.00	04000	SUBPROVIDER - IPF	4,728,613	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	56,130	10,993	34,994	9,055	13,396	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	11,088,177	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
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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)	105,522,094	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)	107,512,561	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
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	124,980	0	8,710,789		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,580	0	0	1,132,203	14.00
15.00	01500	PHARMACY	0	123,719	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	112,275	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,063	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	3,362	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	18,861	0	491,148	13	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	22,865	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,362,396	753,365	0	4,597,275	23,930	30.00
31.00	03100	INTENSIVE CARE UNIT	255,119	91,214	0	556,614	4,864	31.00
31.02	03102	CHILDRENS HOSPITAL	49,841	37,969	0	231,696	906	31.02
40.00	04000	SUBPROVIDER - IPF	1,015,112	32,308	0	197,153	2,347	40.00
41.00	04100	SUBPROVIDER - IRF	510,066	115,958	0	707,609	2,014	41.00
43.00	04300	NURSERY	0	29,712	0	181,314	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	126,068	0	769,304	13,184	50.00
51.00	05100	RECOVERY ROOM	0	15,079	0	92,015	442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,991	0	0	478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81,153	0	0	306	54.00
54.01	03630	ULTRA SOUND	0	26,005	0	0	792	54.01
54.02	05401	SPECIAL PROCEDURES	0	30,874	0	0	1,624	54.02
56.00	05600	RADIOISOTOPE	0	13,052	0	0	137	56.00
57.00	05700	CT SCAN	0	24,225	0	0	710	57.00
58.00	05800	MRI	0	15,375	0	0	126	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,652	0	0	615	59.00
60.00	06000	LABORATORY	0	238,021	0	0	16,088	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,148	0	0	37	63.00
65.00	06500	RESPIRATORY THERAPY	0	60,735	0	0	34	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,261	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	123,275	0	0	4,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	61,526	0	0	286	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,890	0	0	25	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,818	0	0	1,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,548	0	0	20	70.00
70.01	03280	SLEEP LAB	0	2,620	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	540,674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	488,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	16,364	0	0	990	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	14,016	0	0	1,700	73.04
74.00	07400	RENAL DIALYSIS	0	16,216	0	0	89	74.00
76.97	07697	CARDIAC REHABILITATION	0	11,420	0	0	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	26,054	0	0	1,545	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	37,012	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	8,256	0	0	3	90.03
91.00	09100	EMERGENCY	148,646	145,299	0	886,661	14,717	91.00
91.01	09101	IFCC	0	0	0	0	9,703	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

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,378,192	2,643,172	0	8,710,789	1,132,055	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,299	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	8,710,789	1,132,203	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	7,994,962					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,492,341				16.00
17.00	01700	SOCIAL SERVICE	0	0	589,238			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	1,559	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	3,134	2,683,654	318,320	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,256	247,828	34,376	0	0	31.00
31.02	03102	CHILDRENS HOSPITAL	0	125,804	20,323	0	0	31.02
40.00	04000	SUBPROVIDER - IPF	30	271,718	136,780	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	106	434,662	68,728	0	0	41.00
43.00	04300	NURSERY	0	48,276	10,711	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,627	255,418	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	16,643	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,092	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,989	133,769	0	0	0	54.00
54.01	03630	ULTRA SOUND	4	46,252	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	12,734	80,771	0	0	0	54.02
56.00	05600	RADIOISOTOPE	402,130	35,797	0	0	0	56.00
57.00	05700	CT SCAN	52,308	170,539	0	0	0	57.00
58.00	05800	MRI	0	51,250	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,491	54,045	0	0	0	59.00
60.00	06000	LABORATORY	183,394	391,439	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.	14,561	19,375	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14	42,994	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	3,034	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,220	124,502	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,572	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,807	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,826	90,517	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,960	0	0	0	70.00
70.01	03280	SLEEP LAB	0	3,437	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,980	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,915	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	81,603	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,035,408	232,189	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	16,867	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	39,270	62	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,192	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	811	3,413	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,604	12,232	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	17,631	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	683	2,550	0	0	0	90.03
91.00	09100	EMERGENCY	61	206,333	0	0	0	91.00
91.01	09101	IFCC	159,740	461,219	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

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,994,962	6,492,341	589,238	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	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,994,962	6,492,341	589,238	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
12/21/2018 4:33 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				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00	
23.00	02300	PARAMED ED PRGM-PHARMACY			232, 225		23.00	
23.01	02301	PARAMED ED PRGM - EMS				1, 488, 235	23.01	
23.02	02302	PARAMED ED PRGM - DIETETICS					23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	198, 431	142, 577	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	148, 823	35, 645	31.00
31.02	03102	CHILDRENS HOSPITAL	0	0	0	0	0	31.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	21, 387	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	62, 734	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	49, 608	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	49, 608	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	49, 608	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, 852	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, 225	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	992, 157	2, 852	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:
12/21/2018 4:33 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	232,225	1,488,235	268,047	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	232,225	1,488,235	268,047	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
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	48,946,044	0	48,946,044	30.00
31.00	03100	INTENSIVE CARE UNIT	8,120,305	0	8,120,305	31.00
31.02	03102	CHILDRENS HOSPITAL	2,926,957	0	2,926,957	31.02
40.00	04000	SUBPROVIDER - IPF	16,296,586	0	16,296,586	40.00
41.00	04100	SUBPROVIDER - IRF	12,260,925	0	12,260,925	41.00
43.00	04300	NURSERY	508,463	0	508,463	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,020,144	0	19,020,144	50.00
51.00	05100	RECOVERY ROOM	1,560,271	0	1,560,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,322	0	1,414,322	52.00
53.00	05300	ANESTHESIOLOGY	506,830	0	506,830	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,406,369	0	10,406,369	54.00
54.01	03630	ULTRA SOUND	2,128,576	0	2,128,576	54.01
54.02	05401	SPECIAL PROCEDURES	2,342,369	0	2,342,369	54.02
56.00	05600	RADIOISOTOPE	1,665,815	0	1,665,815	56.00
57.00	05700	CT SCAN	2,433,317	0	2,433,317	57.00
58.00	05800	MRI	1,474,975	0	1,474,975	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,539,392	0	2,539,392	59.00
60.00	06000	LABORATORY	19,184,892	0	19,184,892	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,985,839	0	1,985,839	63.00
65.00	06500	RESPIRATORY THERAPY	3,703,794	0	3,703,794	65.00
65.01	03560	PULMONARY FUNCTION TESTING	136,050	0	136,050	65.01
66.00	06600	PHYSICAL THERAPY	4,386,728	0	4,386,728	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,703,381	0	2,703,381	67.00
68.00	06800	SPEECH PATHOLOGY	875,026	0	875,026	68.00
69.00	06900	ELECTROCARDIOLOGY	2,949,403	0	2,949,403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	451,471	0	451,471	70.00
70.01	03280	SLEEP LAB	184,840	0	184,840	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,233,684	0	2,233,684	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,066,875	0	19,066,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,933,168	0	12,933,168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,893,397	0	36,893,397	73.00
73.01	03190	INFUSION THERAPY	967,398	0	967,398	73.01
73.03	07301	PHARMACY VACCINE	80,315	0	80,315	73.03
73.04	03480	FCC INFUSION THERAPY	1,178,149	0	1,178,149	73.04
74.00	07400	RENAL DIALYSIS	1,292,023	0	1,292,023	74.00
76.97	07697	CARDIAC REHABILITATION	825,685	0	825,685	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,847,363	0	1,847,363	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	3,514,886	0	3,514,886	90.02
90.03	09002	RETINAL VASCULAR	1,472,458	0	1,472,458	90.03
91.00	09100	EMERGENCY	10,664,898	0	10,664,898	91.00
91.01	09101	IFCC	34,215,447	0	34,215,447	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:
12/21/2018 4:33 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)	319,522,313	0	319,522,313		118.00
	NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,193,857	0	3,193,857		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

COST ALLOCATION STATISTICS

Provider CCN: 14-0191

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

Worksheet Non-CMS W

Date/Time Prepared:
12/21/2018 4:33 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	MEALS SERVED	10.00
11.00	CAFETERIA	6	FTES	11.00
12.00	MAINTENANCE OF PERSONNEL	7	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	8	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	COSTED REQUIS.	14.00
15.00	PHARMACY	10	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	11	TIME SPENT	16.00
17.00	SOCIAL SERVICE	P	TOTAL PATI ENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	13	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	14	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	15	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	16	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-PHARMACY	17	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
12/21/2018 4:33 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	
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	0	85,145	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	123,095	3,582,091	2,550,074	6,255,260	5.00
6.00	00600	MAINTENANCE & REPAIRS	75	299,249	6,624	305,948	6.00
7.00	00700	OPERATION OF PLANT	365	851,884	40,822	893,071	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	58,688	919	59,607	8.00
9.00	00900	HOUSEKEEPING	1,560	69,603	25,134	96,297	9.00
10.00	01000	DIETARY	0	213,577	42,329	255,906	10.00
11.00	01100	CAFETERIA	0	101,933	687	102,620	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,122	41,351	1,562,018	1,623,491	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,595	77,068	61,461	148,124	14.00
15.00	01500	PHARMACY	0	111,243	195,934	307,177	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,800	161,262	3,550	170,612	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	254	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	0	2,408	0	2,408	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	12,039	13,656	25,695	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	37,129	0	37,129	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,572	2,121,612	300,006	2,425,190	30.00
31.00	03100	INTENSIVE CARE UNIT	0	204,202	95,100	299,302	31.00
31.02	03102	CHILDRENS HOSPITAL	0	80,744	4,676	85,420	31.02
40.00	04000	SUBPROVIDER - IPF	0	64,113	4,914	69,027	40.00
41.00	04100	SUBPROVIDER - IRF	225	811,207	7,366	818,798	41.00
43.00	04300	NURSERY	40	14,768	855	15,663	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	686,236	710,318	393,257	1,789,811	50.00
51.00	05100	RECOVERY ROOM	150	53,406	22,195	75,751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	75	6,919	56,759	63,753	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,464	421,953	496,176	939,593	54.00
54.01	03630	ULTRA SOUND	0	45,797	50,190	95,987	54.01
54.02	05401	SPECIAL PROCEDURES	0	29,424	133,315	162,739	54.02
56.00	05600	RADIOISOTOPE	0	30,901	37,440	68,341	56.00
57.00	05700	CT SCAN	0	32,988	66,224	99,212	57.00
58.00	05800	MRI	75	87,116	17,721	104,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	20	58,912	275,166	334,098	59.00
60.00	06000	LABORATORY	640	221,057	158,347	380,044	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,428	1,689	10,117	63.00
65.00	06500	RESPIRATORY THERAPY	16,279	26,470	39,283	82,032	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	12,746	4,014	16,760	65.01
66.00	06600	PHYSICAL THERAPY	0	102,302	42,159	144,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,983	974	17,957	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,622	7,503	19,125	68.00
69.00	06900	ELECTROCARDIOLOGY	245	60,229	112,881	173,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,763	17,214	49,977	70.00
70.01	03280	SLEEP LAB	20	0	10,214	10,234	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	24,633	24,945	1,886	51,464	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	10,354	0	10,354	73.04
74.00	07400	RENAL DIALYSIS	390	28,910	18,627	47,927	74.00
76.97	07697	CARDIAC REHABILITATION	37,059	32,731	10,539	80,329	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	75	0	1,476	1,551	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	224,717	0	224,717	90.02
90.03	09002	RETINAL VASCULAR	50,000	174,072	14,484	238,556	90.03
91.00	09100	EMERGENCY	20	150,443	64,497	214,960	91.00
91.01	09101	IFCC	508,019	0	1,434,766	1,942,785	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		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	99,220	0	99,220	5,166	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	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	85,108	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,615	1,615	37	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	14,190	0	14,190	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	8,026	0	8,026	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	201.00
202.00		TOTAL (sum lines 118 through 201)	1,531,619	11,717,488	8,406,736	21,655,843	85,145	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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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	6,266,644					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	545,973	113,904	381,347	51,927	70,886	30.00
31.00	03100	INTENSIVE CARE UNIT	111,694	10,963	36,704	6,451	6,823	31.00
31.02	03102	CHILDRENS HOSPITAL	40,347	4,335	14,513	2,114	2,698	31.02
40.00	04000	SUBPROVIDER - IPF	275,620	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	3,272	793	2,654	489	493	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	646,279	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

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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)	6,150,624	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)	6,266,644	417,294	1,243,991	108,531	226,950	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	8,166	0	1,807,228		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,410	0	0	185,893	14.00
15.00	01500	PHARMACY	0	8,083	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,335	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	788	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	220	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	1,232	0	101,899	2	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	1,494	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205,378	49,224	0	953,796	3,929	30.00
31.00	03100	INTENSIVE CARE UNIT	22,179	5,959	0	115,481	799	31.00
31.02	03102	CHILDRENS HOSPITAL	4,333	2,481	0	48,070	149	31.02
40.00	04000	SUBPROVIDER - IPF	88,250	2,111	0	40,903	385	40.00
41.00	04100	SUBPROVIDER - IRF	44,343	7,576	0	146,808	331	41.00
43.00	04300	NURSERY	0	1,941	0	37,617	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,237	0	159,608	2,165	50.00
51.00	05100	RECOVERY ROOM	0	985	0	19,090	73	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	195	0	0	79	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,302	0	0	50	54.00
54.01	03630	ULTRA SOUND	0	1,699	0	0	130	54.01
54.02	05401	SPECIAL PROCEDURES	0	2,017	0	0	267	54.02
56.00	05600	RADIOISOTOPE	0	853	0	0	23	56.00
57.00	05700	CT SCAN	0	1,583	0	0	117	57.00
58.00	05800	MRI	0	1,005	0	0	21	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,284	0	0	101	59.00
60.00	06000	LABORATORY	0	15,551	0	0	2,641	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	728	0	0	6	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,968	0	0	6	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	82	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	8,054	0	0	674	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,020	0	0	47	67.00
68.00	06800	SPEECH PATHOLOGY	0	777	0	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,340	0	0	180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	297	0	0	3	70.00
70.01	03280	SLEEP LAB	0	171	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	88,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	80,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	1,069	0	0	163	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	916	0	0	279	73.04
74.00	07400	RENAL DIALYSIS	0	1,059	0	0	15	74.00
76.97	07697	CARDIAC REHABILITATION	0	746	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,702	0	0	254	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	3,218	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	539	0	0	1	90.03
91.00	09100	EMERGENCY	12,923	9,493	0	183,956	2,416	91.00
91.01	09101	IFCC	0	0	0	0	1,593	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

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	380,624	172,692	0	1,807,228	185,869	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	150	0	0	24	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)	380,624	172,842	0	1,807,228	185,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	490,919					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	333,329				16.00
17.00	01700	SOCIAL SERVICE	0	0	12,149			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	192	137,784	6,563			30.00
31.00	03100	INTENSIVE CARE UNIT	77	12,724	709			31.00
31.02	03102	CHILDRENS HOSPITAL	0	6,459	419			31.02
40.00	04000	SUBPROVIDER - IPF	2	13,950	2,820			40.00
41.00	04100	SUBPROVIDER - IRF	7	22,316	1,417			41.00
43.00	04300	NURSERY	0	2,479	221			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100	13,114	0			50.00
51.00	05100	RECOVERY ROOM	0	854	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	6,868	0			54.00
54.01	03630	ULTRA SOUND	0	2,375	0			54.01
54.02	05401	SPECIAL PROCEDURES	782	4,147	0			54.02
56.00	05600	RADIOISOTOPE	24,692	1,838	0			56.00
57.00	05700	CT SCAN	3,212	8,756	0			57.00
58.00	05800	MRI	0	2,631	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	1,872	2,775	0			59.00
60.00	06000	LABORATORY	11,261	20,097	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	2,207	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	156	0			65.01
66.00	06600	PHYSICAL THERAPY	198	6,392	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	2,568	4,647	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	152	0			70.00
70.01	03280	SLEEP LAB	0	176	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	512	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	4,190	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	431,998	11,921	0			73.00
73.01	03190	INFUSION THERAPY	0	866	0			73.01
73.03	07301	PHARMACY VACCINE	2,411	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	10,594	0			91.00
91.01	09101	IFCC	9,809	23,680	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	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)	490,919	333,329	12,149	0	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	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	490,919	333,329	12,149	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet B
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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				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			7,564		23.00
23.01	02301	PARAMED ED PRGM - EMS				150,508	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					50,451
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.02	03102	CHILDRENS HOSPITAL					31.02
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
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Date/Time Prepared:
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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	7,564	150,508	50,451	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	7,564	150,508	50,451	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:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
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	4,957,012	0	4,957,012	30.00
31.00	03100	INTENSIVE CARE UNIT	632,165	0	632,165	31.00
31.02	03102	CHILDRENS HOSPITAL	211,903	0	211,903	31.02
40.00	04000	SUBPROVIDER - IPF	515,748	0	515,748	40.00
41.00	04100	SUBPROVIDER - IRF	1,400,699	0	1,400,699	41.00
43.00	04300	NURSERY	65,935	0	65,935	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,461,352	0	2,461,352	50.00
51.00	05100	RECOVERY ROOM	135,877	0	135,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,765	0	27,765	52.00
53.00	05300	ANESTHESIOLOGY	76,476	0	76,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,448	0	1,232,448	54.00
54.01	03630	ULTRA SOUND	150,190	0	150,190	54.01
54.02	05401	SPECIAL PROCEDURES	219,074	0	219,074	54.02
56.00	05600	RADIOISOTOPE	125,572	0	125,572	56.00
57.00	05700	CT SCAN	162,732	0	162,732	57.00
58.00	05800	MRI	152,972	0	152,972	58.00
59.00	05900	CARDIAC CATHETERIZATION	398,856	0	398,856	59.00
60.00	06000	LABORATORY	829,072	0	829,072	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,913	0	51,913	63.00
65.00	06500	RESPIRATORY THERAPY	162,788	0	162,788	65.00
65.01	03560	PULMONARY FUNCTION TESTING	21,973	0	21,973	65.01
66.00	06600	PHYSICAL THERAPY	262,931	0	262,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,962	0	77,962	67.00
68.00	06800	SPEECH PATHOLOGY	39,847	0	39,847	68.00
69.00	06900	ELECTROCARDIOLOGY	248,601	0	248,601	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,396	0	65,396	70.00
70.01	03280	SLEEP LAB	14,091	0	14,091	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,803	0	43,803	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445,702	0	445,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,302	0	322,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,009,569	0	1,009,569	73.00
73.01	03190	INFUSION THERAPY	76,749	0	76,749	73.01
73.03	07301	PHARMACY VACCINE	3,203	0	3,203	73.03
73.04	03480	FCC INFUSION THERAPY	36,530	0	36,530	73.04
74.00	07400	RENAL DIALYSIS	79,501	0	79,501	74.00
76.97	07697	CARDIAC REHABILITATION	103,731	0	103,731	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,660	0	39,660	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	338,843	0	338,843	90.02
90.03	09002	RETINAL VASCULAR	300,500	0	300,500	90.03
91.00	09100	EMERGENCY	632,327	0	632,327	91.00
91.01	09101	IFCC	2,634,853	0	2,634,853	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:
12/21/2018 4:33 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)	21,301,329	0	21,301,329	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,241	0	63,241	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	208,523	0	208,523	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:
12/21/2018 4:33 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	
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	-107,512,561	218,130,423	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	13,683,532	0	19,004,238	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	117,499	2,881,695	0	3,887,852	31.00
31.02	03102	CHILDRENS HOSPITAL	5,030	5,777	707,520	0	1,404,415	31.02
40.00	04000	SUBPROVIDER - IPF	3,994	6,072	4,304,609	0	9,593,804	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	9,101	3,053,604	0	4,684,254	41.00
43.00	04300	NURSERY	920	1,057	392,566	0	113,882	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	05401	ULTRA SOUND	2,853	62,012	846,243	0	1,232,544	54.01
54.02	05402	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	06501	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	07001	SLEEP LAB	0	12,620	87,732	0	119,757	70.01
70.02	07002	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	07301	INFUSION THERAPY	1,554	2,330	401,999	0	554,390	73.01
73.03	07303	PHARMACY VACCINE	0	0	0	0	27,452	73.03
73.04	07304	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	09002	PSYCH ANCILLARY	13,999	0	0	0	1,696,425	90.02
90.03	09003	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
12/21/2018 4:33 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
91.01	09101	IFCC						
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,772,706	13,417,309	0	22,496,608	91.01
		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	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	-107,512,561	214,091,999	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		107,512,561	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		6,266,644	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:
12/21/2018 4:33 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	1,610,868		8.00
9.00	00900	HOUSEKEEPING	4,336	4,336	0	423,152	9.00
10.00	01000	DIETARY	13,305	13,305	0	13,305	279,164 10.00
11.00	01100	CAFETERIA	6,350	6,350	0	6,350	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	2,576	2,576	0	2,576	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	4,801	3,312	4,801	0 14.00
15.00	01500	PHARMACY	6,930	6,930	0	6,930	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	10,046	0	10,046	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
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	150	0	150	0 23.00
23.01	02301	PARAMED ED PRGM - EMS	750	750	0	750	0 23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	2,313	0	2,313	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,168	132,168	770,728	132,168	150,632 30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	12,721	95,745	12,721	16,267 31.00
31.02	03102	CHILDRENS HOSPITAL	5,030	5,030	31,381	5,030	3,178 31.02
40.00	04000	SUBPROVIDER - IPF	3,994	3,994	31,712	3,994	64,726 40.00
41.00	04100	SUBPROVIDER - IRF	50,535	50,535	83,516	50,535	32,523 41.00
43.00	04300	NURSERY	920	920	7,264	920	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,250	44,250	181,855	44,250	0 50.00
51.00	05100	RECOVERY ROOM	3,327	3,327	20,830	3,327	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	431	431	0	431	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	26,286	51,738	26,286	0 54.00
54.01	03630	ULTRA SOUND	2,853	2,853	25,130	2,853	0 54.01
54.02	05401	SPECIAL PROCEDURES	1,833	1,833	3,142	1,833	0 54.02
56.00	05600	RADIOISOTOPE	1,925	1,925	5,081	1,925	0 56.00
57.00	05700	CT SCAN	2,055	2,055	21,955	2,055	0 57.00
58.00	05800	MRI	5,427	5,427	10,528	5,427	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	3,670	3,111	3,670	0 59.00
60.00	06000	LABORATORY	13,771	13,771	0	13,771	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	525	0	525	0 63.00
65.00	06500	RESPIRATORY THERAPY	1,649	1,649	0	1,649	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	794	0	794	0 65.01
66.00	06600	PHYSICAL THERAPY	6,373	6,373	37,993	6,373	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,058	0	1,058	0 67.00
68.00	06800	SPEECH PATHOLOGY	724	724	0	724	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	3,752	16,958	3,752	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	2,041	2,628	2,041	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	0 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	1,554	1,554	4,197	1,554	0 73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0 73.03
73.04	03480	FCC INFUSION THERAPY	645	645	0	645	0 73.04
74.00	07400	RENAL DIALYSIS	1,801	1,801	0	1,801	0 74.00
76.97	07697	CARDIAC REHABILITATION	2,039	2,039	8,852	2,039	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	383	0	0 76.98
76.99	07699	LITHOTRIPSY	0	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	0 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	0 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:
12/21/2018 4:33 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	
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	6,181	0	6,181	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	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	1,610,868	421,768	279,164	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	15.683226	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	1.363442	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:
12/21/2018 4:33 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	107,021					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,056	0	57,747			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	347,230	5,829	30.00
31.00	03100	INTENSIVE CARE UNIT	3,690	0	3,690	70,574	2,335	31.00
31.02	03102	CHILDRENS HOSPITAL	1,536	0	1,536	13,145	0	31.02
40.00	04000	SUBPROVIDER - IPF	1,307	0	1,307	34,059	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	0	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:
12/21/2018 4:33 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)	106,928	0	57,747	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	8,710,789	1,132,203	7,994,962
203.00		Unit cost multiplier (Wkst. B, Part I)	24.719177	0.000000	150.844009	0.068917	0.537699
204.00		Cost to be allocated (per Wkst. B, Part II)	172,842	0	1,807,228	185,893	490,919
205.00		Unit cost multiplier (Wkst. B, Part II)	1.615029	0.000000	31.295617	0.011315	0.033017
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:
12/21/2018 4:33 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	40,003	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	126,916	4,320	0	0	0	31.00
31.02	03102	CHILDRENS HOSPITAL	64,426	2,554	0	0	0	31.02
40.00	04000	SUBPROVIDER - IPF	139,150	17,189	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	222,596	8,637	0	0	0	41.00
43.00	04300	NURSERY	24,723	1,346	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
12/21/2018 4:33 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	
91.01	09101	IFCC	236,196	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	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)	6,492,341	589,238	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.952695	7.957407	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	333,329	12,149	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.100255	0.164067	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:
12/21/2018 4:33 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
31.02	03102	CHILDRENS HOSPITAL	0	0	0	0		31.02
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
12/21/2018 4:33 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					
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
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	232,225	1,488,235	268,047		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,322.250000	12,401.958333	1,425.781915		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	7,564	150,508	50,451		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	75.640000	1,254.233333	268.356383		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:
12/21/2018 4:33 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	48,946,044	48,946,044	0	48,946,044
31.00	03100	INTENSIVE CARE UNIT	8,120,305	8,120,305	0	8,120,305
31.02	03102	CHILDRENS HOSPITAL	2,926,957	2,926,957	0	2,926,957
40.00	04000	SUBPROVIDER - IPF	16,296,586	16,296,586	0	16,296,586
41.00	04100	SUBPROVIDER - IRF	12,260,925	12,260,925	0	12,260,925
43.00	04300	NURSERY	508,463	508,463	0	508,463
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,020,144	19,020,144	8,371	19,028,515
51.00	05100	RECOVERY ROOM	1,560,271	1,560,271	0	1,560,271
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,322	1,414,322	0	1,414,322
53.00	05300	ANESTHESIOLOGY	506,830	506,830	0	506,830
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,406,369	10,406,369	3,856	10,410,225
54.01	03630	ULTRA SOUND	2,128,576	2,128,576	0	2,128,576
54.02	05401	SPECIAL PROCEDURES	2,342,369	2,342,369	0	2,342,369
56.00	05600	RADIOISOTOPE	1,665,815	1,665,815	0	1,665,815
57.00	05700	CT SCAN	2,433,317	2,433,317	0	2,433,317
58.00	05800	MRI	1,474,975	1,474,975	0	1,474,975
59.00	05900	CARDIAC CATHETERIZATION	2,539,392	2,539,392	0	2,539,392
60.00	06000	LABORATORY	19,184,892	19,184,892	0	19,184,892
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,985,839	1,985,839	0	1,985,839
65.00	06500	RESPIRATORY THERAPY	3,703,794	3,703,794	8,117	3,711,911
65.01	03560	PULMONARY FUNCTION TESTING	136,050	136,050	0	136,050
66.00	06600	PHYSICAL THERAPY	4,386,728	4,386,728	0	4,386,728
67.00	06700	OCCUPATIONAL THERAPY	2,703,381	2,703,381	0	2,703,381
68.00	06800	SPEECH PATHOLOGY	875,026	875,026	0	875,026
69.00	06900	ELECTROCARDIOLOGY	2,949,403	2,949,403	71,430	3,020,833
70.00	07000	ELECTROENCEPHALOGRAPHY	451,471	451,471	0	451,471
70.01	03280	SLEEP LAB	184,840	184,840	0	184,840
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,233,684	2,233,684	0	2,233,684
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,066,875	19,066,875	0	19,066,875
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,933,168	12,933,168	0	12,933,168
73.00	07300	DRUGS CHARGED TO PATIENTS	36,893,397	36,893,397	0	36,893,397
73.01	03190	INFUSION THERAPY	967,398	967,398	0	967,398
73.03	07301	PHARMACY VACCINE	80,315	80,315	0	80,315
73.04	03480	FCC INFUSION THERAPY	1,178,149	1,178,149	0	1,178,149
74.00	07400	RENAL DIALYSIS	1,292,023	1,292,023	1,160	1,293,183
76.97	07697	CARDIAC REHABILITATION	825,685	825,685	2,416	828,101
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,847,363	1,847,363	9,663	1,857,026
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	3,514,886	3,514,886	0	3,514,886
90.03	09002	RETINAL VASCULAR	1,472,458	1,472,458	11,356	1,483,814
91.00	09100	EMERGENCY	10,664,898	10,664,898	12,321	10,677,219
91.01	09101	IFCC	34,215,447	34,215,447	0	34,215,447
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,500,111	7,500,111	0	7,500,111
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	17,275,773	17,275,773	0	17,275,773
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
116.00	11600	HOSPICE	3,947,710	3,947,710	0	3,947,710
200.00		Subtotal (see instructions)	327,022,424	327,022,424	128,690	327,151,114
201.00		Less Observation Beds	7,500,111	7,500,111	0	7,500,111
202.00		Total (see instructions)	319,522,313	319,522,313	128,690	319,651,003

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:
12/21/2018 4:33 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,604,241		77,604,241		30.00
31.00	03100	INTENSIVE CARE UNIT	12,784,292		12,784,292		31.00
31.02	03102	CHILDRENS HOSPITAL	4,635,066		4,635,066		31.02
40.00	04000	SUBPROVIDER - IPF	26,508,573		26,508,573		40.00
41.00	04100	SUBPROVIDER - IRF	12,329,314		12,329,314		41.00
43.00	04300	NURSERY	2,499,606		2,499,606		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,461,843	39,293,872	82,755,715	0.229835	50.00
51.00	05100	RECOVERY ROOM	6,266,952	7,670,618	13,937,570	0.111947	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,307,516	0	3,307,516	0.427609	52.00
53.00	05300	ANESTHESIOLOGY	8,163,849	7,353,462	15,517,311	0.032662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,427,408	27,762,042	36,189,450	0.287553	54.00
54.01	03630	ULTRA SOUND	4,150,924	9,597,253	13,748,177	0.154826	54.01
54.02	05401	SPECIAL PROCEDURES	8,695,844	9,568,445	18,264,289	0.128249	54.02
56.00	05600	RADIOISOTOPE	3,384,307	5,814,945	9,199,252	0.181082	56.00
57.00	05700	CT SCAN	29,078,458	55,476,941	84,555,399	0.028778	57.00
58.00	05800	MRI	9,095,994	9,423,059	18,519,053	0.079646	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,318,896	9,828,208	18,147,104	0.139934	59.00
60.00	06000	LABORATORY	60,021,887	107,674,382	167,696,269	0.114403	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,306,425	2,470,157	7,776,582	0.255361	63.00
65.00	06500	RESPIRATORY THERAPY	20,476,521	2,935,436	23,411,957	0.158201	65.00
65.01	03560	PULMONARY FUNCTION TESTING	118,210	742,288	860,498	0.158106	65.01
66.00	06600	PHYSICAL THERAPY	8,810,367	11,856,049	20,666,416	0.212264	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,716,474	115,213	7,831,687	0.345185	67.00
68.00	06800	SPEECH PATHOLOGY	2,997,240	182,343	3,179,583	0.275201	68.00
69.00	06900	ELECTROCARDIOLOGY	12,159,043	9,820,469	21,979,512	0.134189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	922,246	269,860	1,192,106	0.378717	70.00
70.01	03280	SLEEP LAB	821,490	393,721	1,215,211	0.152105	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,122,481	0	8,122,481	0.275000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,864,792	5,556,499	12,421,291	1.535016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,092,323	7,771,401	21,863,724	0.591535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,863,637	109,065,384	156,929,021	0.235096	73.00
73.01	03190	INFUSION THERAPY	37,984	2,574,419	2,612,403	0.370310	73.01
73.03	07301	PHARMACY VACCINE	242,340	18,989	261,329	0.307333	73.03
73.04	03480	FCC INFUSION THERAPY	25,502	5,798,578	5,824,080	0.202289	73.04
74.00	07400	RENAL DIALYSIS	2,892,894	599,486	3,492,380	0.369955	74.00
76.97	07697	CARDIAC REHABILITATION	61,298	761,626	822,924	1.003355	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,309,137	6,902,035	8,211,172	0.224982	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	24,134	5,110,050	5,134,184	0.684605	90.02
90.03	09002	RETINAL VASCULAR	1,886	885,648	887,534	1.659044	90.03
91.00	09100	EMERGENCY	16,376,165	87,035,843	103,412,008	0.103130	91.00
91.01	09101	IFCC	5,061,234	263,238,811	268,300,045	0.127527	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,384,891	15,673,779	21,058,670	0.356153	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	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:
12/21/2018 4:33 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
31.02	03102	CHILDRENS HOSPITAL			31.02
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	0.229936		50.00
51.00	05100	RECOVERY ROOM	0.111947		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427609		52.00
53.00	05300	ANESTHESIOLOGY	0.032662		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287659		54.00
54.01	03630	ULTRA SOUND	0.154826		54.01
54.02	05401	SPECIAL PROCEDURES	0.128249		54.02
56.00	05600	RADIOISOTOPE	0.181082		56.00
57.00	05700	CT SCAN	0.028778		57.00
58.00	05800	MRI	0.079646		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139934		59.00
60.00	06000	LABORATORY	0.114403		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255361		63.00
65.00	06500	RESPIRATORY THERAPY	0.158548		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158106		65.01
66.00	06600	PHYSICAL THERAPY	0.212264		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345185		67.00
68.00	06800	SPEECH PATHOLOGY	0.275201		68.00
69.00	06900	ELECTROCARDIOLOGY	0.137439		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.378717		70.00
70.01	03280	SLEEP LAB	0.152105		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275000		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.535016		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.591535		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235096		73.00
73.01	03190	INFUSION THERAPY	0.370310		73.01
73.03	07301	PHARMACY VACCINE	0.307333		73.03
73.04	03480	FCC INFUSION THERAPY	0.202289		73.04
74.00	07400	RENAL DIALYSIS	0.370287		74.00
76.97	07697	CARDIAC REHABILITATION	1.006291		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.226158		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.684605		90.02
90.03	09002	RETINAL VASCULAR	1.671839		90.03
91.00	09100	EMERGENCY	0.103249		91.00
91.01	09101	IFCC	0.127527		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.356153		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:
12/21/2018 4:33 pm

		Title XIX		Hospital		Cost
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	48,946,044	48,946,044	0	48,946,044
31.00	03100	INTENSIVE CARE UNIT	8,120,305	8,120,305	0	8,120,305
31.02	03102	CHILDRENS HOSPITAL	2,926,957	2,926,957	0	2,926,957
40.00	04000	SUBPROVIDER - IPF	16,296,586	16,296,586	0	16,296,586
41.00	04100	SUBPROVIDER - IRF	12,260,925	12,260,925	0	12,260,925
43.00	04300	NURSERY	508,463	508,463	0	508,463
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,020,144	19,020,144	8,371	19,028,515
51.00	05100	RECOVERY ROOM	1,560,271	1,560,271	0	1,560,271
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,322	1,414,322	0	1,414,322
53.00	05300	ANESTHESIOLOGY	506,830	506,830	0	506,830
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,406,369	10,406,369	3,856	10,410,225
54.01	03630	ULTRA SOUND	2,128,576	2,128,576	0	2,128,576
54.02	05401	SPECIAL PROCEDURES	2,342,369	2,342,369	0	2,342,369
56.00	05600	RADIOISOTOPE	1,665,815	1,665,815	0	1,665,815
57.00	05700	CT SCAN	2,433,317	2,433,317	0	2,433,317
58.00	05800	MRI	1,474,975	1,474,975	0	1,474,975
59.00	05900	CARDIAC CATHETERIZATION	2,539,392	2,539,392	0	2,539,392
60.00	06000	LABORATORY	19,184,892	19,184,892	0	19,184,892
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,985,839	1,985,839	0	1,985,839
65.00	06500	RESPIRATORY THERAPY	3,703,794	3,703,794	8,117	3,711,911
65.01	03560	PULMONARY FUNCTION TESTING	136,050	136,050	0	136,050
66.00	06600	PHYSICAL THERAPY	4,386,728	4,386,728	0	4,386,728
67.00	06700	OCCUPATIONAL THERAPY	2,703,381	2,703,381	0	2,703,381
68.00	06800	SPEECH PATHOLOGY	875,026	875,026	0	875,026
69.00	06900	ELECTROCARDIOLOGY	2,949,403	2,949,403	71,430	3,020,833
70.00	07000	ELECTROENCEPHALOGRAPHY	451,471	451,471	0	451,471
70.01	03280	SLEEP LAB	184,840	184,840	0	184,840
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,233,684	2,233,684	0	2,233,684
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,066,875	19,066,875	0	19,066,875
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,933,168	12,933,168	0	12,933,168
73.00	07300	DRUGS CHARGED TO PATIENTS	36,893,397	36,893,397	0	36,893,397
73.01	03190	INFUSION THERAPY	967,398	967,398	0	967,398
73.03	07301	PHARMACY VACCINE	80,315	80,315	0	80,315
73.04	03480	FCC INFUSION THERAPY	1,178,149	1,178,149	0	1,178,149
74.00	07400	RENAL DIALYSIS	1,292,023	1,292,023	1,160	1,293,183
76.97	07697	CARDIAC REHABILITATION	825,685	825,685	2,416	828,101
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,847,363	1,847,363	9,663	1,857,026
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	3,514,886	3,514,886	0	3,514,886
90.03	09002	RETINAL VASCULAR	1,472,458	1,472,458	11,356	1,483,814
91.00	09100	EMERGENCY	10,664,898	10,664,898	12,321	10,677,219
91.01	09101	IFCC	34,215,447	34,215,447	0	34,215,447
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,500,111	7,500,111	0	7,500,111
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	17,275,773	17,275,773	0	17,275,773
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
116.00	11600	HOSPICE	3,947,710	3,947,710	0	3,947,710
200.00		Subtotal (see instructions)	327,022,424	327,022,424	128,690	327,151,114
201.00		Less Observation Beds	7,500,111	7,500,111	0	7,500,111
202.00		Total (see instructions)	319,522,313	319,522,313	128,690	319,651,003

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:
12/21/2018 4:33 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	77,604,241		77,604,241		30.00
31.00	03100	INTENSIVE CARE UNIT	12,784,292		12,784,292		31.00
31.02	03102	CHILDRENS HOSPITAL	4,635,066		4,635,066		31.02
40.00	04000	SUBPROVIDER - IPF	26,508,573		26,508,573		40.00
41.00	04100	SUBPROVIDER - IRF	12,329,314		12,329,314		41.00
43.00	04300	NURSERY	2,499,606		2,499,606		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,461,843	39,293,872	82,755,715	0.229835	0.000000
51.00	05100	RECOVERY ROOM	6,266,952	7,670,618	13,937,570	0.111947	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,307,516		3,307,516	0.427609	0.000000
53.00	05300	ANESTHESIOLOGY	8,163,849	7,353,462	15,517,311	0.032662	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,427,408	27,762,042	36,189,450	0.287553	0.000000
54.01	03630	ULTRA SOUND	4,150,924	9,597,253	13,748,177	0.154826	0.000000
54.02	05401	SPECIAL PROCEDURES	8,695,844	9,568,445	18,264,289	0.128249	0.000000
56.00	05600	RADIOISOTOPE	3,384,307	5,814,945	9,199,252	0.181082	0.000000
57.00	05700	CT SCAN	29,078,458	55,476,941	84,555,399	0.028778	0.000000
58.00	05800	MRI	9,095,994	9,423,059	18,519,053	0.079646	0.000000
59.00	05900	CARDIAC CATHETERIZATION	8,318,896	9,828,208	18,147,104	0.139934	0.000000
60.00	06000	LABORATORY	60,021,887	107,674,382	167,696,269	0.114403	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	0.255361	0.000000
65.00	06500	RESPIRATORY THERAPY	20,476,521	2,935,436	23,411,957	0.158201	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	118,210	742,288	860,498	0.158106	0.000000
66.00	06600	PHYSICAL THERAPY	8,810,367	11,856,049	20,666,416	0.212264	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,716,474	115,213	7,831,687	0.345185	0.000000
68.00	06800	SPEECH PATHOLOGY	2,997,240	182,343	3,179,583	0.275201	0.000000
69.00	06900	ELECTROCARDIOLOGY	12,159,043	9,820,469	21,979,512	0.134189	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	922,246	269,860	1,192,106	0.378717	0.000000
70.01	03280	SLEEP LAB	821,490	393,721	1,215,211	0.152105	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,122,481	0	8,122,481	0.275000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,864,792	5,556,499	12,421,291	1.535016	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,092,323	7,771,401	21,863,724	0.591535	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	47,863,637	109,065,384	156,929,021	0.235096	0.000000
73.01	03190	INFUSION THERAPY	37,984	2,574,419	2,612,403	0.370310	0.000000
73.03	07301	PHARMACY VACCINE	242,340	18,989	261,329	0.307333	0.000000
73.04	03480	FCC INFUSION THERAPY	25,502	5,798,578	5,824,080	0.202289	0.000000
74.00	07400	RENAL DIALYSIS	2,892,894	599,486	3,492,380	0.369955	0.000000
76.97	07697	CARDIAC REHABILITATION	61,298	761,626	822,924	1.003355	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,309,137	6,902,035	8,211,172	0.224982	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	0.684605	0.000000
90.03	09002	RETINAL VASCULAR	1,886	885,648	887,534	1.659044	0.000000
91.00	09100	EMERGENCY	16,376,165	87,035,843	103,412,008	0.103130	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	0.356153	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:
12/21/2018 4:33 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
31.02	03102	CHILDRENS HOSPITAL				31.02
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:
12/21/2018 4:33 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	4,957,012	0	4,957,012	47,242	104.93	30.00
31.00	INTENSIVE CARE UNIT	632,165		632,165	4,320	146.33	31.00
31.02	CHILDRENS HOSPITAL	211,903		211,903	2,554	82.97	31.02
40.00	SUBPROVIDER - IPF	515,748	0	515,748	17,189	30.00	40.00
41.00	SUBPROVIDER - IRF	1,400,699	0	1,400,699	8,637	162.17	41.00
43.00	NURSERY	65,935		65,935	1,346	48.99	43.00
200.00	Total (lines 30 through 199)	7,783,462		7,783,462	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	2,200,802				30.00
31.00	INTENSIVE CARE UNIT	1,909	279,344				31.00
31.02	CHILDRENS HOSPITAL	0	0				31.02
40.00	SUBPROVIDER - IPF	869	26,070				40.00
41.00	SUBPROVIDER - IRF	5,927	961,182				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	29,679	3,467,398				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0191

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
12/21/2018 4:33 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,461,352	82,755,715	0.029742	17,502,544	520,561	50.00
51.00	05100 RECOVERY ROOM	135,877	13,937,570	0.009749	2,495,921	24,333	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	76,476	15,517,311	0.004928	3,304,241	16,283	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,232,448	36,189,450	0.034055	4,210,161	143,377	54.00
54.01	03630 ULTRA SOUND	150,190	13,748,177	0.010924	1,914,934	20,919	54.01
54.02	05401 SPECIAL PROCEDURES	219,074	18,264,289	0.011995	4,371,677	52,438	54.02
56.00	05600 RADIOISOTOPE	125,572	9,199,252	0.013650	1,631,747	22,273	56.00
57.00	05700 CT SCAN	162,732	84,555,399	0.001925	15,093,047	29,054	57.00
58.00	05800 MRI	152,972	18,519,053	0.008260	4,335,505	35,811	58.00
59.00	05900 CARDIAC CATHETERIZATION	398,856	18,147,104	0.021979	3,110,594	68,368	59.00
60.00	06000 LABORATORY	829,072	167,696,269	0.004944	26,222,550	129,644	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	51,913	7,776,582	0.006676	2,264,074	15,115	63.00
65.00	06500 RESPIRATORY THERAPY	162,788	23,411,957	0.006953	9,296,483	64,638	65.00
65.01	03560 PULMONARY FUNCTION TESTING	21,973	860,498	0.025535	49,787	1,271	65.01
66.00	06600 PHYSICAL THERAPY	262,931	20,666,416	0.012723	1,751,633	22,286	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,962	7,831,687	0.009955	1,107,620	11,026	67.00
68.00	06800 SPEECH PATHOLOGY	39,847	3,179,583	0.012532	777,451	9,743	68.00
69.00	06900 ELECTROCARDIOLOGY	248,601	21,979,512	0.011311	5,364,795	60,681	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	65,396	1,192,106	0.054858	473,987	26,002	70.00
70.01	03280 SLEEP LAB	14,091	1,215,211	0.011596	330,852	3,837	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,803	8,122,481	0.005393	829,881	4,476	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	445,702	12,421,291	0.035882	3,047,179	109,339	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	322,302	21,863,724	0.014741	6,777,751	99,911	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,009,569	156,929,021	0.006433	19,697,123	126,712	73.00
73.01	03190 INFUSION THERAPY	76,749	2,612,403	0.029379	7,368	216	73.01
73.03	07301 PHARMACY VACCINE	3,203	261,329	0.012257	3,350	41	73.03
73.04	03480 FCC INFUSION THERAPY	36,530	5,824,080	0.006272	19,250	121	73.04
74.00	07400 RENAL DIALYSIS	79,501	3,492,380	0.022764	1,376,480	31,334	74.00
76.97	07697 CARDIAC REHABILITATION	103,731	822,924	0.126052	26,646	3,359	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	39,660	8,211,172	0.004830	530,908	2,564	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	338,843	5,134,184	0.065997	3,975	262	90.02
90.03	09002 RETINAL VASCULAR	300,500	887,534	0.338579	1,117	378	90.03
91.00	09100 EMERGENCY	632,327	103,412,008	0.006115	8,695,024	53,170	91.00
91.01	09101 IFCC	2,634,853	268,300,045	0.009821	1,939,082	19,044	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	759,574	21,058,670	0.036069	3,067,760	110,651	92.00
200.00	Total (lines 50 through 199)	13,744,735	1,189,303,903		151,646,168	1,839,353	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: 12/21/2018 4:33 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	341,008	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	184,468	0	31.00		
31.02	03102	CHILDRENS HOSPITAL	0	0	0	0	0	31.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	21,387	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	62,734	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	609,597	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	341,008	47,242	7.22	20,974	30.00		
31.00	03100	INTENSIVE CARE UNIT		184,468	4,320	42.70	1,909	31.00		
31.02	03102	CHILDRENS HOSPITAL		0	2,554	0.00	0	31.02		
40.00	04000	SUBPROVIDER - IPF	0	21,387	17,189	1.24	869	40.00		
41.00	04100	SUBPROVIDER - IRF	0	62,734	8,637	7.26	5,927	41.00		
43.00	04300	NURSERY		0	1,346	0.00	0	43.00		
200.00		Total (lines 30 through 199)		609,597	81,288		29,679	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	151,432	0						30.00
31.00	03100	INTENSIVE CARE UNIT	81,514	0						31.00
31.02	03102	CHILDRENS HOSPITAL	0	0						31.02
40.00	04000	SUBPROVIDER - IPF	1,078	0						40.00
41.00	04100	SUBPROVIDER - IRF	43,030	0						41.00
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30 through 199)	277,054	0						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:
12/21/2018 4:33 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	49,608	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	49,608	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	49,608	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	2,852	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	232,225	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	995,009	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	52,253	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,431,163	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: 12/21/2018 4:33 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	49,608	49,608	82,755,715	0.000599	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	49,608	49,608	23,411,957	0.002119	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	49,608	49,608	21,979,512	0.002257	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	2,852	2,852	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	232,225	232,225	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	995,009	995,009	103,412,008	0.009622	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	52,253	52,253	21,058,670	0.002481	92.00
200.00		Total (lines 50 through 199)		0	1,431,163	1,431,163	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:
12/21/2018 4:33 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	0.000599	17,502,544	10,484	9,019,149	5,402	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	0.002119	9,296,483	19,699	236,439	501	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	0.002257	5,364,795	12,108	2,399,718	5,416	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	0.009622	8,695,024	83,664	9,477,423	91,192	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	0.002481	3,067,760	7,611	1,666,780	4,135	92.00	
200.00	Total (lines 50 through 199)			151,646,168	163,009	179,033,479	177,836	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: 12/21/2018 4:33 pm
			Title XVIII		Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
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		Total (lines 50 through 199)	0	0		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:
12/21/2018 4:33 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	0.229835	9,019,149	0	0	2,072,916	50.00
51.00	05100 RECOVERY ROOM	0.111947	1,726,706	0	0	193,300	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427609	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032662	1,680,187	0	0	54,878	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287553	7,856,845	0	0	2,259,259	54.00
54.01	03630 ULTRA SOUND	0.154826	1,646,890	0	0	254,981	54.01
54.02	05401 SPECIAL PROCEDURES	0.128249	4,827,581	0	0	619,132	54.02
56.00	05600 RADIOISOTOPE	0.181082	1,797,500	0	0	325,495	56.00
57.00	05700 CT SCAN	0.028778	12,075,464	0	0	347,508	57.00
58.00	05800 MRI	0.079646	3,009,998	0	0	239,734	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139934	5,079,413	0	0	710,783	59.00
60.00	06000 LABORATORY	0.114403	11,216,827	0	0	1,283,239	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255361	986,841	0	0	252,001	63.00
65.00	06500 RESPIRATORY THERAPY	0.158201	236,439	0	0	37,405	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158106	218,164	0	0	34,493	65.01
66.00	06600 PHYSICAL THERAPY	0.212264	34,235	0	0	7,267	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345185	6,313	0	0	2,179	67.00
68.00	06800 SPEECH PATHOLOGY	0.275201	3,703	0	0	1,019	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134189	2,399,718	0	0	322,016	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378717	64,508	0	0	24,430	70.00
70.01	03280 SLEEP LAB	0.152105	117,199	0	0	17,827	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275000	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.535016	2,733,353	0	0	4,195,741	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.591535	3,022,662	0	0	1,788,010	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235096	48,101,667	0	0	11,308,510	73.00
73.01	03190 INFUSION THERAPY	0.370310	1,488,749	0	0	551,299	73.01
73.03	07301 PHARMACY VACCINE	0.307333	5,931	0	9,862	1,823	73.03
73.04	03480 FCC INFUSION THERAPY	0.202289	3,040,559	0	0	615,072	73.04
74.00	07400 RENAL DIALYSIS	0.369955	292,500	0	0	108,212	74.00
76.97	07697 CARDIAC REHABILITATION	1.003355	438,771	0	0	440,243	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.224982	2,230,147	0	0	501,743	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0.684605	610,227	0	0	417,764	90.02
90.03	09002 RETINAL VASCULAR	1.659044	377,612	0	0	626,475	90.03
91.00	09100 EMERGENCY	0.103130	9,477,423	0	0	977,407	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	0.356153	1,666,780	0	0	593,629	92.00
200.00	Subtotal (see instructions)		179,033,479	0	9,862	36,483,697	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	36,483,697	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: 12/21/2018 4:33 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	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	3,031		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	3,031		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	3,031		202.00

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: 12/21/2018 4:33 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	2,461,352	82,755,715	0.029742	0	50.00
51.00	05100	RECOVERY ROOM	135,877	13,937,570	0.009749	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,765	3,307,516	0.008395	0	52.00
53.00	05300	ANESTHESIOLOGY	76,476	15,517,311	0.004928	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,448	36,189,450	0.034055	7,011	54.00
54.01	03630	ULTRA SOUND	150,190	13,748,177	0.010924	3,599	54.01
54.02	05401	SPECIAL PROCEDURES	219,074	18,264,289	0.011995	0	54.02
56.00	05600	RADIOISOTOPE	125,572	9,199,252	0.013650	0	56.00
57.00	05700	CT SCAN	162,732	84,555,399	0.001925	32,829	57.00
58.00	05800	MRI	152,972	18,519,053	0.008260	25,735	58.00
59.00	05900	CARDIAC CATHETERIZATION	398,856	18,147,104	0.021979	0	59.00
60.00	06000	LABORATORY	829,072	167,696,269	0.004944	183,726	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,913	7,776,582	0.006676	0	63.00
65.00	06500	RESPIRATORY THERAPY	162,788	23,411,957	0.006953	5,003	65.00
65.01	03560	PULMONARY FUNCTION TESTING	21,973	860,498	0.025535	0	65.01
66.00	06600	PHYSICAL THERAPY	262,931	20,666,416	0.012723	2,041	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,962	7,831,687	0.009955	1,083	67.00
68.00	06800	SPEECH PATHOLOGY	39,847	3,179,583	0.012532	0	68.00
69.00	06900	ELECTROCARDIOLOGY	248,601	21,979,512	0.011311	26,813	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,396	1,192,106	0.054858	1,000	70.00
70.01	03280	SLEEP LAB	14,091	1,215,211	0.011596	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,803	8,122,481	0.005393	276,529	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445,702	12,421,291	0.035882	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,302	21,863,724	0.014741	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,009,569	156,929,021	0.006433	85,178	73.00
73.01	03190	INFUSION THERAPY	76,749	2,612,403	0.029379	0	73.01
73.03	07301	PHARMACY VACCINE	3,203	261,329	0.012257	0	73.03
73.04	03480	FCC INFUSION THERAPY	36,530	5,824,080	0.006272	0	73.04
74.00	07400	RENAL DIALYSIS	79,501	3,492,380	0.022764	1,300	74.00
76.97	07697	CARDIAC REHABILITATION	103,731	822,924	0.126052	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,660	8,211,172	0.004830	2,810	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	338,843	5,134,184	0.065997	0	90.02
90.03	09002	RETINAL VASCULAR	300,500	887,534	0.338579	0	90.03
91.00	09100	EMERGENCY	632,327	103,412,008	0.006115	97,875	91.00
91.01	09101	IFCC	2,634,853	268,300,045	0.009821	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	21,058,670	0.000000	0	92.00
200.00		Total (lines 50 through 199)	12,985,161	1,189,303,903		752,532	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: 12/21/2018 4:33 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	49,608	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	49,608	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	49,608	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	2,852	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	232,225	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	995,009	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	1,378,910	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: 12/21/2018 4:33 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		49,608	49,608	82,755,715	0.000599	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		49,608	49,608	23,411,957	0.002119	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		49,608	49,608	21,979,512	0.002257	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		2,852	2,852	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		232,225	232,225	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		995,009	995,009	103,412,008	0.009622	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		1,378,910	1,378,910	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: 12/21/2018 4:33 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	0.000599	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,011	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	3,599	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	32,829	0	0	57.00
58.00	05800	MRI	0.000000	25,735	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	183,726	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.002119	5,003	11	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	2,041	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,083	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.002257	26,813	61	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,000	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000351	276,529	97	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001480	85,178	126	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	1,300	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	2,810	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.009622	97,875	942	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		752,532	1,237	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: 12/21/2018 4:33 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost 21.00	PSA Adj. All Other Medical Education Cost 24.00	
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		Total (lines 50 through 199)	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: 12/21/2018 4:33 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	2,461,352	82,755,715	0.029742	71,921	2,139	50.00	
51.00	05100	RECOVERY ROOM	135,877	13,937,570	0.009749	18,592	181	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,765	3,307,516	0.008395	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	76,476	15,517,311	0.004928	13,195	65	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,448	36,189,450	0.034055	245,905	8,374	54.00	
54.01	03630	ULTRA SOUND	150,190	13,748,177	0.010924	84,278	921	54.01	
54.02	05401	SPECIAL PROCEDURES	219,074	18,264,289	0.011995	44,405	533	54.02	
56.00	05600	RADIOISOTOPE	125,572	9,199,252	0.013650	16,855	230	56.00	
57.00	05700	CT SCAN	162,732	84,555,399	0.001925	366,820	706	57.00	
58.00	05800	MRI	152,972	18,519,053	0.008260	71,837	593	58.00	
59.00	05900	CARDIAC CATHETERIZATION	398,856	18,147,104	0.021979	0	0	59.00	
60.00	06000	LABORATORY	829,072	167,696,269	0.004944	1,501,154	7,422	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,913	7,776,582	0.006676	42,116	281	63.00	
65.00	06500	RESPIRATORY THERAPY	162,788	23,411,957	0.006953	727,294	5,057	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	21,973	860,498	0.025535	1,928	49	65.01	
66.00	06600	PHYSICAL THERAPY	262,931	20,666,416	0.012723	3,745,095	47,649	66.00	
67.00	06700	OCCUPATIONAL THERAPY	77,962	7,831,687	0.009955	3,775,997	37,590	67.00	
68.00	06800	SPEECH PATHOLOGY	39,847	3,179,583	0.012532	1,117,019	13,998	68.00	
69.00	06900	ELECTROCARDIOLOGY	248,601	21,979,512	0.011311	73,033	826	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	65,396	1,192,106	0.054858	10,498	576	70.00	
70.01	03280	SLEEP LAB	14,091	1,215,211	0.011596	0	0	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,803	8,122,481	0.005393	0	0	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445,702	12,421,291	0.035882	126,098	4,525	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,302	21,863,724	0.014741	8,100	119	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,009,569	156,929,021	0.006433	1,979,629	12,735	73.00	
73.01	03190	INFUSION THERAPY	76,749	2,612,403	0.029379	1,460	43	73.01	
73.03	07301	PHARMACY VACCINE	3,203	261,329	0.012257	0	0	73.03	
73.04	03480	FCC INFUSION THERAPY	36,530	5,824,080	0.006272	0	0	73.04	
74.00	07400	RENAL DIALYSIS	79,501	3,492,380	0.022764	424,396	9,661	74.00	
76.97	07697	CARDIAC REHABILITATION	103,731	822,924	0.126052	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,660	8,211,172	0.004830	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	338,843	5,134,184	0.065997	0	0	90.02	
90.03	09002	RETINAL VASCULAR	300,500	887,534	0.338579	463	157	90.03	
91.00	09100	EMERGENCY	632,327	103,412,008	0.006115	40,095	245	91.00	
91.01	09101	IFCC	2,634,853	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)	12,985,161	1,189,303,903		14,678,131	155,365	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: 12/21/2018 4:33 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	49,608	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	49,608	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	49,608	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	2,852	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	232,225	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	995,009	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	1,378,910	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: 12/21/2018 4:33 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		49,608	49,608	82,755,715	0.000599	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		49,608	49,608	23,411,957	0.002119	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		49,608	49,608	21,979,512	0.002257	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		2,852	2,852	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		232,225	232,225	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		995,009	995,009	103,412,008	0.009622	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		1,378,910	1,378,910	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: 12/21/2018 4:33 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	0.000599	71,921	43	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	18,592	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	13,195	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	245,905	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	84,278	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	44,405	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	16,855	0	0	56.00
57.00	05700	CT SCAN	0.000000	366,820	0	0	57.00
58.00	05800	MRI	0.000000	71,837	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,501,154	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	42,116	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.002119	727,294	1,541	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	1,928	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	3,745,095	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,775,997	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,117,019	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.002257	73,033	165	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	10,498	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000351	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	126,098	0	440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,100	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001480	1,979,629	2,930	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	1,460	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	424,396	0	4,550	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	142,756	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	463	0	0	90.03
91.00	09100	EMERGENCY	0.009622	40,095	386	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	27,192	0	0	92.00
200.00		Total (lines 50 through 199)		14,678,131	5,065	4,990	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: 12/21/2018 4:33 pm
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost 21.00	PSA Adj. All Other Medical Education Cost 24.00	
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		Total (lines 50 through 199)	0	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: 12/21/2018 4:33 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	0.229835	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.111947	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427609	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032662	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287553	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.154826	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.128249	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.181082	0	0	0	56.00
57.00	05700	CT SCAN	0.028778	0	0	0	57.00
58.00	05800	MRI	0.079646	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139934	0	0	0	59.00
60.00	06000	LABORATORY	0.114403	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255361	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.158201	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158106	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.212264	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345185	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.275201	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.134189	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.378717	0	0	0	70.00
70.01	03280	SLEEP LAB	0.152105	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275000	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.535016	440	0	675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.591535	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235096	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.370310	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.307333	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.202289	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.369955	4,550	0	1,683	74.00
76.97	07697	CARDIAC REHABILITATION	1.003355	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.224982	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0.684605	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.659044	0	0	0	90.03
91.00	09100	EMERGENCY	0.103130	0	0	0	91.00
91.01	09101	IFCC	0.127527	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.356153	0	0	0	92.00
200.00		Subtotal (see instructions)		4,990	0	2,358	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	2,358	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0191	Period: From 07/01/2017	Worksheet D
		Component CCN: 14-T191	To 06/30/2018	Part V
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 12/21/2018 4:33 pm
				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: 12/21/2018 4:33 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	341,008	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	184,468	0	31.00		
31.02	03102	CHILDRENS HOSPITAL	0	0	0	0	0	31.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	21,387	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	62,734	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	609,597	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	341,008	47,242	7.22	2,795	30.00		
31.00	03100	INTENSIVE CARE UNIT		184,468	4,320	42.70	97	31.00		
31.02	03102	CHILDRENS HOSPITAL		0	2,554	0.00	1,325	31.02		
40.00	04000	SUBPROVIDER - IPF	0	21,387	17,189	1.24	2,470	40.00		
41.00	04100	SUBPROVIDER - IRF	0	62,734	8,637	7.26	254	41.00		
43.00	04300	NURSERY		0	1,346	0.00	788	43.00		
200.00		Total (lines 30 through 199)		609,597	81,288		7,729	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
					9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	20,180	0				30.00		
31.00	03100	INTENSIVE CARE UNIT	4,142	0				31.00		
31.02	03102	CHILDRENS HOSPITAL	0	0				31.02		
40.00	04000	SUBPROVIDER - IPF	3,063	0				40.00		
41.00	04100	SUBPROVIDER - IRF	1,844	0				41.00		
43.00	04300	NURSERY	0	0				43.00		
200.00		Total (lines 30 through 199)	29,229	0				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:
12/21/2018 4:33 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	49,608	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	49,608	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	49,608	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	2,852	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	232,225	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	995,009	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	1,378,910	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:
12/21/2018 4:33 pm

Cost Center Description		Title XIX			Hospital		Cost	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	49,608	49,608	82,755,715	0.000599	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	49,608	49,608	23,411,957	0.002119	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	49,608	49,608	21,979,512	0.002257	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	2,852	2,852	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	232,225	232,225	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	995,009	995,009	103,412,008	0.009622	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	1,378,910	1,378,910	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:
12/21/2018 4:33 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	0.000599	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	0.002119	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	0.002257	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	0.009622	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		Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 12/21/2018 4:33 pm
			Title XIX		Hospital	Cost
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
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		Total (lines 50 through 199)	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: 12/21/2018 4:33 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	49,608	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	49,608	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	49,608	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	2,852	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	232,225	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	995,009	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	1,378,910	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: 12/21/2018 4:33 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		49,608	49,608	82,755,715	0.000599	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		49,608	49,608	23,411,957	0.002119	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		49,608	49,608	21,979,512	0.002257	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		2,852	2,852	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		232,225	232,225	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		995,009	995,009	103,412,008	0.009622	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		1,378,910	1,378,910	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: 12/21/2018 4:33 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		0.000599	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		0.002119	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		0.002257	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		0.009622	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: 12/21/2018 4:33 pm
				Title XIX	Subprovider - IPF	Cost
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost 21.00	PSA Adj. All Other Medical Education Cost 24.00	
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		Total (lines 50 through 199)	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: 12/21/2018 4:33 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	49,608	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	49,608	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	49,608	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	2,852	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	232,225	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	995,009	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	1,378,910	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: 12/21/2018 4:33 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		49,608	49,608	82,755,715	0.000599	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		49,608	49,608	23,411,957	0.002119	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		49,608	49,608	21,979,512	0.002257	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		2,852	2,852	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		232,225	232,225	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		995,009	995,009	103,412,008	0.009622	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		1,378,910	1,378,910	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: 12/21/2018 4:33 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		0.000599	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		0.002119	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		0.002257	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		0.009622	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: 12/21/2018 4:33 pm
				Title XIX	Subprovider - IRF	Cost
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost 21.00	PSA Adj. All Other Medical Education Cost 24.00	
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		Total (lines 50 through 199)	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: 12/21/2018 4:33 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)		47,242	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,242	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)		40,003	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)		48,946,044	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)		48,946,044	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)		48,946,044	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)		1,036.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,730,532	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)		21,730,532	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:
12/21/2018 4:33 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	8,120,305	4,320	1,879.70	1,999	3,588,347	43.00
43.02	CHILDRENS HOSPITAL	2,926,957	2,554	1,146.03	0	0	43.02
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)					31,443,583	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,762,462	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)					2,713,092	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,002,362	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,715,454	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,047,008	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)					1,036.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,500,111	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:
12/21/2018 4:33 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	4,957,012	48,946,044	0.101275	7,500,111	759,574	90.00
91.00 Nursing School cost	0	48,946,044	0.000000	7,500,111	0	91.00
92.00 Allied health cost	341,008	48,946,044	0.006967	7,500,111	52,253	92.00
93.00 All other Medical Education	0	48,946,044	0.000000	7,500,111	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: 12/21/2018 4:33 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)		17,189	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,189	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)		17,189	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)		16,296,586	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)		16,296,586	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)		16,296,586	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)		948.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		823,882	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)		823,882	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: 12/21/2018 4:33 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
43.02	CHILDRENS HOSPITAL	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)					139,544
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					963,426
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					27,148
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,811
52.00	Total Program excludable cost (sum of lines 50 and 51)					32,959
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					930,467
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					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: 12/21/2018 4:33 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			515,748	16,296,586	0.031648	0	0	90.00
91.00	Nursing School cost			0	16,296,586	0.000000	0	0	91.00
92.00	Allied health cost			21,387	16,296,586	0.001312	0	0	92.00
93.00	All other Medical Education			0	16,296,586	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: 12/21/2018 4:33 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)		12,260,925	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)		12,260,925	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)		12,260,925	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)		1,419.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,413,851	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)		8,413,851	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-T191		Date/Time Prepared: 12/21/2018 4:33 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.02	CHILDRENS HOSPITAL	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)					3,714,082
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,127,933
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,004,212
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					160,430
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,164,642
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,963,291
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					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-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 12/21/2018 4:33 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	1,400,699	12,260,925	0.114241	0	0		90.00	
91.00	Nursing School cost	0	12,260,925	0.000000	0	0		91.00	
92.00	Allied health cost	62,734	12,260,925	0.005117	0	0		92.00	
93.00	All other Medical Education	0	12,260,925	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: 12/21/2018 4:33 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,242	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,242	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)		40,003	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,795	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)		1,346	15.00
16.00	Nursery days (title V or XIX only)		788	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)		48,946,044	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)		48,946,044	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)		48,946,044	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)		1,036.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,895,816	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,895,816	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:
12/21/2018 4:33 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)	508,463	1,346	377.76	788	297,675	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,120,305	4,320	1,879.70	97	182,331	43.00
43.02	CHILDRENS HOSPITAL	2,926,957	2,554	1,146.03	1,325	1,518,490	43.02
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)					4,894,312	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)					1,036.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,500,111	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: 12/21/2018 4:33 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	4,957,012	48,946,044	0.101275	7,500,111	759,574	90.00
91.00	Nursing School cost	0	48,946,044	0.000000	7,500,111	0	91.00
92.00	Allied health cost	341,008	48,946,044	0.006967	7,500,111	52,253	92.00
93.00	All other Medical Education	0	48,946,044	0.000000	7,500,111	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: 12/21/2018 4:33 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)		17,189	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,189	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)		17,189	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,470	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)		1,346	15.00
16.00	Nursery days (title V or XIX only)		788	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)		16,296,586	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)		16,296,586	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)		16,296,586	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)		948.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,341,758	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,341,758	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: 12/21/2018 4:33 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.02	CHILDRENS HOSPITAL	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)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,341,758
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					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: 12/21/2018 4:33 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	515,748	16,296,586	0.031648	0	0	90.00
91.00	Nursing School cost	0	16,296,586	0.000000	0	0	91.00
92.00	Allied health cost	21,387	16,296,586	0.001312	0	0	92.00
93.00	All other Medical Education	0	16,296,586	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: 12/21/2018 4:33 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)		254	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)		1,346	15.00
16.00	Nursery days (title V or XIX only)		788	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)		12,260,925	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)		12,260,925	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)		12,260,925	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)		1,419.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		360,573	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)		360,573	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: 12/21/2018 4:33 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	
43.02	CHILDRENS HOSPITAL	0	0	0.00	0	0		43.02	
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)						360,573		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: 12/21/2018 4:33 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	1,400,699	12,260,925	0.114241	0	0	90.00
91.00	Nursing School cost	0	12,260,925	0.000000	0	0	91.00
92.00	Allied health cost	62,734	12,260,925	0.005117	0	0	92.00
93.00	All other Medical Education	0	12,260,925	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: 12/21/2018 4:33 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
31.02	03102	CHILDRENS HOSPITAL		0	31.02
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	0.229936	17,502,544	50.00
51.00	05100	RECOVERY ROOM	0.111947	2,495,921	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427609	13,671	52.00
53.00	05300	ANESTHESIOLOGY	0.032662	3,304,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287659	4,210,161	54.00
54.01	03630	ULTRA SOUND	0.154826	1,914,934	54.01
54.02	05401	SPECIAL PROCEDURES	0.128249	4,371,677	54.02
56.00	05600	RADIOISOTOPE	0.181082	1,631,747	56.00
57.00	05700	CT SCAN	0.028778	15,093,047	57.00
58.00	05800	MRI	0.079646	4,335,505	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139934	3,110,594	59.00
60.00	06000	LABORATORY	0.114403	26,222,550	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255361	2,264,074	63.00
65.00	06500	RESPIRATORY THERAPY	0.158548	9,296,483	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158106	49,787	65.01
66.00	06600	PHYSICAL THERAPY	0.212264	1,751,633	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345185	1,107,620	67.00
68.00	06800	SPEECH PATHOLOGY	0.275201	777,451	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137439	5,364,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.378717	473,987	70.00
70.01	03280	SLEEP LAB	0.152105	330,852	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275000	829,881	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.535016	3,047,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.591535	6,777,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235096	19,697,123	73.00
73.01	03190	INFUSION THERAPY	0.370310	7,368	73.01
73.03	07301	PHARMACY VACCINE	0.307333	3,350	73.03
73.04	03480	FCC INFUSION THERAPY	0.202289	19,250	73.04
74.00	07400	RENAL DIALYSIS	0.370287	1,376,480	74.00
76.97	07697	CARDIAC REHABILITATION	1.006291	26,646	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.226158	530,908	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.684605	3,975	90.02
90.03	09002	RETINAL VASCULAR	1.671839	1,117	90.03
91.00	09100	EMERGENCY	0.103249	8,695,024	91.00
91.01	09101	IFCC	0.127527	1,939,082	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.356153	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: 12/21/2018 4:33 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
31.02	03102 CHILDRENS HOSPITAL		0		31.02
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	0.229936	0	0	50.00
51.00	05100 RECOVERY ROOM	0.111947	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427609	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032662	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287659	7,011	2,017	54.00
54.01	03630 ULTRA SOUND	0.154826	3,599	557	54.01
54.02	05401 SPECIAL PROCEDURES	0.128249	0	0	54.02
56.00	05600 RADIOISOTOPE	0.181082	0	0	56.00
57.00	05700 CT SCAN	0.028778	32,829	945	57.00
58.00	05800 MRI	0.079646	25,735	2,050	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139934	0	0	59.00
60.00	06000 LABORATORY	0.114403	183,726	21,019	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255361	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.158548	5,003	793	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158106	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.212264	2,041	433	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345185	1,083	374	67.00
68.00	06800 SPEECH PATHOLOGY	0.275201	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.137439	26,813	3,685	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378717	1,000	379	70.00
70.01	03280 SLEEP LAB	0.152105	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275000	276,529	76,045	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.535016	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.591535	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235096	85,178	20,025	73.00
73.01	03190 INFUSION THERAPY	0.370310	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.307333	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.202289	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.370287	1,300	481	74.00
76.97	07697 CARDIAC REHABILITATION	1.006291	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.226158	2,810	636	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.684605	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.671839	0	0	90.03
91.00	09100 EMERGENCY	0.103249	97,875	10,105	91.00
91.01	09101 IFCC	0.127527	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.356153	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		752,532	139,544	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 Component CCN: 14-T191	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 12/21/2018 4:33 pm	
		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
31.02	03102 CHILDRENS HOSPITAL		0		31.02
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	0.229936	71,921	16,537	50.00
51.00	05100 RECOVERY ROOM	0.111947	18,592	2,081	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427609	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032662	13,195	431	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.287659	245,905	70,737	54.00
54.01	03630 ULTRA SOUND	0.154826	84,278	13,048	54.01
54.02	05401 SPECIAL PROCEDURES	0.128249	44,405	5,695	54.02
56.00	05600 RADIOISOTOPE	0.181082	16,855	3,052	56.00
57.00	05700 CT SCAN	0.028778	366,820	10,556	57.00
58.00	05800 MRI	0.079646	71,837	5,722	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139934	0	0	59.00
60.00	06000 LABORATORY	0.114403	1,501,154	171,737	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255361	42,116	10,755	63.00
65.00	06500 RESPIRATORY THERAPY	0.158548	727,294	115,311	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158106	1,928	305	65.01
66.00	06600 PHYSICAL THERAPY	0.212264	3,745,095	794,949	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345185	3,775,997	1,303,418	67.00
68.00	06800 SPEECH PATHOLOGY	0.275201	1,117,019	307,405	68.00
69.00	06900 ELECTROCARDIOLOGY	0.137439	73,033	10,038	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378717	10,498	3,976	70.00
70.01	03280 SLEEP LAB	0.152105	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.275000	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.535016	126,098	193,562	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.591535	8,100	4,791	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235096	1,979,629	465,403	73.00
73.01	03190 INFUSION THERAPY	0.370310	1,460	541	73.01
73.03	07301 PHARMACY VACCINE	0.307333	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.202289	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.370287	424,396	157,148	74.00
76.97	07697 CARDIAC REHABILITATION	1.006291	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.226158	142,756	32,285	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.684605	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.671839	463	774	90.03
91.00	09100 EMERGENCY	0.103249	40,095	4,140	91.00
91.01	09101 IFCC	0.127527	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.356153	27,192	9,685	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		14,678,131	3,714,082	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: 12/21/2018 4:33 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 that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	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)		43.55	31.00
32.00	Sum of lines 30 and 31		49.99	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: 12/21/2018 4:33 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)			3,352,642	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).			232,946	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			163,009	58.00
59.00	Total (sum of amounts on lines 49 through 58)			46,868,453	59.00
60.00	Primary payer payments			10,889	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			46,857,564	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)			44,186,309	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: 12/21/2018 4:33 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)			43,938,458	71.00
71.01	Sequestration adjustment (see instructions)			878,769	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)			770,380	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, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVB Adjustment for HSP Bonus Payment					
101.00	HVB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0191

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

Worksheet DSH

Date/Time Prepared:
12/21/2018 4:33 pm

		Title XVIII		Hospital		PPS	
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.44	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	43.55	0.00			43.55	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	49.99	0.00			43.55	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	248.17	0.00			248.17	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	22.41	0.00			25.14	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.44	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	5.51	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	10,293	0			10,293	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	4,364	0			4,364	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	6,521	0			6,521	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	21,178	0			21,178	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	48,223	0			48,223	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	406	0			406	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	48,629	0			48,629	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	43.55	0.00			43.55	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE				Provider CCN: 14-0191		Period: From 07/01/2017 To 06/30/2018		Worksheet DSH Date/Time Prepared: 12/21/2018 4:33 pm	
				Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised			
		Condition	Percentage	Condition	Percentage	Condition			
		1.00	2.00	3.00	4.00	5.00			
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE									
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	30.46		0.00	True	28.00		
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00		
30.00	Line 28 or 29 as applicable		30.46		0.00		30.00		
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		30.46		0.00		31.00		
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value			
		1.00	2.00	3.00	4.00	5.00			
DETERMINATION OF PROVIDER TYPE									
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00		
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00		
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00		
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00		
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00		

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet DSH Date/Time Prepared: 12/21/2018 4:33 pm
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	25.14	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00	
30.00	Line 28 or 29 as applicable	25.14	30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	25.14	31.00	

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:
12/21/2018 4:33 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	3,352,642	0	779,480	2,573,162	3,352,642
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:
12/21/2018 4:33 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	9,952,243	36,411,479	46,363,722
		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	0.1065	0.1065	0.1065	0.1065	
25.00	Disproportionate share adjustment (see instructions)	11.00	316,293	0	73,472	242,821	316,293
26.00	Total prospective capital payments (see instructions)	12.00	3,352,642	0	779,480	2,573,162	3,352,642
		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: 12/21/2018 4:33 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	3,352,642	779,480	2,573,162	3,352,642		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			10,888,635	35,475,087	46,363,722		19.00	

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: 12/21/2018 4:33 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	0.1065	0.1065	0.1065		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	316,293	73,472	242,821	316,293	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,352,642	779,480	2,573,162	3,352,642	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: 12/21/2018 4:33 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)		36,305,861	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		177,836	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)		27,898,486	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		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)		22,539,877	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)		22,539,877	30.00
31.00	Primary payer payments		1,055	31.00
32.00	Subtotal (line 30 minus line 31)		22,538,822	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)		23,475,746	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)		23,475,754	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)		-180,875	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	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 12/21/2018 4:33 pm	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)				0 112.00

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: 12/21/2018 4:33 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)		2,358	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 amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts 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

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: 12/21/2018 4:33 pm
		Title XVIII	Subprovider - IRF	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

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:
12/21/2018 4:33 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		770,380		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		180,875	6.02
7.00	Total Medicare program liability (see instructions)		43,059,689		23,006,239	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: 12/21/2018 4:33 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		42,371		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		742,367		0	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-T191		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 12/21/2018 4:33 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		90,666		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,221,710		3,373	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0191	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 12/21/2018 4:33 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
			Overrides	
			1.00	
	CONTRACTOR OVERRIDES			
108.00	Override of HIT payment			108.00

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: 12/21/2018 4:33 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)			47.093151 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)			2,315 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)			757,517 31.00
31.01	Sequestration adjustment (see instructions)			15,150 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)			42,371 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: 12/21/2018 4:33 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	Coinurance		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)		48,095	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)		10,430,316	32.00
32.01	Sequestration adjustment (see instructions)		208,606	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)		90,666	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: 12/21/2018 4:33 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		4,894,312		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)		4,894,312	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)		4,894,312	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)		4,894,312	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	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)		4,894,312	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

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: 12/21/2018 4:33 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		2,341,758		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)		2,341,758	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)		2,341,758	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)		2,341,758	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)		2,341,758	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

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: 12/21/2018 4:33 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		360,573		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)		360,573	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)		360,573	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)		360,573	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)		360,573	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

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:
12/21/2018 4:33 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	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	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:
12/21/2018 4:33 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:
12/21/2018 4:33 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 (SPECIFY)				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
11.02	CHILDRENS HOSPITAL	0		0	11.02
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:
12/21/2018 4:33 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
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:
From 07/01/2017
To 06/30/2018

Worksheet H

Date/Time Prepared:
12/21/2018 4:33 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:
12/21/2018 4:33 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:
12/21/2018 4:33 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:
12/21/2018 4:33 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:

12/21/2018 4:33 pm

Home 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

Part I

To 06/30/2018

Date/Time Prepared:

12/21/2018 4:33 pm

Home 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:
12/21/2018 4:33 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	Agency 1		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		ADMINISTRATIV E & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		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:
12/21/2018 4:33 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:
12/21/2018 4:33 pm

				Title XVIII		Home Health Agency I		PPS	
Cost Center Description			From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
			0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care		2.00	5,464,608		5,464,608	22,535	242.49	1.00
2.00	Physical Therapy		3.00	2,932,469	483,680	3,416,149	11,993	284.85	2.00
3.00	Occupational Therapy		4.00	674,906	188,688	863,594	2,877	300.17	3.00
4.00	Speech Pathology		5.00	123,251	28,602	151,853	547	277.61	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	700,970	10,342,061	39,716		7.00
			Program Visits						
					Part B				
					Not Subject to Deductibles & Coinsurance				
					Subject to Deductibles				
			0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation									
8.00	Skilled Nursing Care			16974	0	12,676			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
			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
			Program Visits				Cost of Services		
					Part B				
					Not Subject to Deductibles & Coinsurance				
					Subject to Deductibles & Coinsurance				
			6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care		0	12,676		0	3,073,803		1.00
2.00	Physical Therapy		0	6,865		0	1,955,495		2.00
3.00	Occupational Therapy		0	1,825		0	547,810		3.00
4.00	Speech Pathology		0	335		0	92,999		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	5,953,021		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:
12/21/2018 4:33 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	8.00		9.00	10.00	11.00
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	1,955,495						2.00	
3.00	Occupational Therapy	547,810						3.00	
4.00	Speech Pathology	92,999						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)	5,953,021						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
To 06/30/2018Part II
Date/Time Prepared:
12/21/2018 4:33 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	0.212264	2,278,670	483,680	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.345185	546,630	188,688	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.275201	103,930	28,602	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.535016	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.235096	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.370310	0	0	col. 2, line 16.01		5.01
5.03 Cost of Drugs 3	73.03	0.307333	0	0	col. 2, line 16.03		5.03
5.04 Cost of Drugs 4	73.04	0.202289	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: 12/21/2018 4:33 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,307,619
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	47,211
13.00	Total PPS Reimbursement - LUPA Episodes		0	134,266
14.00	Total PPS Reimbursement - PEP Episodes		0	69,350
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	20,319
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	429
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	4,579,194
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	4,579,194
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		0	4,579,194
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	4,579,194
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	4,579,194
31.01	Sequestration adjustment (see instructions)		0	91,583
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	4,487,610
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 14-0191

Period:

Worksheet H-5

HHA CCN: 14-7435

From 07/01/2017
To 06/30/2018Date/Time Prepared:
12/21/2018 4:33 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)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		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)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		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:
12/21/2018 4:33 pm

				Hospice I		12/22/2018 4:00 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 06/30/2018Date/Time Prepared:
12/21/2018 4:33 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

Period:

Worksheet 0-2

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Date/Time Prepared:
12/21/2018 4:33 pm

						Hospice I		12/22/2020 4:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
DIRECT PATIENT CARE SERVICE COST CENTERS									
25.00	INPATIENT CARE-CONTRACTED							25.00	
26.00	PHYSICIAN SERVICES	0	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:
12/21/2018 4:33 pm

					Hospice I		12/22/2018 4:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00	
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	27,324	0	27,324	0	27,324	28.00	
29.00	LPN/LVN	80	0	80	0	80	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	8,787	0	8,787	0	8,787	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)	32	0	32	0	32	46.00	
100.00	TOTAL *	36,223	0	36,223	0	36,223	100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	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 & HOME MAKER 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:
12/21/2018 4:33 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:
12/21/2018 4:33 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:
12/21/2018 4:33 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	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	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:
12/21/2018 4:33 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:
12/21/2018 4:33 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:
12/21/2018 4:33 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:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
12/21/2018 4:33 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:
12/21/2018 4:33 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:
12/21/2018 4:33 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATIO N (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		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:
12/21/2018 4:33 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:
12/21/2018 4:33 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	0.212264	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.345185	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.275201	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.235096	0	0	0	4.00
4.01	INFUSION THERAPY	73.01	0.370310	0	0	0	4.01
4.03	PHARMACY VACCINE	73.03	0.307333	0	0	0	4.03
4.04	FCC INFUSION THERAPY	73.04	0.202289	0	0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.114403	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.535016	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	1.003355	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.224982	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:
12/21/2018 4:33 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: 12/21/2018 4:33 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)		129.54	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)		43.55	8.00
9.00	Sum of lines 7 and 8		49.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.65	10.00
11.00	Disproportionate share adjustment (see instructions)		316,293	11.00
12.00	Total prospective capital payments (see instructions)		3,352,642	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