

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/29/2018 6:57 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) 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) HENRY ZEISEL
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	15,446	49,316	0	0	1.00
2.00	Subprovider - IPF	0	30,721	3		0	2.00
3.00	Subprovider - IRF	0	101,085	21		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	147,252	49,340	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: 14-0258		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 6:56 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 800 BIESTERFIELD ROAD			PO Box:				1.00		
2.00	City: ELK GROVE VILLAGE			State: IL		Zip Code: 60007-3397		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		ALEXIAN BROTHERS MEDICAL CENTER	140258	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		ABMC OLDER ADULT BEHAVIORAL HEALTH	14S258	16974	4	07/01/2014	N	P	O
5.00	Subprovider - IRF		ALEXIAN REHABILITATION UNIT	14T258	16974	5	01/01/1980	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		ALEXIAN BROTHERS HOME HEALTH AGENCY	147583	16974		06/01/1994	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ALEXIAN BROTHERS HOSPICE	141632	16974		01/01/1976			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018		
21.00	Type of Control (see instructions)						1			
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,234	648	0	0	6,611	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0258

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	
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.	439	100	0	0	623		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)					N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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		
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		
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		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 6:56 pm	
		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:	1	0	0	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
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		149019	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0258		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 6:56 pm	
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: ALEXIAN BROTHERS HOSPITAL NETWORK		Contractor's Name: 14-9019		Contractor's Number: 05001				141.00
142.00	Street: 3040 SALT CREEK LANE		PO Box:						142.00
143.00	City: ARLINGTON HEIGHTS		State: IL		Zip Code: 60005				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	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF			N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00	
161.00	CMHC				N	N	N	161.00	
								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	Zip Code	CBSA	FTE/Campus
				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)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.25	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	
						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		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0258		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 6:56 pm	
		Y/N		Date			
		1.00		2.00			
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N				1.00	
		Y/N		Date		V/I	
		1.00		2.00		3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N		Type		Date	
		1.00		2.00		3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y				5.00	
		Y/N		Legal Oper.			
		1.00		2.00			
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	Y				15.00	
		Part A		Part B			
		Y/N		Date		Y/N	
		1.00		2.00		3.00	
		4.00					
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		10/18/2018		17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/29/2018 6:56 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARY JO		MACKNISKAS	41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-312-7270		MARYJO.MACKNISKAS@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
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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.	VP REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
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Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	221	80,665	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)		221	80,665	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		257	93,805	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,125		0	16.00
17.00 SUBPROVIDER - IRF	41.00	72	26,280		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		354				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: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
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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)	30,620	1,948	56,439			1.00
2.00	HMO and other (see instructions)	8,793	6,611				2.00
3.00	HMO IPF Subprovider	411	655				3.00
4.00	HMO IRF Subprovider	1,555	623				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)	30,620	1,948	56,439			7.00
8.00	INTENSIVE CARE UNIT	3,771	382	9,293			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,552	4,455			13.00
14.00	Total (see instructions)	34,391	4,882	70,187	0.00	2,069.81	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,808	0	4,907	0.00	32.47	16.00
17.00	SUBPROVIDER - IRF	13,769	539	21,499	0.00	116.98	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	53,724	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,219.26	27.00
28.00	Observation Bed Days		0	5,249			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	0	4,393			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: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
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Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,163	0	15,124	1.00
2.00 HMO and other (see instructions)			1,503	1,630		2.00
3.00 HMO IPF Subprovider				48		3.00
4.00 HMO IRF Subprovider				112		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,163	0	15,124	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	272	0	370	16.00
17.00 SUBPROVIDER - IRF	0.00	0	1,021	15	1,578	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/29/2018 6:56 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on 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	142,168,666	0	142,168,666	4,096,464.76	34.71
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		20,247,038	0	20,247,038	615,837.61	32.88
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,172,928	0	1,172,928	14,354.00	81.71
12.00	Contract labor: Top level management and other management and administrative services		603,020	0	603,020	6,628.00	90.98
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,867,291	0	26,867,291		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,461,744	0	4,461,744		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	346,662	0	346,662	35.12	9,870.79
27.00	Administrative & General	5.00	6,057,290	0	6,057,290	253,907.08	23.86

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/29/2018 6:56 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	905,885	0	905,885	51,061.93	17.74	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		5,287,090	0	5,287,090	193,121.00	27.38	33.00
34.00	Dietary	10.00	66,309	-24,178	42,131	1,320.00	31.92	34.00
35.00	Dietary under contract (see instructions)		5,834,742	0	5,834,742	201,665.00	28.93	35.00
36.00	Cafeteria	11.00	0	24,178	24,178	757.00	31.94	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,585,469	0	1,585,469	29,635.00	53.50	38.00
39.00	Central Services and Supply	14.00	799,305	0	799,305	41,130.49	19.43	39.00
40.00	Pharmacy	15.00	4,702,196	0	4,702,196	105,592.89	44.53	40.00
41.00	Medical Records & Medical Records Library	16.00	3,322,171	0	3,322,171	117,550.42	28.26	41.00
42.00	Social Service	17.00	1,995,280	0	1,995,280	51,766.32	38.54	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/29/2018 6:56 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	153,290,498	0	153,290,498	4,491,250.76	34.13	1.00
2.00	Excluded area salaries (see instructions)	20,247,038	0	20,247,038	615,837.61	32.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	133,043,460	0	133,043,460	3,875,413.15	34.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,775,948	0	1,775,948	20,982.00	84.64	4.00
5.00	Subtotal wage-related costs (see inst.)	26,867,291	0	26,867,291	0.00	20.19	5.00
6.00	Total (sum of lines 3 thru 5)	161,686,699	0	161,686,699	3,896,395.15	41.50	6.00
7.00	Total overhead cost (see instructions)	30,902,399	0	30,902,399	1,047,542.25	29.50	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2018 6:56 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,084,639	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)	118,392	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)	16,738,901	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	-128,330	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-186,728	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)	487,773	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	445,265	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	10,459,897	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	76,367	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	232,859	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,329,035	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0258

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/29/2018 6:56 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	1,172,928	31,329,035	1.00
2.00	Hospital	1,172,928	31,329,035	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0258 Component CCN: 14-7583		Period: From 07/01/2017 To 06/30/2018		Worksheet S-4 Date/Time Prepared: 11/29/2018 6:56 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			33.00	0.00	33.00	5.00
6.00	Direct Nursing Service			60.00	0.00	60.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			46.00	0.00	46.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			15.00	0.00	15.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			12.00	0.00	12.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			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
20.01		20994					20.01
20.02		29404					20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	13,829	407	609	469	15,314	21.00
22.00	Skilled Nursing Visit Charges	2,350,430	69,190	102,680	79,220	2,601,520	22.00
23.00	Physical Therapy Visits	12,478	363	223	372	13,436	23.00
24.00	Physical Therapy Visit Charges	2,370,630	68,970	42,370	70,680	2,552,650	24.00
25.00	Occupational Therapy Visits	4,317	311	16	144	4,788	25.00
26.00	Occupational Therapy Visit Charges	820,230	59,090	3,040	27,360	909,720	26.00
27.00	Speech Pathology Visits	681	146	1	18	846	27.00
28.00	Speech Pathology Visit Charges	129,200	27,740	190	3,420	160,550	28.00
29.00	Medical Social Service Visits	183	20	1	8	212	29.00
30.00	Medical Social Service Visit Charges	54,300	6,000	300	2,400	63,000	30.00
31.00	Home Health Aide Visits	2,850	240	2	45	3,137	31.00
32.00	Home Health Aide Visit Charges	342,050	28,800	240	5,400	376,490	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	34,338	1,487	852	1,056	37,733	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)	6,066,840	259,790	148,820	188,480	6,663,930	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,078		852	1,056	3,986	36.00
37.00	Total Number of Outlier Episodes		1,487		80	1,567	37.00
38.00	Total Non-Routine Medical Supply Charges	220,052	15,658	15,435	8,017	259,162	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0258

Period:

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

Worksheet S-9

PARTS I THROUGH IV

Date/Time Prepared:
11/29/2018 6:56 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	26,092	0	4,302	30,394	11.00
12.00	Hospice Inpatient Respite Care	287	0	28	315	12.00
13.00	Hospice General Inpatient Care	2,942	0	291	3,233	13.00
14.00	Total Hospice Days	29,321	0	4,621	33,942	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: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/29/2018 6:56 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)		0.203207		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		36,054,771		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		226,343,991		6.00
7.00	Medicaid cost (line 1 times line 6)		45,994,683		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)		9,939,912		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)		9,939,912		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)	19,887,613	1,742,138	21,629,751	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,041,302	1,742,138	5,783,440	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,041,302	1,742,138	5,783,440	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)		15,409,628		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,144,368		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,760,566		27.01
28.00	Non-Medicare bad debt expense (see instructions)		13,649,062		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,389,783		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,173,223		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,113,135		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,704,876	8,704,876	7,164,996	15,869,872
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,672,187	7,672,187	0	7,672,187
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	346,662	20,946,826	21,293,488	-457	21,293,031
5.01	00540	NONPATIENT TELEPHONES	651,671	520,501	1,172,172	-13	1,172,159
5.02	00550	DATA PROCESSING	0	0	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	0	271,144	271,144	30,208	301,352
5.04	00570	ADMITTING	1,729,908	319,303	2,049,211	-7,803	2,041,408
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,343	4,343	0	4,343
5.06	00590	ADMINISTRATIVE AND GENERAL	3,675,711	113,445,423	117,121,134	-58,491	117,062,643
6.00	00600	MAINTENANCE & REPAIRS	905,885	137,892	1,043,777	-7	1,043,770
7.00	00700	OPERATION OF PLANT	0	6,488,794	6,488,794	-198	6,488,596
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,006,366	1,006,366
9.00	00900	HOUSEKEEPING	0	6,460,844	6,460,844	-1,005,540	5,455,304
10.00	01000	DIETARY	66,309	6,867,239	6,933,548	-2,019,061	4,914,487
11.00	01100	CAFETERIA	0	1,196,707	1,196,707	2,018,793	3,215,500
13.00	01300	NURSING ADMINISTRATION	1,585,469	343,917	1,929,386	489,924	2,419,310
14.00	01400	CENTRAL SERVICES & SUPPLY	799,305	4,717,839	5,517,144	-4,515,909	1,001,235
15.00	01500	PHARMACY	4,702,196	23,602,755	28,304,951	-22,426,699	5,878,252
16.00	01600	MEDICAL RECORDS & LIBRARY	3,322,171	1,540,749	4,862,920	-6,623	4,856,297
17.00	01700	SOCIAL SERVICE	1,995,280	220,466	2,215,746	-345	2,215,401
23.00	02300	PARAMED ED PRGM-(SPECIFY)	354,659	73,151	427,810	0	427,810
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,751,138	6,430,590	39,181,728	-793,969	38,387,759
31.00	03100	INTENSIVE CARE UNIT	9,699,922	2,253,714	11,953,636	-1,011,233	10,942,403
40.00	04000	SUBPROVIDER - IPF	1,869,998	321,237	2,191,235	-22,644	2,168,591
41.00	04100	SUBPROVIDER - IRF	6,870,112	11,948,915	18,819,027	-273,405	18,545,622
43.00	04300	NURSERY	1,133,840	1,095,949	2,229,789	-69,606	2,160,183
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,303,960	22,145,606	30,449,566	-19,815,604	10,633,962
50.01	05001	GAMMA KNIFE	436,214	2,122,611	2,558,825	-3,938	2,554,887
50.02	03330	ENDOSCOPY	2,028,254	2,140,190	4,168,444	-1,179,770	2,988,674
51.00	05100	RECOVERY ROOM	1,523,030	172,216	1,695,246	-44,208	1,651,038
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,100,228	544,216	2,644,444	-321,865	2,322,579
53.00	05300	ANESTHESIOLOGY	0	524,300	524,300	-407,764	116,536
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,935,702	613,424	2,549,126	-151,899	2,397,227
54.01	03630	ULTRA SOUND	1,019,029	118,984	1,138,013	-15,119	1,122,894
54.02	05401	PET SCAN	107,944	530,710	638,654	-519,684	118,970
54.03	03480	ONCOLOGY	1,386,751	340,654	1,727,405	-165,398	1,562,007
54.04	03440	MAMMOGRAPHY	884,491	298,084	1,182,575	-164,416	1,018,159
56.00	05600	RADIOISOTOPE	376,043	989,907	1,365,950	-934,146	431,804
57.00	05700	CT SCAN	1,496,668	572,433	2,069,101	-324,086	1,745,015
58.00	05800	MRI	884,538	301,330	1,185,868	-187,431	998,437
59.00	05900	CARDIAC CATHETERIZATION	4,278,837	21,063,091	25,341,928	-20,076,895	5,265,033
60.00	06000	LABORATORY	7,244,515	8,836,119	16,080,634	-178,485	15,902,149
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	520,596	1,509,761	2,030,357	-582	2,029,775
64.00	06400	INTRAVENOUS THERAPY	1,056,220	569,702	1,625,922	-449,755	1,176,167
65.00	06500	RESPIRATORY THERAPY	2,683,403	814,901	3,498,304	-285,980	3,212,324
66.00	06600	PHYSICAL THERAPY	3,241,181	481,440	3,722,621	-13,827	3,708,794
66.01	06601	REHAB OUTPATIENT	2,031,923	186,220	2,218,143	-15,769	2,202,374
66.02	06602	REHAB MED SURGICAL	2,241,810	189,643	2,431,453	-3,203	2,428,250
69.00	06900	ELECTROCARDIOLOGY	881,434	335,464	1,216,898	-24,265	1,192,633
70.00	07000	ELECTROENCEPHALOGRAPHY	139,281	43,999	183,280	-8,135	175,145
70.01	07001	NEUROMEG	0	0	0	0	0
70.02	07002	SLEEP LAB	561,113	101,270	662,383	-54,659	607,724
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,398,757	30,398,757
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,361,975	24,361,975
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,000,527	22,000,527
74.00	07400	RENAL DIALYSIS	51,021	1,493,637	1,544,658	-4,964	1,539,694
76.97	07697	CARDIAC REHABILITATION	587,987	61,150	649,137	-7,658	641,479
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,405,327	814,751	2,220,078	-425,351	1,794,727
90.01	09001	DAY REHAB	953,710	93,741	1,047,451	-3,250	1,044,201
90.02	09002	IMAGING CENTERS	749,080	465,001	1,214,081	-13,560	1,200,521
90.03	09003	COUMADIN CLINIC	159,233	50,555	209,788	-291	209,497
90.04	09004	WOUND CLINIC	609,413	1,054,567	1,663,980	-870,535	793,445
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,525,832	756,976	2,282,808	-194,083	2,088,725
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	41,335	3,724	45,059	0	45,059
91.00	09100	EMERGENCY	5,110,058	2,979,255	8,089,313	-1,059,491	7,029,822

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	6,611,470	1,023,285	7,634,755	-74,820	7,559,935	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,164,996	7,164,996	-7,164,996	0	113.00
116.00	11600	HOSPICE	4,073,133	3,125,922	7,199,055	-110,317	7,088,738	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,701,000	310,219,196	451,920,196	-16,656	451,903,540	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	191,120	236,218	427,338	0	427,338	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	276,546	5,803,431	6,079,977	16,656	6,096,633	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	142,168,666	316,258,845	458,427,511	0	458,427,511	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/29/2018 6:56 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	-4,142,454	11,727,418	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,484,441	11,156,628	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,293,031	4.00
5.01	00540	NONPATIENT TELEPHONES	-346,221	825,938	5.01
5.02	00550	DATA PROCESSING	24,359,119	24,359,119	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	19,326,247	19,627,599	5.03
5.04	00570	ADMITTING	0	2,041,408	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,824,685	9,829,028	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-56,121,844	60,940,799	5.06
6.00	00600	MAINTENANCE & REPAIRS	-95,346	948,424	6.00
7.00	00700	OPERATION OF PLANT	319,609	6,808,205	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,006,366	8.00
9.00	00900	HOUSEKEEPING	0	5,455,304	9.00
10.00	01000	DIETARY	0	4,914,487	10.00
11.00	01100	CAFETERIA	-1,553,262	1,662,238	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,419,310	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,001,235	14.00
15.00	01500	PHARMACY	-19,021	5,859,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-890	4,855,407	16.00
17.00	01700	SOCIAL SERVICE	0	2,215,401	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-3,550	424,260	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-168,778	38,218,981	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,942,403	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,168,591	40.00
41.00	04100	SUBPROVIDER - IRF	-504,626	18,040,996	41.00
43.00	04300	NURSERY	-887,453	1,272,730	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	10,633,962	50.00
50.01	05001	GAMMA KNIFE	0	2,554,887	50.01
50.02	03330	ENDOSCOPY	0	2,988,674	50.02
51.00	05100	RECOVERY ROOM	0	1,651,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,322,579	52.00
53.00	05300	ANESTHESIOLOGY	0	116,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,218	2,388,009	54.00
54.01	03630	ULTRA SOUND	0	1,122,894	54.01
54.02	05401	PET SCAN	0	118,970	54.02
54.03	03480	ONCOLOGY	0	1,562,007	54.03
54.04	03440	MAMMOGRAPHY	0	1,018,159	54.04
56.00	05600	RADIOISOTOPE	0	431,804	56.00
57.00	05700	CT SCAN	0	1,745,015	57.00
58.00	05800	MRI	0	998,437	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,265,033	59.00
60.00	06000	LABORATORY	-3,764,804	12,137,345	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,029,775	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,176,167	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,212,324	65.00
66.00	06600	PHYSICAL THERAPY	0	3,708,794	66.00
66.01	06601	REHAB OUTPATIENT	-7,822	2,194,552	66.01
66.02	06602	REHAB MED SURGICAL	0	2,428,250	66.02
69.00	06900	ELECTROCARDIOLOGY	0	1,192,633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-23,734	151,411	70.00
70.01	07001	NEUROMEG	0	0	70.01
70.02	07002	SLEEP LAB	0	607,724	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	30,398,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,361,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,000,527	73.00
74.00	07400	RENAL DIALYSIS	0	1,539,694	74.00
76.97	07697	CARDIAC REHABILITATION	0	641,479	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,794,727	90.00
90.01	09001	DAY REHAB	0	1,044,201	90.01
90.02	09002	IMAGING CENTERS	-8,850	1,191,671	90.02
90.03	09003	COUMADIN CLINIC	0	209,497	90.03
90.04	09004	WOUND CLINIC	0	793,445	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	-42,472	2,046,253	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	45,059	90.06
91.00	09100	EMERGENCY	0	7,029,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	7,559,935	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	7,088,738	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,386,244	441,517,296	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	427,338	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,748,759	3,347,874	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,135,003	445,292,508	200.00

RECLASSIFICATIONS

Provider CCN: 14-0258

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

Worksheet A-6

Date/Time Prepared:
11/29/2018 6:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,000,527		1.00
	0		0	22,000,527		
	B - BED RENTALS					
1.00	ADULTS & PEDIATRICS	30.00	0	455,725		1.00
	0		0	455,725		
	C - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,006,366		1.00
	0		0	1,006,366		
	E - SHARED DIETARY					
1.00	CAFETERIA	11.00	24,178	1,994,615		1.00
	0		24,178	1,994,615		
	G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	24,361,975		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
	0		0	24,361,975		
	H - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,398,757		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	522,934		2.00
3.00	NURSING ADMINISTRATION	13.00	0	489,924		3.00
4.00	HOUSEKEEPING	9.00	0	826		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,656		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00

RECLASSIFICATIONS

Provider CCN: 14-0258

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

Worksheet A-6

Date/Time Prepared:
11/29/2018 6:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
	0		0	31,429,097		
	J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,164,996		1.00
	0		0	7,164,996		
500.00	Grand Total: Increases		24,178	88,413,301		500.00

RECLASSIFICATIONS

Provider CCN: 14-0258

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

Worksheet A-6

Date/Time Prepared:
11/29/2018 6:56 pm

	Decreases						11/29/2018 6:56 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - CHARGEABLE DRUGS						
	PHARMACY	15.00	0	22,000,527	0		1.00
	0		0	22,000,527			
1.00	B - BED RENTALS						
	PURCHASING RECEIVING AND STORES	5.03	0	455,725	0		1.00
	0		0	455,725			
1.00	C - LAUNDRY						
	HOUSEKEEPING	9.00	0	1,006,366	0		1.00
	0		0	1,006,366			
1.00	E - SHARED DIETARY						
	DIETARY	10.00	24,178	1,994,615	0		1.00
	0		24,178	1,994,615			
1.00	G - IMPLANTS						
	PURCHASING RECEIVING AND STORES	5.03	0	37,001	0		1.00
	ADMINISTRATIVE AND GENERAL	5.06	0	50,283	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	165,883	0		3.00
4.00	PHARMACY	15.00	0	348	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	5,532	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	24,788	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	33	0		7.00
8.00	NURSERY	43.00	0	108	0		8.00
9.00	OPERATING ROOM	50.00	0	11,423,512	0		9.00
10.00	GAMMA KNIFE	50.01	0	1,336	0		10.00
11.00	ENDOSCOPY	50.02	0	126,099	0		11.00
12.00	RECOVERY ROOM	51.00	0	36	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,116	0		13.00
14.00	CT SCAN	57.00	0	74,033	0		14.00
15.00	MRI	58.00	0	636	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	11,633,410	0		16.00
17.00	CLINIC	90.00	0	135,367	0		17.00
18.00	WOUND CLINIC	90.04	0	655,330	0		18.00
19.00	EMERGENCY	91.00	0	15,124	0		19.00
	0		0	24,361,975			
	H - SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	457	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	13	0		2.00
3.00	ADMITTING	5.04	0	7,803	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.06	0	8,208	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	7	0		5.00
6.00	OPERATION OF PLANT	7.00	0	198	0		6.00
7.00	DIETARY	10.00	0	268	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,350,026	0		8.00
9.00	PHARMACY	15.00	0	425,824	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,623	0		10.00
11.00	SOCIAL SERVICE	17.00	0	345	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,244,162	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	986,445	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	22,611	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	273,405	0		15.00
16.00	NURSERY	43.00	0	69,498	0		16.00
17.00	OPERATING ROOM	50.00	0	8,392,092	0		17.00
18.00	GAMMA KNIFE	50.01	0	2,602	0		18.00
19.00	ENDOSCOPY	50.02	0	1,053,671	0		19.00
20.00	RECOVERY ROOM	51.00	0	44,172	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	308,749	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	407,764	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	151,899	0		23.00
24.00	ULTRA SOUND	54.01	0	15,119	0		24.00
25.00	PET SCAN	54.02	0	519,684	0		25.00
26.00	ONCOLOGY	54.03	0	165,398	0		26.00
27.00	MAMMOGRAPHY	54.04	0	164,416	0		27.00
28.00	RADIOISOTOPE	56.00	0	934,146	0		28.00
29.00	CT SCAN	57.00	0	250,053	0		29.00
30.00	MRI	58.00	0	186,795	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	8,443,485	0		31.00
32.00	LABORATORY	60.00	0	178,485	0		32.00
33.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	582	0		33.00
34.00	INTRAVENOUS THERAPY	64.00	0	449,755	0		34.00
35.00	RESPIRATORY THERAPY	65.00	0	285,980	0		35.00
36.00	PHYSICAL THERAPY	66.00	0	13,827	0		36.00
37.00	REHAB OUTPATIENT	66.01	0	15,769	0		37.00

RECLASSIFICATIONS

Provider CCN: 14-0258

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

Worksheet A-6

Date/Time Prepared:
11/29/2018 6:56 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
38.00	REHAB MED SURGICAL	66.02	0	3,203	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	0	24,265	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,135	0	40.00
41.00	SLEEP LAB	70.02	0	54,659	0	41.00
42.00	RENAL DIALYSIS	74.00	0	4,964	0	42.00
43.00	CARDIAC REHABILITATION	76.97	0	7,658	0	43.00
44.00	CLINIC	90.00	0	289,984	0	44.00
45.00	DAY REHAB	90.01	0	3,250	0	45.00
46.00	IMAGING CENTERS	90.02	0	13,560	0	46.00
47.00	COUMADIN CLINIC	90.03	0	291	0	47.00
48.00	WOUND CLINIC	90.04	0	215,205	0	48.00
49.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	194,083	0	49.00
50.00	EMERGENCY	91.00	0	1,044,367	0	50.00
51.00	HOME HEALTH AGENCY	101.00	0	74,820	0	51.00
52.00	HOSPICE	116.00	0	110,317	0	52.00
			0	31,429,097		
J - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	7,164,996	11	1.00
			0	7,164,996		
500.00	Grand Total: Decreases		24,178	88,413,301		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/29/2018 6:56 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	10,100,000	0	0	0	0	1.00	
2.00	Land Improvements	901,158	222,496	0	222,496	0	2.00	
3.00	Buildings and Fixtures	182,491,548	432,824	0	432,824	0	3.00	
4.00	Building Improvements	17,582,203	2,153,466	0	2,153,466	0	4.00	
5.00	Fixed Equipment	2,128,030	204,887	0	204,887	0	5.00	
6.00	Movable Equipment	67,874,499	4,196,293	0	4,196,293	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	281,077,438	7,209,966	0	7,209,966	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	281,077,438	7,209,966	0	7,209,966	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	10,100,000	0					1.00
2.00	Land Improvements	1,123,654	0					
3.00	Buildings and Fixtures	182,924,372	0					
4.00	Building Improvements	19,735,669	0					4.00
5.00	Fixed Equipment	2,332,917	0					
6.00	Movable Equipment	72,070,792	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	288,287,404	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	288,287,404	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/29/2018 6:56 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	8,704,876	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,672,187	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,377,063	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	8,704,876				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,672,187				2.00
3.00	Total (sum of lines 1-2)	0	16,377,063				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
11/29/2018 6:56 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	216,216,612	0	216,216,612	0.750004	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	72,070,792	0	72,070,792	0.249996	0	2.00
3.00	Total (sum of lines 1-2)	288,287,404	0	288,287,404	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	11,727,418	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,156,628	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,884,046	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	11,727,418	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,156,628	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	22,884,046	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0258

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

Worksheet A-8

Date/Time Prepared:
11/29/2018 6:56 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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,509,512			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	-1,467,844			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,553,262	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-890	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,224,130	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0258

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

Worksheet A-8

Date/Time Prepared:
11/29/2018 6:56 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.03 WEIGHT MANAGEMENT	A	-216,462	ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.05 NON ALLOW PATIENT TRANSPORTATIO	A	-95,346	MAINTENANCE & REPAIRS	6.00	0	34.05
35.00 NON ALLOWABLE EXPENSES	A	-1,245	ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00 REAL ESTATE TAXES	A	-60,358	OPERATION OF PLANT	7.00	0	36.00
36.01 REAL ESTATE TAXES	A	-321,270	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.01
36.02 REAL ESTATE TAXES	A	-93,333	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.02
36.03 REAL ESTATE TAXES	A	-90,018	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.03
36.04 REAL ESTATE TAXES	A	-141,306	ADMINISTRATIVE AND GENERAL	5.06	0	36.04
37.00 ANSWERING SERVICE	B	-346,221	NONPATIENT TELEPHONES	5.01	0	37.00
38.00 MISC & REFERENCE LAB INCOME	B	-3,764,804	LABORATORY	60.00	0	38.00
38.01 MISCELLANEOUS INCOME	B	-1,417,279	ADMINISTRATIVE AND GENERAL	5.06	0	38.01
38.02 MISCELLANEOUS INCOME	B	-9,218	RADIOLOGY-DIAGNOSTIC	54.00	0	38.02
38.03 PARAMEDICAL EDUCATION	B	-3,550	PARAMED ED PRGM-(SPECIFY)	23.00	0	38.03
38.04 MISCELLANEOUS INCOME	B	-2,010	ADULTS & PEDIATRICS	30.00	0	38.04
38.05 MISCELLANEOUS INCOME	B	-504,626	SUBPROVIDER - IRF	41.00	0	38.05
38.06 MISCELLANEOUS INCOME	B	-3,004	OPERATION OF PLANT	7.00	0	38.06
38.07 MISCELLANEOUS INCOME	B	-8,850	IMAGING CENTERS	90.02	0	38.07
38.09 MISC INCOME EXECERISE	B	-7,822	REHAB OUTPATIENT	66.01	0	38.09
38.10 MISCELLANEOUS INCOME	B	-19,021	PHARMACY	15.00	0	38.10
38.11 RENTAL REVENUE	B	-1,757,507	PHYSICIANS' PRIVATE OFFICES	192.00	0	38.11
38.12 RENTAL REVENUE	B	-399,899	CAP REL COSTS-BLDG & FIXT	1.00	9	38.12
39.00 PHYSICIAN PART B	A	-486,631	PHYSICIANS' PRIVATE OFFICES	192.00	0	39.00
40.00 GAIN ON SALE NON OPERATING ASSETS	B	-27,845	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.00
44.00 LOBBYING PORTION OF DUES	A	-50,000	ADMINISTRATIVE AND GENERAL	5.06	0	44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,135,003				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: 14-0258

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2018 6:56 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	5.06	ADMINISTRATIVE AND GENERAL	ABHN & ABHS NON CAPITAL	27,225,343	80,916,756	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAPITAL	1,198,311	0	2.00
3.00	5.03	PURCHASING RECEIVING AND STO	LOGISTICS	19,326,247	0	3.00
3.01	5.06	ADMINISTRATIVE AND GENERAL	EXECUTIVE SALARIES	784,946	0	3.01
3.02	5.02	DATA PROCESSING	ABHS INFO SVCES	24,359,119	0	3.02
3.03	5.05	CASHIERING/ACCOUNTS RECEIVAB	CBO	9,824,685	0	3.03
3.04	7.00	OPERATION OF PLANT	CLINICAL ENGINEERING/FAC ADM	382,971	0	3.04
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	ABHN CAPITAL	3,512,286	0	3.06
3.07	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME FROM HOME OF	0	7,164,996	3.07
3.08	0.00			0	0	3.08
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3.11
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.			86,613,908	88,081,752	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		
Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	ALEXIAN BROTHERS HOSPITAL NE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	100.00

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

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

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

Provider CCN: 14-0258

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2018 6:56 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	-53,691,413	0		1.00
2.00	1,198,311	9		2.00
3.00	19,326,247	0		3.00
3.01	784,946	0		3.01
3.02	24,359,119	0		3.02
3.03	9,824,685	0		3.03
3.04	382,971	0		3.04
3.06	3,512,286	9		3.06
3.07	-7,164,996	11		3.07
3.08	0	0		3.08
3.10	0	0		3.10
3.11	0	0		3.11
4.00	0	0		4.00
5.00	-1,467,844			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			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0258

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2018 6:56 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	30.00	ADULTS & PEDIATRICS	166,768	166,768	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	70,172	0	70,172	230,000	700	2.00
3.00	50.01	GAMMA KNIFE	72,667	0	72,667	290,000	600	3.00
4.00	5.06	ADMINISTRATIVE AND GENERAL	1,389,085	1,389,085	0	0	0	4.00
5.00	43.00	NURSERY	887,453	887,453	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	23,734	23,734	0	0	0	6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	42,472	42,472	0	0	0	7.00
8.00	91.00	EMERGENCY	298,417	0	298,417	230,000	3,000	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,950,768	2,509,512	441,256		4,300	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	77,404	3,870	0	0	0	2.00
3.00	50.01	GAMMA KNIFE	83,654	4,183	0	0	0	3.00
4.00	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	331,731	16,587	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			492,789	24,640	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	30.00	ADULTS & PEDIATRICS	0	0	0	166,768		1.00
2.00	41.00	SUBPROVIDER - IRF	0	77,404	0	0		2.00
3.00	50.01	GAMMA KNIFE	0	83,654	0	0		3.00
4.00	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	1,389,085		4.00
5.00	43.00	NURSERY	0	0	0	887,453		5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	23,734		6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	42,472		7.00
8.00	91.00	EMERGENCY	0	331,731	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	492,789	0	2,509,512		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	11,727,418	11,727,418			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,156,628	11,156,628			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,293,031	57,833	0	21,350,864	4.00
5.01	00540	NONPATIENT TELEPHONES	825,938	25,181	0	98,107	5.01
5.02	00550	DATA PROCESSING	24,359,119	7,425	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	19,627,599	0	1,682	0	5.03
5.04	00570	ADMITTING	2,041,408	68,306	3,851	260,432	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,829,028	0	0	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	60,940,799	514,512	2,897,978	553,367	5.06
6.00	00600	MAINTENANCE & REPAIRS	948,424	31,605	100,320	136,378	6.00
7.00	00700	OPERATION OF PLANT	6,808,205	2,806,374	50,610	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,006,366	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,455,304	65,133	1,525	0	9.00
10.00	01000	DIETARY	4,914,487	200,915	62,653	6,343	10.00
11.00	01100	CAFETERIA	1,662,238	226,706	0	3,640	11.00
13.00	01300	NURSING ADMINISTRATION	2,419,310	11,629	39,146	238,688	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,001,235	252,168	57,683	120,333	14.00
15.00	01500	PHARMACY	5,859,231	92,236	60,804	707,902	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855,407	175,938	14,677	500,143	16.00
17.00	01700	SOCIAL SERVICE	2,215,401	12,161	0	300,383	17.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	424,260	14,427	0	53,393	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,218,981	2,117,677	137,423	4,930,571	30.00
31.00	03100	INTENSIVE CARE UNIT	10,942,403	428,387	52,739	1,460,294	31.00
40.00	04000	SUBPROVIDER - IPF	2,168,591	217,875	0	281,523	40.00
41.00	04100	SUBPROVIDER - IRF	18,040,968	681,446	257,681	1,034,275	41.00
43.00	04300	NURSERY	1,272,730	42,234	30,816	170,696	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,633,962	630,225	2,335,742	1,250,136	50.00
50.01	05001	GAMMA KNIFE	2,554,887	57,677	631	65,671	50.01
50.02	03330	ENDOSCOPY	2,988,674	108,867	150,135	305,348	50.02
51.00	05100	RECOVERY ROOM	1,651,038	95,862	25,474	229,288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,322,579	307,844	72,924	316,183	52.00
53.00	05300	ANESTHESIOLOGY	116,536	7,112	531,714	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,388,009	137,690	426,866	291,414	54.00
54.01	03630	ULTRA SOUND	1,122,894	71,619	120,726	153,412	54.01
54.02	05401	PET SCAN	118,970	21,836	550,635	16,251	54.02
54.03	03480	ONCOLOGY	1,562,007	154,805	289,137	208,771	54.03
54.04	03440	MAMMOGRAPHY	1,018,159	92,846	41,092	133,157	54.04
56.00	05600	RADIOISOTOPE	431,804	90,501	2,764	56,612	56.00
57.00	05700	CT SCAN	1,745,015	69,290	169,000	225,319	57.00
58.00	05800	MRI	998,437	103,131	159,317	133,165	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,265,033	250,402	657,542	644,166	59.00
60.00	06000	LABORATORY	12,137,345	291,448	468,633	1,090,640	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,029,775	13,614	7,434	78,374	63.00
64.00	06400	INTRAVENOUS THERAPY	1,176,167	7,706	1,962	159,011	64.00
65.00	06500	RESPIRATORY THERAPY	3,212,324	35,184	33,428	403,978	65.00
66.00	06600	PHYSICAL THERAPY	3,708,794	129,921	0	487,950	66.00
66.01	06601	REHAB OUTPATIENT	2,194,552	101,396	36,329	305,900	66.01
66.02	06602	REHAB MED SURGICAL	2,428,250	13,302	0	337,498	66.02
69.00	06900	ELECTROCARDIOLOGY	1,192,633	51,706	166,825	132,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,411	38,311	12,271	20,968	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	607,724	92,439	6,550	84,474	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,398,757	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,361,975	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,000,527	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,539,694	15,068	0	7,681	74.00
76.97	07697	CARDIAC REHABILITATION	641,479	65,445	39,559	88,520	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							
90.00	09000	CLINIC	1,794,727	153,820	60,635	211,568	90.00
90.01	09001	DAY REHAB	1,044,201	32,590	1,487	143,578	90.01
90.02	09002	IMAGING CENTERS	1,191,671	0	161,871	112,772	90.02
90.03	09003	COUMADIN CLINIC	209,497	9,050	0	23,972	90.03
90.04	09004	WOUND CLINIC	793,445	95,128	18,287	91,745	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	2,046,253	0	723,429	229,709	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	45,059	0	0	6,223	0	90.06
91.00	09100	EMERGENCY	7,029,822	225,174	86,870	769,304	49,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	7,559,935	0	0	995,337	49,115	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,088,738	0	0	613,198	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	441,517,296	11,621,177	11,128,857	21,280,458	947,221	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	427,338	33,121	2,386	28,773	2,005	190.00
191.00	19100	RESEARCH	0	47,470	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,347,874	25,650	25,385	41,633	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	445,292,508	11,727,418	11,156,628	21,350,864	949,226	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
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11/29/2018 6:56 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	24,442,723					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	762,613	20,407,430				5.03
5.04	00570	ADMITTING	0	3,646	2,405,208			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	18,576,469	0	0	28,441,582		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5,103,641	4,865,878	0	0	75,013,999	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	667	0	0	1,249,469	6.00
7.00	00700	OPERATION OF PLANT	0	523	0	0	9,669,220	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,610	0	0	1,022,976	8.00
9.00	00900	HOUSEKEEPING	0	64,750	0	0	5,595,733	9.00
10.00	01000	DIETARY	0	18,527	0	0	5,226,480	10.00
11.00	01100	CAFETERIA	0	6,920	0	0	1,899,504	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,718,295	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,372	0	0	1,449,805	14.00
15.00	01500	PHARMACY	0	3,780,643	0	0	10,517,355	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,203	0	0	5,587,963	16.00
17.00	01700	SOCIAL SERVICE	0	250	0	0	2,534,209	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,100	0	0	503,199	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	134,719	197,819	2,339,608	48,166,007	30.00
31.00	03100	INTENSIVE CARE UNIT	0	54,865	49,158	581,397	13,598,812	31.00
40.00	04000	SUBPROVIDER - IPF	0	5,667	12,732	150,580	2,836,968	40.00
41.00	04100	SUBPROVIDER - IRF	0	62,264	55,616	657,778	20,815,115	41.00
43.00	04300	NURSERY	0	9,167	10,681	126,324	1,672,672	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	99,880	209,972	2,483,348	17,672,834	50.00
50.01	05001	GAMMA KNIFE	0	715	13,191	156,005	2,849,278	50.01
50.02	03330	ENDOSCOPY	0	22,627	69,743	824,855	4,472,755	50.02
51.00	05100	RECOVERY ROOM	0	2,635	27,312	323,021	2,361,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,461	13,540	160,136	3,215,695	52.00
53.00	05300	ANESTHESIOLOGY	0	19,745	51,777	612,366	1,340,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,875	48,256	570,720	3,923,458	54.00
54.01	03630	ULTRA SOUND	0	1,342	32,333	382,399	1,885,727	54.01
54.02	05401	PET SCAN	0	161	13,252	156,729	877,834	54.02
54.03	03480	ONCOLOGY	0	1,550	47,690	564,026	2,827,986	54.03
54.04	03440	MAMMOGRAPHY	0	1,663	17,396	205,738	1,510,051	54.04
56.00	05600	RADIOISOTOPE	0	2,293	23,923	282,933	897,345	56.00
57.00	05700	CT SCAN	0	17,152	110,763	1,309,998	3,647,539	57.00
58.00	05800	MRI	0	1,723	43,417	513,496	1,961,707	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	54,333	142,503	1,685,388	8,709,391	59.00
60.00	06000	LABORATORY	0	1,033,937	280,857	3,316,865	18,663,327	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	244,166	10,155	120,100	2,506,124	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,498	3,317	39,230	1,393,891	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,306	60,088	710,659	4,501,986	65.00
66.00	06600	PHYSICAL THERAPY	0	3,243	40,764	482,115	4,860,305	66.00
66.01	06601	REHAB OUTPATIENT	0	1,876	15,393	182,055	2,845,019	66.01
66.02	06602	REHAB MED SURGICAL	0	538	20,926	247,487	3,053,514	66.02
69.00	06900	ELECTROCARDIOLOGY	0	41,709	54,522	644,829	2,292,940	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	127	3,499	41,384	275,489	70.00
70.01	07001	NEUROMEG	0	1	0	0	1	70.01
70.02	07002	SLEEP LAB	0	628	11,357	134,315	937,988	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,384,328	127,306	1,505,651	37,416,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,173,596	74,072	876,056	29,485,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	210,218	2,486,252	24,696,997	73.00
74.00	07400	RENAL DIALYSIS	0	1,109	7,663	90,635	1,661,850	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,078	2,189	25,889	867,667	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								
90.00	09000	CLINIC	0	28,142	17,009	201,167	2,477,092	90.00
90.01	09001	DAY REHAB	0	1,172	10,469	123,813	1,357,811	90.01
90.02	09002	IMAGING CENTERS	0	5,566	18,945	224,058	1,719,895	90.02
90.03	09003	COUMADIN CLINIC	0	5,793	1,545	18,278	268,636	90.03
90.04	09004	WOUND CLINIC	0	8,176	20,858	246,688	1,275,831	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	9,908	65,325	772,601	3,847,726	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	129	237	2,802	54,450	90.06
91.00	09100	EMERGENCY	0	41,184	135,533	1,602,954	9,940,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100 HOME HEALTH AGENCY	0	27,008	11,813	139,709	8,782,917	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	60,935	10,074	119,145	7,892,090	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	24,442,723	20,403,079	2,405,208	28,441,582	441,306,522	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	493,623	190.00
191.00	19100 RESEARCH	0	0	0	0	47,470	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,351	0	0	3,444,893	192.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	24,442,723	20,407,430	2,405,208	28,441,582	445,292,508	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	75,013,999					5.06
6.00	00600	MAINTENANCE & REPAIRS	253,127	1,502,596				6.00
7.00	00700	OPERATION OF PLANT	1,958,868	382,562	12,010,650			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	207,243	0	0	1,230,219		8.00
9.00	00900	HOUSEKEEPING	1,133,628	8,879	95,213	0	6,833,453	9.00
10.00	01000	DIETARY	1,058,822	27,389	293,704	0	168,438	10.00
11.00	01100	CAFETERIA	384,817	30,905	331,405	0	190,059	11.00
13.00	01300	NURSING ADMINISTRATION	550,694	1,585	17,000	0	9,749	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	293,713	34,376	368,627	0	211,406	14.00
15.00	01500	PHARMACY	2,130,690	12,574	134,833	0	77,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,132,054	23,984	257,191	0	147,498	16.00
17.00	01700	SOCIAL SERVICE	513,400	1,658	17,777	0	10,195	17.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	101,942	1,967	21,090	0	12,095	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,757,872	288,682	3,095,677	589,413	1,775,359	30.00
31.00	03100	INTENSIVE CARE UNIT	2,754,956	58,398	626,229	51,364	359,140	31.00
40.00	04000	SUBPROVIDER - IPF	574,736	29,701	318,495	46,845	182,656	40.00
41.00	04100	SUBPROVIDER - IRF	4,216,893	92,895	996,158	167,282	571,292	41.00
43.00	04300	NURSERY	338,863	5,757	61,739	0	35,407	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,580,304	85,912	921,281	132,729	528,351	50.00
50.01	05001	GAMMA KNIFE	577,230	7,863	84,314	0	48,354	50.01
50.02	03330	ENDOSCOPY	906,126	14,841	159,145	45,523	91,269	50.02
51.00	05100	RECOVERY ROOM	478,340	13,068	140,134	23,439	80,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	651,461	41,965	450,016	38,736	258,082	52.00
53.00	05300	ANESTHESIOLOGY	271,519	969	10,396	0	5,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	794,846	18,770	201,279	0	115,433	54.00
54.01	03630	ULTRA SOUND	382,026	9,763	104,695	26,622	60,042	54.01
54.02	05401	PET SCAN	177,839	2,977	31,920	0	18,306	54.02
54.03	03480	ONCOLOGY	572,916	21,103	226,299	0	129,781	54.03
54.04	03440	MAMMOGRAPHY	305,918	12,657	135,724	0	77,837	54.04
56.00	05600	RADIOISOTOPE	181,791	12,337	132,297	0	75,872	56.00
57.00	05700	CT SCAN	738,948	9,446	101,291	0	58,090	57.00
58.00	05800	MRI	397,418	14,059	150,759	0	86,460	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,764,418	34,135	366,045	0	209,925	59.00
60.00	06000	LABORATORY	3,780,966	39,730	426,047	0	244,336	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	507,711	1,856	19,902	0	11,414	63.00
64.00	06400	INTRAVENOUS THERAPY	282,386	1,050	11,265	0	6,460	64.00
65.00	06500	RESPIRATORY THERAPY	912,048	4,796	51,434	0	29,497	65.00
66.00	06600	PHYSICAL THERAPY	984,639	17,711	189,923	0	108,920	66.00
66.01	06601	REHAB OUTPATIENT	576,367	13,822	148,223	0	85,005	66.01
66.02	06602	REHAB MED SURGICAL	618,605	1,813	19,445	0	11,151	66.02
69.00	06900	ELECTROCARDIOLOGY	464,522	7,049	75,585	0	43,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,811	5,222	56,003	0	32,118	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	190,025	12,601	135,130	0	77,497	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,580,041	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,973,449	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,003,315	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	336,671	2,054	22,027	0	12,632	74.00
76.97	07697	CARDIAC REHABILITATION	175,779	8,922	95,670	0	54,866	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								
90.00	09000	CLINIC	501,829	20,969	224,859	0	128,956	90.00
90.01	09001	DAY REHAB	275,076	4,443	47,641	0	27,322	90.01
90.02	09002	IMAGING CENTERS	348,430	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	54,422	1,234	13,230	0	7,587	90.03
90.04	09004	WOUND CLINIC	258,468	12,968	139,060	0	79,751	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	779,503	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	11,031	0	0	0	0	90.06
91.00	09100	EMERGENCY	2,013,817	30,696	329,166	108,266	188,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
101.00	10100	HOME HEALTH AGENCY	1,779,314	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,598,843	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,206,486	1,488,113	11,855,343	1,230,219	6,744,385	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,002	4,515	48,418	0	27,767	190.00
191.00	19100	RESEARCH	9,617	6,471	69,393	0	39,797	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	697,894	3,497	37,496	0	21,504	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	75,013,999	1,502,596	12,010,650	1,230,219	6,833,453	202.00

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,774,833					10.00
11.00	01100	CAFETERIA	0	2,836,690				11.00
13.00	01300	NURSING ADMINISTRATION	0	23,304	3,320,627			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32,331	0	2,390,258		14.00
15.00	01500	PHARMACY	0	83,027	0	0	12,955,805	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	92,413	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	40,704	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	12,952	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,958,515	790,557	1,447,556	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	651,792	199,758	365,772	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	344,167	53,100	97,234	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,507,895	191,303	350,274	0	0	41.00
43.00	04300	NURSERY	312,464	18,921	34,641	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	177,386	324,814	0	0	50.00
50.01	05001	GAMMA KNIFE	0	5,070	9,270	0	0	50.01
50.02	03330	ENDOSCOPY	0	44,481	81,446	0	0	50.02
51.00	05100	RECOVERY ROOM	0	26,133	47,841	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,757	83,795	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,969	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	17,008	0	0	0	54.01
54.02	05401	PET SCAN	0	2,011	0	0	0	54.02
54.03	03480	ONCOLOGY	0	21,145	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	18,087	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	6,345	0	0	0	56.00
57.00	05700	CT SCAN	0	27,261	0	0	0	57.00
58.00	05800	MRI	0	15,601	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	71,170	130,300	0	0	59.00
60.00	06000	LABORATORY	0	217,681	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,826	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	17,744	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	62,863	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	69,502	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	42,094	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	42,715	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	18,905	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,369	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	15,912	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,326,882	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,063,376	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,955,805	73.00
74.00	07400	RENAL DIALYSIS	0	818	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	12,183	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								
90.00	09000	CLINIC	0	28,570	52,314	0	0	90.00
90.01	09001	DAY REHAB	0	20,785	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	16,043	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	3,238	5,924	0	0	90.03
90.04	09004	WOUND CLINIC	0	16,730	64,068	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	34,996	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	883	1,618	0	0	90.06
91.00	09100	EMERGENCY	0	122,210	223,760	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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)	6,774,833	2,826,861	3,320,627	2,390,258	12,955,805	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,037	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,792	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,774,833	2,836,690	3,320,627	2,390,258	12,955,805	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,241,103					16.00
17.00	01700	SOCIAL SERVICE	0	3,117,943				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	653,245			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,230,955	1,821,805	381,689	76,304,087	0	30.00
31.00	03100	INTENSIVE CARE UNIT	696,651	299,970	62,847	19,725,689	0	31.00
40.00	04000	SUBPROVIDER - IPF	367,854	158,394	33,185	5,043,335	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,611,674	693,970	145,395	31,360,146	0	41.00
43.00	04300	NURSERY	333,969	143,804	30,129	2,988,366	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	23,423,611	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	3,581,379	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	5,815,586	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,170,466	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,785,507	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,629,098	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,106,755	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,485,883	0	54.01
54.02	05401	PET SCAN	0	0	0	1,110,887	0	54.02
54.03	03480	ONCOLOGY	0	0	0	3,799,230	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	2,060,274	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	1,305,987	0	56.00
57.00	05700	CT SCAN	0	0	0	4,582,575	0	57.00
58.00	05800	MRI	0	0	0	2,626,004	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,285,384	0	59.00
60.00	06000	LABORATORY	0	0	0	23,372,087	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,057,833	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,712,796	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,562,624	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,231,000	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	3,710,530	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	3,747,243	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,902,349	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	428,012	0	70.00
70.01	07001	NEUROMEG	0	0	0	1	0	70.01
70.02	07002	SLEEP LAB	0	0	0	1,369,153	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,322,965	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,522,524	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	42,656,117	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,036,052	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,215,087	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,434,589	0	90.00
90.01	09001	DAY REHAB	0	0	0	1,733,078	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	2,084,368	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	354,271	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	1,846,876	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	4,662,225	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	67,982	0	90.06
91.00	09100	EMERGENCY	0	0	0	12,957,147	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	10,562,231	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	9,490,933	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,241,103	3,117,943	653,245	440,230,322	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	679,362	0	190.00
191.00	19100	RESEARCH	0	0	0	172,748	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,210,076	0	192.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,241,103	3,117,943	653,245	445,292,508	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	GAMMA KNIFE	50.01
50.02	03330	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	05401	PET SCAN	54.02
54.03	03480	ONCOLOGY	54.03
54.04	03440	MAMMOGRAPHY	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	REHAB OUTPATIENT	66.01
66.02	06602	REHAB MED SURGICAL	66.02
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	NEUROLOG	70.01
70.02	07002	SLEEP LAB	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
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	LITHOTRIPS	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	DAY REHAB	90.01
90.02	09002	IMAGING CENTERS	90.02
90.03	09003	COUMADIN CLINIC	90.03
90.04	09004	WOUND CLINIC	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
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)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	57,833	0	57,833	4.00
5.01	00540	NONPATIENT TELEPHONES	0	25,181	0	25,181	5.01
5.02	00550	DATA PROCESSING	0	7,425	0	7,425	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	1,682	1,682	5.03
5.04	00570	ADMITTING	0	68,306	3,851	72,157	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	514,512	2,897,978	3,412,490	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	31,605	100,320	131,925	6.00
7.00	00700	OPERATION OF PLANT	0	2,806,374	50,610	2,856,984	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	65,133	1,525	66,658	9.00
10.00	01000	DIETARY	0	200,915	62,653	263,568	10.00
11.00	01100	CAFETERIA	0	226,706	0	226,706	11.00
13.00	01300	NURSING ADMINISTRATION	0	11,629	39,146	50,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	252,168	57,683	309,851	14.00
15.00	01500	PHARMACY	0	92,236	60,804	153,040	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	175,938	14,677	190,615	16.00
17.00	01700	SOCIAL SERVICE	0	12,161	0	12,161	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	14,427	0	14,427	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,117,677	137,423	2,255,100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	428,387	52,739	481,126	31.00
40.00	04000	SUBPROVIDER - IPF	0	217,875	0	217,875	40.00
41.00	04100	SUBPROVIDER - IRF	0	681,446	257,681	939,127	41.00
43.00	04300	NURSERY	0	42,234	30,816	73,050	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	630,225	2,335,742	2,965,967	50.00
50.01	05001	GAMMA KNIFE	0	57,677	631	58,308	50.01
50.02	03330	ENDOSCOPY	0	108,867	150,135	259,002	50.02
51.00	05100	RECOVERY ROOM	0	95,862	25,474	121,336	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	307,844	72,924	380,768	52.00
53.00	05300	ANESTHESIOLOGY	0	7,112	531,714	538,826	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	137,690	426,866	564,556	54.00
54.01	03630	ULTRA SOUND	0	71,619	120,726	192,345	54.01
54.02	05401	PET SCAN	0	21,836	550,635	572,471	54.02
54.03	03480	ONCOLOGY	0	154,805	289,137	443,942	54.03
54.04	03440	MAMMOGRAPHY	0	92,846	41,092	133,938	54.04
56.00	05600	RADIOISOTOPE	0	90,501	2,764	93,265	56.00
57.00	05700	CT SCAN	0	69,290	169,000	238,290	57.00
58.00	05800	MRI	0	103,131	159,317	262,448	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	250,402	657,542	907,944	59.00
60.00	06000	LABORATORY	0	291,448	468,633	760,081	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,614	7,434	21,048	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,706	1,962	9,668	64.00
65.00	06500	RESPIRATORY THERAPY	0	35,184	33,428	68,612	65.00
66.00	06600	PHYSICAL THERAPY	0	129,921	0	129,921	66.00
66.01	06601	REHAB OUTPATIENT	0	101,396	36,329	137,725	66.01
66.02	06602	REHAB MED SURGICAL	0	13,302	0	13,302	66.02
69.00	06900	ELECTROCARDIOLOGY	0	51,706	166,825	218,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,311	12,271	50,582	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	92,439	6,550	98,989	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
74.00	07400	RENAL DIALYSIS	0	15,068	0	15,068	74.00
76.97	07697	CARDIAC REHABILITATION	0	65,445	39,559	105,004	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							
90.00	09000	CLINIC	0	153,820	60,635	214,455	90.00
90.01	09001	DAY REHAB	0	32,590	1,487	34,077	90.01
90.02	09002	IMAGING CENTERS	0	0	161,871	161,871	90.02
90.03	09003	COUMADIN CLINIC	0	9,050	0	9,050	90.03
90.04	09004	WOUND CLINIC	0	95,128	18,287	113,415	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	723,429	723,429	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

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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	
91.00	09100	EMERGENCY	0	225,174	86,870	312,044	2,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	2,697	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	1,662	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,621,177	11,128,857	22,750,034	57,642	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,121	2,386	35,507	78	190.00
191.00	19100	RESEARCH	0	47,470	0	47,470	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25,650	25,385	51,035	113	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	11,727,418	11,156,628	22,884,046	57,833	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	25,447					5.01
5.02	00550	DATA PROCESSING	2,042	9,467				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	417	295	2,394			5.03
5.04	00570	ADMITTING	739	0	0	73,602		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	967	7,195	0	0	8,162	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	3,695	1,977	568	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	860	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	94	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2	0	0	8.00
9.00	00900	HOUSEKEEPING	242	0	8	0	0	9.00
10.00	01000	DIETARY	631	0	2	0	0	10.00
11.00	01100	CAFETERIA	0	0	1	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	255	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	161	0	1	0	0	14.00
15.00	01500	PHARMACY	443	0	441	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,088	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	161	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	215	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,392	0	16	6,059	713	30.00
31.00	03100	INTENSIVE CARE UNIT	793	0	6	1,506	177	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	1	390	46	40.00
41.00	04100	SUBPROVIDER - IRF	672	0	7	1,704	200	41.00
43.00	04300	NURSERY	269	0	1	327	38	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	793	0	12	6,432	757	50.00
50.01	05001	GAMMA KNIFE	13	0	0	404	48	50.01
50.02	03330	ENDOSCOPY	67	0	3	2,136	251	50.02
51.00	05100	RECOVERY ROOM	175	0	0	837	98	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	322	0	1	415	49	52.00
53.00	05300	ANESTHESIOLOGY	27	0	2	1,586	187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464	0	1	1,478	174	54.00
54.01	03630	ULTRA SOUND	27	0	0	990	117	54.01
54.02	05401	PET SCAN	0	0	0	406	48	54.02
54.03	03480	ONCOLOGY	0	0	0	1,461	172	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	533	63	54.04
56.00	05600	RADIOISOTOPE	175	0	0	733	86	56.00
57.00	05700	CT SCAN	27	0	2	3,393	399	57.00
58.00	05800	MRI	242	0	0	1,330	156	58.00
59.00	05900	CARDIAC CATHETERIZATION	269	0	6	4,365	514	59.00
60.00	06000	LABORATORY	1,169	0	121	8,529	505	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	67	0	29	311	37	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1	102	12	64.00
65.00	06500	RESPIRATORY THERAPY	215	0	4	1,841	217	65.00
66.00	06600	PHYSICAL THERAPY	202	0	0	1,249	147	66.00
66.01	06601	REHAB OUTPATIENT	202	0	0	472	55	66.01
66.02	06602	REHAB MED SURGICAL	148	0	0	641	75	66.02
69.00	06900	ELECTROCARDIOLOGY	215	0	5	1,670	196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	202	0	0	107	13	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	13	0	0	348	41	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	643	3,899	459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	487	2,269	267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,439	758	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	235	28	74.00
76.97	07697	CARDIAC REHABILITATION	94	0	0	67	8	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								
90.00	09000	CLINIC	269	0	3	521	61	90.00
90.01	09001	DAY REHAB	13	0	0	321	38	90.01
90.02	09002	IMAGING CENTERS	134	0	1	580	68	90.02
90.03	09003	COUMADIN CLINIC	13	0	1	47	6	90.03
90.04	09004	WOUND CLINIC	40	0	1	639	75	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	13	0	1	2,001	235	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	7	1	90.06
91.00	09100	EMERGENCY	1,330	0	5	4,151	488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100 HOME HEALTH AGENCY	1,317	0	3	362	43	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	7	309	36	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	25,393	9,467	2,393	73,602	8,162	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	54	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	1	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	25,447	9,467	2,394	73,602	8,162	202.00

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	3,420,230					5.06
6.00	00600	MAINTENANCE & REPAIRS	11,541	144,696				6.00
7.00	00700	OPERATION OF PLANT	89,315	36,839	2,983,232			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,449	0	0	9,451		8.00
9.00	00900	HOUSEKEEPING	51,688	855	23,649	0	143,100	9.00
10.00	01000	DIETARY	48,277	2,637	72,951	0	3,527	10.00
11.00	01100	CAFETERIA	17,546	2,976	82,315	0	3,980	11.00
13.00	01300	NURSING ADMINISTRATION	25,109	153	4,222	0	204	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,392	3,310	91,560	0	4,427	14.00
15.00	01500	PHARMACY	97,149	1,211	33,490	0	1,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,616	2,310	63,882	0	3,089	16.00
17.00	01700	SOCIAL SERVICE	23,408	160	4,415	0	213	17.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	4,648	189	5,238	0	253	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	444,879	27,799	768,914	4,526	37,180	30.00
31.00	03100	INTENSIVE CARE UNIT	125,612	5,624	155,544	395	7,521	31.00
40.00	04000	SUBPROVIDER - IPF	26,205	2,860	79,109	360	3,825	40.00
41.00	04100	SUBPROVIDER - IRF	192,269	8,946	247,428	1,285	11,963	41.00
43.00	04300	NURSERY	15,450	554	15,335	0	741	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	163,244	8,273	228,830	1,020	11,064	50.00
50.01	05001	GAMMA KNIFE	26,319	757	20,942	0	1,013	50.01
50.02	03330	ENDOSCOPY	41,315	1,429	39,529	350	1,911	50.02
51.00	05100	RECOVERY ROOM	21,810	1,258	34,807	180	1,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,703	4,041	111,776	298	5,405	52.00
53.00	05300	ANESTHESIOLOGY	12,380	93	2,582	0	125	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,241	1,807	49,994	0	2,417	54.00
54.01	03630	ULTRA SOUND	17,418	940	26,004	205	1,257	54.01
54.02	05401	PET SCAN	8,109	287	7,928	0	383	54.02
54.03	03480	ONCOLOGY	26,122	2,032	56,209	0	2,718	54.03
54.04	03440	MAMMOGRAPHY	13,948	1,219	33,712	0	1,630	54.04
56.00	05600	RADIOISOTOPE	8,289	1,188	32,860	0	1,589	56.00
57.00	05700	CT SCAN	33,692	910	25,159	0	1,216	57.00
58.00	05800	MRI	18,120	1,354	37,446	0	1,811	58.00
59.00	05900	CARDIAC CATHETERIZATION	80,449	3,287	90,919	0	4,396	59.00
60.00	06000	LABORATORY	172,393	3,826	105,822	0	5,117	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,149	179	4,943	0	239	63.00
64.00	06400	INTRAVENOUS THERAPY	12,875	101	2,798	0	135	64.00
65.00	06500	RESPIRATORY THERAPY	41,585	462	12,775	0	618	65.00
66.00	06600	PHYSICAL THERAPY	44,895	1,706	47,173	0	2,281	66.00
66.01	06601	REHAB OUTPATIENT	26,279	1,331	36,816	0	1,780	66.01
66.02	06602	REHAB MED SURGICAL	28,205	175	4,830	0	234	66.02
69.00	06900	ELECTROCARDIOLOGY	21,180	679	18,774	0	908	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,545	503	13,910	0	673	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	8,664	1,213	33,564	0	1,623	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	345,612	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	272,359	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,126	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,351	198	5,471	0	265	74.00
76.97	07697	CARDIAC REHABILITATION	8,015	859	23,763	0	1,149	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								
90.00	09000	CLINIC	22,881	2,019	55,851	0	2,700	90.00
90.01	09001	DAY REHAB	12,542	428	11,833	0	572	90.01
90.02	09002	IMAGING CENTERS	15,887	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	2,481	119	3,286	0	159	90.03
90.04	09004	WOUND CLINIC	11,785	1,249	34,540	0	1,670	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	35,541	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	503	0	0	0	0	90.06
91.00	09100	EMERGENCY	91,820	2,956	81,759	832	3,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
101.00	10100	HOME HEALTH AGENCY	81,128	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	72,899	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,383,412	143,301	2,944,657	9,451	141,236	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,560	435	12,026	0	581	190.00
191.00	19100	RESEARCH	438	623	17,236	0	833	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,820	337	9,313	0	450	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,420,230	144,696	2,983,232	9,451	143,100	202.00

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	391,610					10.00
11.00	01100	CAFETERIA	0	333,534				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,740	84,105			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,801	0	426,829		14.00
15.00	01500	PHARMACY	0	9,762	0	0	299,073	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,866	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,786	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	1,523	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	228,816	92,955	36,664	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,676	23,487	9,264	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	19,894	6,243	2,463	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	87,162	22,493	8,872	0	0	41.00
43.00	04300	NURSERY	18,062	2,225	877	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,857	8,227	0	0	50.00
50.01	05001	GAMMA KNIFE	0	596	235	0	0	50.01
50.02	03330	ENDOSCOPY	0	5,230	2,063	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,073	1,212	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,380	2,122	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,228	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	2,000	0	0	0	54.01
54.02	05401	PET SCAN	0	237	0	0	0	54.02
54.03	03480	ONCOLOGY	0	2,486	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	2,127	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	746	0	0	0	56.00
57.00	05700	CT SCAN	0	3,205	0	0	0	57.00
58.00	05800	MRI	0	1,834	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,368	3,300	0	0	59.00
60.00	06000	LABORATORY	0	25,595	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,273	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,086	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,391	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,172	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	4,949	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	5,022	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	2,223	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	396	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	1,871	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	236,952	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	189,877	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	299,073	73.00
74.00	07400	RENAL DIALYSIS	0	96	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,432	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								
90.00	09000	CLINIC	0	3,359	1,325	0	0	90.00
90.01	09001	DAY REHAB	0	2,444	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	1,886	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	381	150	0	0	90.03
90.04	09004	WOUND CLINIC	0	1,967	1,623	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	4,115	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	104	41	0	0	90.06
91.00	09100	EMERGENCY	0	14,369	5,667	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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)	391,610	332,379	84,105	426,829	299,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	592	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	563	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	391,610	333,534	84,105	426,829	299,073	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	324,821					16.00
17.00	01700	SOCIAL SERVICE	0	46,118				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	26,638			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	189,793	26,946		4,136,080	0	30.00
31.00	03100	INTENSIVE CARE UNIT	31,250	4,437		888,376	0	31.00
40.00	04000	SUBPROVIDER - IPF	16,501	2,343		378,878	0	40.00
41.00	04100	SUBPROVIDER - IRF	72,296	10,265		1,607,492	0	41.00
43.00	04300	NURSERY	14,981	2,127		144,500	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0		3,418,864	0	50.00
50.01	05001	GAMMA KNIFE	0	0		108,813	0	50.01
50.02	03330	ENDOSCOPY	0	0		354,114	0	50.02
51.00	05100	RECOVERY ROOM	0	0		187,090	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		541,137	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		555,808	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		665,150	0	54.00
54.01	03630	ULTRA SOUND	0	0		241,719	0	54.01
54.02	05401	PET SCAN	0	0		589,913	0	54.02
54.03	03480	ONCOLOGY	0	0		535,708	0	54.03
54.04	03440	MAMMOGRAPHY	0	0		187,531	0	54.04
56.00	05600	RADIOISOTOPE	0	0		139,084	0	56.00
57.00	05700	CT SCAN	0	0		306,904	0	57.00
58.00	05800	MRI	0	0		325,102	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		1,105,563	0	59.00
60.00	06000	LABORATORY	0	0		1,086,114	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		51,487	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		28,209	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		134,815	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		237,068	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0		210,438	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0		53,547	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0		264,741	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		68,988	0	70.00
70.01	07001	NEUROMEG	0	0		0	0	70.01
70.02	07002	SLEEP LAB	0	0		146,555	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		587,565	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		465,259	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		534,396	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		36,733	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0		140,631	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0	76.98
76.99	07699	LITHOTRIPS	0	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0		304,017	0	90.00
90.01	09001	DAY REHAB	0	0		62,657	0	90.01
90.02	09002	IMAGING CENTERS	0	0		180,733	0	90.02
90.03	09003	COUMADIN CLINIC	0	0		15,758	0	90.03
90.04	09004	WOUND CLINIC	0	0		167,253	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0		765,958	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0		673	0	90.06
91.00	09100	EMERGENCY	0	0		521,459	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0		85,550	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0		74,913	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	324,821	46,118	0	22,643,343	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		53,833	0	190.00
191.00	19100	RESEARCH	0	0		66,600	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		93,632	0	192.00
200.00		Cross Foot Adjustments			26,638	26,638	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	324,821	46,118	26,638	22,884,046	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	GAMMA KNIFE	50.01
50.02	03330	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	05401	PET SCAN	54.02
54.03	03480	ONCOLOGY	54.03
54.04	03440	MAMMOGRAPHY	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	REHAB OUTPATIENT	66.01
66.02	06602	REHAB MED SURGICAL	66.02
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	NEUROMEG	70.01
70.02	07002	SLEEP LAB	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
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			
90.00	09000	CLINIC	90.00
90.01	09001	DAY REHAB	90.01
90.02	09002	IMAGING CENTERS	90.02
90.03	09003	COUMADIN CLINIC	90.03
90.04	09004	WOUND CLINIC	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
101.00	10100	HOME HEALTH AGENCY	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
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Cost Center Description			Total	
			26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	74,913	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,643,343	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,833	190.00
191.00	19100	RESEARCH	66,600	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,632	192.00
200.00		Cross Foot Adjustments	26,638	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,884,046	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPRECIATION)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	750,287					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,579,236				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,700	0	141,822,004			4.00
5.01	00540	NONPATIENT TELEPHONES	1,611	0	651,671	1,894		5.01
5.02	00550	DATA PROCESSING	475	0	0	152	10,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,143	0	31	312	5.03
5.04	00570	ADMITTING	4,370	2,616	1,729,908	55	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	72	7,600	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	32,917	1,968,736	3,675,711	275	2,088	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,022	68,152	905,885	64	0	6.00
7.00	00700	OPERATION OF PLANT	179,544	34,382	0	7	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,167	1,036	0	18	0	9.00
10.00	01000	DIETARY	12,854	42,563	42,131	47	0	10.00
11.00	01100	CAFETERIA	14,504	0	24,178	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	744	26,594	1,585,469	19	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	39,187	799,305	12	0	14.00
15.00	01500	PHARMACY	5,901	41,307	4,702,196	33	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	9,971	3,322,171	81	0	16.00
17.00	01700	SOCIAL SERVICE	778	0	1,995,280	12	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	0	354,659	16	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,483	93,358	32,751,138	178	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	35,828	9,699,922	59	0	31.00
40.00	04000	SUBPROVIDER - IPF	13,939	0	1,869,998	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	175,055	6,870,112	50	0	41.00
43.00	04300	NURSERY	2,702	20,935	1,133,840	20	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,320	1,586,782	8,303,960	59	0	50.00
50.01	05001	GAMMA KNIFE	3,690	429	436,214	1	0	50.01
50.02	03330	ENDOSCOPY	6,965	101,994	2,028,254	5	0	50.02
51.00	05100	RECOVERY ROOM	6,133	17,306	1,523,030	13	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	49,541	2,100,228	24	0	52.00
53.00	05300	ANESTHESIOLOGY	455	361,219	0	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	289,991	1,935,702	109	0	54.00
54.01	03630	ULTRA SOUND	4,582	82,015	1,019,029	2	0	54.01
54.02	05401	PET SCAN	1,397	374,073	107,944	0	0	54.02
54.03	03480	ONCOLOGY	9,904	196,425	1,386,751	0	0	54.03
54.04	03440	MAMMOGRAPHY	5,940	27,916	884,491	0	0	54.04
56.00	05600	RADIOISOTOPE	5,790	1,878	376,043	13	0	56.00
57.00	05700	CT SCAN	4,433	114,810	1,496,668	2	0	57.00
58.00	05800	MRI	6,598	108,232	884,538	18	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	446,700	4,278,837	20	0	59.00
60.00	06000	LABORATORY	18,646	318,365	7,244,515	87	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	5,050	520,596	5	0	63.00
64.00	06400	INTRAVENOUS THERAPY	493	1,333	1,056,220	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	22,709	2,683,403	16	0	65.00
66.00	06600	PHYSICAL THERAPY	8,312	0	3,241,181	15	0	66.00
66.01	06601	REHAB OUTPATIENT	6,487	24,680	2,031,923	15	0	66.01
66.02	06602	REHAB MED SURGICAL	851	0	2,241,810	11	0	66.02
69.00	06900	ELECTROCARDIOLOGY	3,308	113,332	881,434	16	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	8,336	139,281	15	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	4,450	561,113	1	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
74.00	07400	RENAL DIALYSIS	964	0	51,021	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	26,874	587,987	7	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								
90.00	09000	CLINIC	9,841	41,192	1,405,327	20	0	90.00
90.01	09001	DAY REHAB	2,085	1,010	953,710	1	0	90.01
90.02	09002	IMAGING CENTERS	0	109,967	749,080	10	0	90.02
90.03	09003	COUMADIN CLINIC	579	0	159,233	1	0	90.03
90.04	09004	WOUND CLINIC	6,086	12,423	609,413	3	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	491,460	1,525,832	1	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXP ENSE)				
			1.00	2.00	4.00	5.01	5.02	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	41,335	0	0	90.06
91.00	09100	EMERGENCY	14,406	59,015	5,110,058	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	6,611,470	98	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	4,073,133	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	743,490	7,560,370	141,354,338	1,890	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	1,621	191,120	4	0	190.00
191.00	19100	RESEARCH	3,037	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	17,245	276,546	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,727,418	11,156,628	21,350,864	949,226	24,442,723	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.630576	1.471999	0.150547	501.175290	2,444.272300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			57,833	25,447	9,467	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000408	13.435586	0.946700	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	119,121,441					5.03
5.04	00570	ADMITTING	21,282	2,166,412,416				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,166,412,416			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	28,402,941	0	0	-75,013,999	370,278,509	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,894	0	0	0	1,249,469	6.00
7.00	00700	OPERATION OF PLANT	3,054	0	0	0	9,669,220	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	96,957	0	0	0	1,022,976	8.00
9.00	00900	HOUSEKEEPING	377,955	0	0	0	5,595,733	9.00
10.00	01000	DIETARY	108,143	0	0	0	5,226,480	10.00
11.00	01100	CAFETERIA	40,394	0	0	0	1,899,504	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,718,295	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	72,216	0	0	0	1,449,805	14.00
15.00	01500	PHARMACY	22,068,241	0	0	0	10,517,355	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,025	0	0	0	5,587,963	16.00
17.00	01700	SOCIAL SERVICE	1,461	0	0	0	2,534,209	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	18,093	0	0	0	503,199	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	786,379	178,215,129	178,215,129	0	48,166,007	30.00
31.00	03100	INTENSIVE CARE UNIT	320,256	44,286,773	44,286,773	0	13,598,812	31.00
40.00	04000	SUBPROVIDER - IPF	33,077	11,470,167	11,470,167	0	2,836,968	40.00
41.00	04100	SUBPROVIDER - IRF	363,447	50,104,932	50,104,932	0	20,815,115	41.00
43.00	04300	NURSERY	53,509	9,622,495	9,622,495	0	1,672,672	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	583,016	189,164,194	189,164,194	0	17,672,834	50.00
50.01	05001	GAMMA KNIFE	4,173	11,883,372	11,883,372	0	2,849,278	50.01
50.02	03330	ENDOSCOPY	132,078	62,831,732	62,831,732	0	4,472,755	50.02
51.00	05100	RECOVERY ROOM	15,381	24,605,467	24,605,467	0	2,361,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,062	12,198,038	12,198,038	0	3,215,695	52.00
53.00	05300	ANESTHESIOLOGY	115,252	46,645,760	46,645,760	0	1,340,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,291	43,473,478	43,473,478	0	3,923,458	54.00
54.01	03630	ULTRA SOUND	7,833	29,128,502	29,128,502	0	1,885,727	54.01
54.02	05401	PET SCAN	938	11,938,509	11,938,509	0	877,834	54.02
54.03	03480	ONCOLOGY	9,047	42,963,609	42,963,609	0	2,827,986	54.03
54.04	03440	MAMMOGRAPHY	9,708	15,671,716	15,671,716	0	1,510,051	54.04
56.00	05600	RADIOISOTOPE	13,387	21,551,898	21,551,898	0	897,345	56.00
57.00	05700	CT SCAN	100,121	99,786,535	99,786,535	0	3,647,539	57.00
58.00	05800	MRI	10,055	39,114,597	39,114,597	0	1,961,707	58.00
59.00	05900	CARDIAC CATHETERIZATION	317,153	128,381,204	128,381,204	0	8,709,391	59.00
60.00	06000	LABORATORY	6,035,264	252,586,031	252,586,031	0	18,663,327	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,425,236	9,148,351	9,148,351	0	2,506,124	63.00
64.00	06400	INTRAVENOUS THERAPY	37,931	2,988,279	2,988,279	0	1,393,891	64.00
65.00	06500	RESPIRATORY THERAPY	223,597	54,133,063	54,133,063	0	4,501,986	65.00
66.00	06600	PHYSICAL THERAPY	18,929	36,724,148	36,724,148	0	4,860,305	66.00
66.01	06601	REHAB OUTPATIENT	10,949	13,867,675	13,867,675	0	2,845,019	66.01
66.02	06602	REHAB MED SURGICAL	3,143	18,851,829	18,851,829	0	3,053,514	66.02
69.00	06900	ELECTROCARDIOLOGY	243,461	49,118,585	49,118,585	0	2,292,940	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	742	3,152,318	3,152,318	0	275,489	70.00
70.01	07001	NEUROMEG	6	5	5	0	1	70.01
70.02	07002	SLEEP LAB	3,667	10,231,193	10,231,193	0	937,988	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,429,097	114,690,061	114,690,061	0	37,416,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,361,975	66,731,842	66,731,842	0	29,485,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	189,385,429	189,385,429	0	24,696,997	73.00
74.00	07400	RENAL DIALYSIS	6,475	6,903,979	6,903,979	0	1,661,850	74.00
76.97	07697	CARDIAC REHABILITATION	6,290	1,972,053	1,972,053	0	867,667	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								
90.00	09000	CLINIC	164,267	15,323,493	15,323,493	0	2,477,092	90.00
90.01	09001	DAY REHAB	6,839	9,431,181	9,431,181	0	1,357,811	90.01
90.02	09002	IMAGING CENTERS	32,492	17,067,165	17,067,165	0	1,719,895	90.02
90.03	09003	COUMADIN CLINIC	33,812	1,392,264	1,392,264	0	268,636	90.03
90.04	09004	WOUND CLINIC	47,727	18,790,948	18,790,948	0	1,275,831	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	57,837	58,851,407	58,851,407	0	3,847,726	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	754	213,472	213,472	0	54,450	90.06
91.00	09100	EMERGENCY	240,395	122,101,890	122,101,890	0	9,940,457	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	157,653	10,642,032	10,642,032	0	8,782,917	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	355,686	9,075,616	9,075,616	0	7,892,090	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,096,043	2,166,412,416	2,166,412,416	-75,013,999	366,292,523	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	493,623	190.00
191.00	19100	RESEARCH	0	0	0	0	47,470	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,398	0	0	0	3,444,893	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,407,430	2,405,208	28,441,582		75,013,999	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.171316	0.001110	0.013128		0.202588	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,394	73,602	8,162		3,420,230	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000020	0.000034	0.000004		0.009237	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (GROSS PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	705,192				6.00
7.00	00700	OPERATION OF PLANT	179,544	525,648			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,241,118		8.00
9.00	00900	HOUSEKEEPING	4,167	4,167	0	521,481	9.00
10.00	01000	DIETARY	12,854	12,854	0	12,854	10.00
11.00	01100	CAFETERIA	14,504	14,504	0	14,504	11.00
13.00	01300	NURSING ADMINISTRATION	744	744	0	744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	16,133	0	16,133	14.00
15.00	01500	PHARMACY	5,901	5,901	0	5,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	11,256	0	11,256	16.00
17.00	01700	SOCIAL SERVICE	778	778	0	778	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	923	0	923	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,483	135,483	1,073,747	135,483	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	27,407	93,571	27,407	31.00
40.00	04000	SUBPROVIDER - IPF	13,939	13,939	85,338	13,939	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	43,597	304,742	43,597	41.00
43.00	04300	NURSERY	2,702	2,702	0	2,702	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,320	40,320	241,796	40,320	50.00
50.01	05001	GAMMA KNIFE	3,690	3,690	0	3,690	50.01
50.02	03330	ENDOSCOPY	6,965	6,965	82,930	6,965	50.02
51.00	05100	RECOVERY ROOM	6,133	6,133	42,700	6,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	19,695	70,567	19,695	52.00
53.00	05300	ANESTHESIOLOGY	455	455	0	455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	8,809	0	8,809	54.00
54.01	03630	ULTRA SOUND	4,582	4,582	48,497	4,582	54.01
54.02	05401	PET SCAN	1,397	1,397	0	1,397	54.02
54.03	03480	ONCOLOGY	9,904	9,904	0	9,904	54.03
54.04	03440	MAMMOGRAPHY	5,940	5,940	0	5,940	54.04
56.00	05600	RADIOISOTOPE	5,790	5,790	0	5,790	56.00
57.00	05700	CT SCAN	4,433	4,433	0	4,433	57.00
58.00	05800	MRI	6,598	6,598	0	6,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	16,020	0	16,020	59.00
60.00	06000	LABORATORY	18,646	18,646	0	18,646	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	871	0	871	63.00
64.00	06400	INTRAVENOUS THERAPY	493	493	0	493	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	2,251	0	2,251	65.00
66.00	06600	PHYSICAL THERAPY	8,312	8,312	0	8,312	66.00
66.01	06601	REHAB OUTPATIENT	6,487	6,487	0	6,487	66.01
66.02	06602	REHAB MED SURGICAL	851	851	0	851	66.02
69.00	06900	ELECTROCARDIOLOGY	3,308	3,308	0	3,308	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	2,451	0	2,451	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	5,914	0	5,914	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
74.00	07400	RENAL DIALYSIS	964	964	0	964	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	4,187	0	4,187	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							
90.00	09000	CLINIC	9,841	9,841	0	9,841	90.00
90.01	09001	DAY REHAB	2,085	2,085	0	2,085	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	579	579	0	579	90.03
90.04	09004	WOUND CLINIC	6,086	6,086	0	6,086	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.06
91.00	09100	EMERGENCY	14,406	14,406	197,230	14,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (GROSS PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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)	698,395	518,851	2,241,118	514,684	96,593	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119	0	2,119	0	190.00
191.00	19100	RESEARCH	3,037	3,037	0	3,037	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	1,641	0	1,641	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,502,596	12,010,650	1,230,219	6,833,453	6,774,833	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.130762	22.849226	0.548931	13.103935	70.137929	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	144,696	2,983,232	9,451	143,100	391,610	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.205187	5.675342	0.004217	0.274411	4.054228	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT DAYS)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	173,461					11.00
13.00	01300	NURSING ADMINISTRATION	1,425	2,306,621				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,977	0	54,760,571			14.00
15.00	01500	PHARMACY	5,077	0	0	10,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,651	0	0	0	96,593	16.00
17.00	01700	SOCIAL SERVICE	2,489	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	792	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,342	1,005,522	0	0	56,439	30.00
31.00	03100	INTENSIVE CARE UNIT	12,215	254,078	0	0	9,293	31.00
40.00	04000	SUBPROVIDER - IPF	3,247	67,542	0	0	4,907	40.00
41.00	04100	SUBPROVIDER - IRF	11,698	243,312	0	0	21,499	41.00
43.00	04300	NURSERY	1,157	24,063	0	0	4,455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,847	225,627	0	0	0	50.00
50.01	05001	GAMMA KNIFE	310	6,439	0	0	0	50.01
50.02	03330	ENDOSCOPY	2,720	56,575	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,598	33,232	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,798	58,207	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,239	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	1,040	0	0	0	0	54.01
54.02	05401	PET SCAN	123	0	0	0	0	54.02
54.03	03480	ONCOLOGY	1,293	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	1,106	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	388	0	0	0	0	56.00
57.00	05700	CT SCAN	1,667	0	0	0	0	57.00
58.00	05800	MRI	954	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,352	90,511	0	0	0	59.00
60.00	06000	LABORATORY	13,311	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	662	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,085	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,844	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,250	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	2,574	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	2,612	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	1,156	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206	0	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	973	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	30,398,600	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	24,361,971	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	50	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	745	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,747	36,339	0	0	0	90.00
90.01	09001	DAY REHAB	1,271	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	981	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	198	4,115	0	0	0	90.03
90.04	09004	WOUND CLINIC	1,023	44,504	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	2,140	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	54	1,124	0	0	0	90.06
91.00	09100	EMERGENCY	7,473	155,431	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT DAYS)	
			11.00	13.00	14.00	15.00	16.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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)	172,860	2,306,621	54,760,571	10,000	96,593	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	308	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	293	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,836,690	3,320,627	2,390,258	12,955,805	7,241,103	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.353474	1.439607	0.043649	1,295.580500	74.965091	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	333,534	84,105	426,829	299,073	324,821	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.922818	0.036462	0.007794	29.907300	3.362780	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description		SOCIAL SERVICE (GROSS PATIENT DAYS)	PARAMED ED PRGM (GROSS PATIENT DAYS)	
		17.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	96,593	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	56,439	30.00
31.00	03100	INTENSIVE CARE UNIT	9,293	31.00
40.00	04000	SUBPROVIDER - IPF	4,907	40.00
41.00	04100	SUBPROVIDER - IRF	21,499	41.00
43.00	04300	NURSERY	4,455	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	GAMMA KNIFE	0	50.01
50.02	03330	ENDOSCOPY	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	05401	PET SCAN	0	54.02
54.03	03480	ONCOLOGY	0	54.03
54.04	03440	MAMMOGRAPHY	0	54.04
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	REHAB OUTPATIENT	0	66.01
66.02	06602	REHAB MED SURGICAL	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	NEUROMEG	0	70.01
70.02	07002	SLEEP LAB	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DAY REHAB	0	90.01
90.02	09002	IMAGING CENTERS	0	90.02
90.03	09003	COUMADIN CLINIC	0	90.03
90.04	09004	WOUND CLINIC	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			SOCIAL SERVICE (GROSS PATIENT DAYS)	PARAMED ED PRGM (GROSS PATIENT DAYS)	
			17.00	23.00	
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	96,593	96,593	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,117,943	653,245	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.279182	6.762861	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,118	26,638	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.477447	0.275776	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 6:56 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,304,087		76,304,087	0	76,304,087	30.00
31.00	03100	INTENSIVE CARE UNIT	19,725,689		19,725,689	0	19,725,689	31.00
40.00	04000	SUBPROVIDER - IPF	5,043,335		5,043,335	0	5,043,335	40.00
41.00	04100	SUBPROVIDER - IRF	31,360,146		31,360,146	0	31,360,146	41.00
43.00	04300	NURSERY	2,988,366		2,988,366	0	2,988,366	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,423,611		23,423,611	0	23,423,611	50.00
50.01	05001	GAMMA KNIFE	3,581,379		3,581,379	0	3,581,379	50.01
50.02	03330	ENDOSCOPY	5,815,586		5,815,586	0	5,815,586	50.02
51.00	05100	RECOVERY ROOM	3,170,466		3,170,466	0	3,170,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,785,507		4,785,507	0	4,785,507	52.00
53.00	05300	ANESTHESIOLOGY	1,629,098		1,629,098	0	1,629,098	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,106,755		5,106,755	0	5,106,755	54.00
54.01	03630	ULTRA SOUND	2,485,883		2,485,883	0	2,485,883	54.01
54.02	05401	PET SCAN	1,110,887		1,110,887	0	1,110,887	54.02
54.03	03480	ONCOLOGY	3,799,230		3,799,230	0	3,799,230	54.03
54.04	03440	MAMMOGRAPHY	2,060,274		2,060,274	0	2,060,274	54.04
56.00	05600	RADIOISOTOPE	1,305,987		1,305,987	0	1,305,987	56.00
57.00	05700	CT SCAN	4,582,575		4,582,575	0	4,582,575	57.00
58.00	05800	MRI	2,626,004		2,626,004	0	2,626,004	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,285,384		11,285,384	0	11,285,384	59.00
60.00	06000	LABORATORY	23,372,087		23,372,087	0	23,372,087	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,057,833		3,057,833	0	3,057,833	63.00
64.00	06400	INTRAVENOUS THERAPY	1,712,796		1,712,796	0	1,712,796	64.00
65.00	06500	RESPIRATORY THERAPY	5,562,624	0	5,562,624	0	5,562,624	65.00
66.00	06600	PHYSICAL THERAPY	6,231,000	0	6,231,000	0	6,231,000	66.00
66.01	06601	REHAB OUTPATIENT	3,710,530	0	3,710,530	0	3,710,530	66.01
66.02	06602	REHAB MED SURGICAL	3,747,243	0	3,747,243	0	3,747,243	66.02
69.00	06900	ELECTROCARDIOLOGY	2,902,349		2,902,349	0	2,902,349	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	428,012		428,012	0	428,012	70.00
70.01	07001	NEUROMEG	1		1	0	1	70.01
70.02	07002	SLEEP LAB	1,369,153		1,369,153	0	1,369,153	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,322,965		46,322,965	0	46,322,965	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,522,524		36,522,524	0	36,522,524	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,656,117		42,656,117	0	42,656,117	73.00
74.00	07400	RENAL DIALYSIS	2,036,052		2,036,052	0	2,036,052	74.00
76.97	07697	CARDIAC REHABILITATION	1,215,087		1,215,087	0	1,215,087	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								
90.00	09000	CLINIC	3,434,589		3,434,589	0	3,434,589	90.00
90.01	09001	DAY REHAB	1,733,078		1,733,078	0	1,733,078	90.01
90.02	09002	IMAGING CENTERS	2,084,368		2,084,368	0	2,084,368	90.02
90.03	09003	COUMADIN CLINIC	354,271		354,271	0	354,271	90.03
90.04	09004	WOUND CLINIC	1,846,876		1,846,876	0	1,846,876	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	4,662,225		4,662,225	0	4,662,225	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	67,982		67,982	0	67,982	90.06
91.00	09100	EMERGENCY	12,957,147		12,957,147	0	12,957,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,492,698		6,492,698	0	6,492,698	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	10,562,231		10,562,231	0	10,562,231	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,490,933		9,490,933		9,490,933	116.00
200.00		Subtotal (see instructions)	446,723,020	0	446,723,020	0	446,723,020	200.00
201.00		Less Observation Beds	6,492,698		6,492,698		6,492,698	201.00
202.00		Total (see instructions)	440,230,322	0	440,230,322	0	440,230,322	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/29/2018 6:56 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	163,202,317		163,202,317			30.00
31.00	03100	INTENSIVE CARE UNIT	44,286,773		44,286,773			31.00
40.00	04000	SUBPROVIDER - IPF	11,470,167		11,470,167			40.00
41.00	04100	SUBPROVIDER - IRF	50,104,932		50,104,932			41.00
43.00	04300	NURSERY	9,622,495		9,622,495			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	104,121,610	85,042,584	189,164,194	0.123827	0.000000	50.00
50.01	05001	GAMMA KNIFE	0	11,883,372	11,883,372	0.301377	0.000000	50.01
50.02	03330	ENDOSCOPY	11,168,332	51,663,400	62,831,732	0.092558	0.000000	50.02
51.00	05100	RECOVERY ROOM	12,060,163	12,545,304	24,605,467	0.128852	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,785,500	412,538	12,198,038	0.392318	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,416,894	24,228,866	46,645,760	0.034925	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,361,067	26,112,411	43,473,478	0.117468	0.000000	54.00
54.01	03630	ULTRA SOUND	9,546,854	19,581,648	29,128,502	0.085342	0.000000	54.01
54.02	05401	PET SCAN	37,656	11,900,853	11,938,509	0.093051	0.000000	54.02
54.03	03480	ONCOLOGY	1,562,571	41,401,038	42,963,609	0.088429	0.000000	54.03
54.04	03440	MAMMOGRAPHY	50,223	15,621,493	15,671,716	0.131464	0.000000	54.04
56.00	05600	RADIOISOTOPE	6,920,437	14,631,461	21,551,898	0.060597	0.000000	56.00
57.00	05700	CT SCAN	34,002,929	65,783,606	99,786,535	0.045924	0.000000	57.00
58.00	05800	MRI	11,341,891	27,772,706	39,114,597	0.067136	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,695,581	69,685,623	128,381,204	0.087905	0.000000	59.00
60.00	06000	LABORATORY	106,139,637	146,446,394	252,586,031	0.092531	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,252,469	1,895,882	9,148,351	0.334250	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,683,218	305,061	2,988,279	0.573171	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	50,774,069	3,358,994	54,133,063	0.102758	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	36,724,148	0	36,724,148	0.169670	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	11,224	13,856,451	13,867,675	0.267567	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	18,006,922	844,907	18,851,829	0.198773	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY	24,332,266	24,786,319	49,118,585	0.059089	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	506,848	2,645,470	3,152,318	0.135777	0.000000	70.00
70.01	07001	NEUROMEG	0	5	5	0.200000	0.000000	70.01
70.02	07002	SLEEP LAB	0	10,231,193	10,231,193	0.133821	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,702,858	52,987,203	114,690,061	0.403897	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,181,242	22,550,600	66,731,842	0.547303	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,330,187	76,055,242	189,385,429	0.225234	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,638,397	265,582	6,903,979	0.294910	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	84,377	1,887,676	1,972,053	0.616153	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	361,290	14,962,203	15,323,493	0.224139	0.000000	90.00
90.01	09001	DAY REHAB	6,575	9,424,606	9,431,181	0.183760	0.000000	90.01
90.02	09002	IMAGING CENTERS	132,762	16,934,403	17,067,165	0.122127	0.000000	90.02
90.03	09003	COUMADIN CLINIC	3,236	1,389,028	1,392,264	0.254457	0.000000	90.03
90.04	09004	WOUND CLINIC	51,434	18,739,514	18,790,948	0.098285	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	831,066	58,020,341	58,851,407	0.079220	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	1,773	211,699	213,472	0.318459	0.000000	90.06
91.00	09100	EMERGENCY	36,207,726	85,894,164	122,101,890	0.106117	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,812,852	11,199,960	15,012,812	0.432477	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY	0	10,642,032	10,642,032			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	9,075,616	9,075,616			116.00
200.00		Subtotal (see instructions)	1,093,534,968	1,072,877,448	2,166,412,416			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,093,534,968	1,072,877,448	2,166,412,416			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/29/2018 6:56 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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	0.123827		50.00
50.01	05001	GAMMA KNIFE	0.301377		50.01
50.02	03330	ENDOSCOPY	0.092558		50.02
51.00	05100	RECOVERY ROOM	0.128852		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.392318		52.00
53.00	05300	ANESTHESIOLOGY	0.034925		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117468		54.00
54.01	03630	ULTRA SOUND	0.085342		54.01
54.02	05401	PET SCAN	0.093051		54.02
54.03	03480	ONCOLOGY	0.088429		54.03
54.04	03440	MAMMOGRAPHY	0.131464		54.04
56.00	05600	RADIOISOTOPE	0.060597		56.00
57.00	05700	CT SCAN	0.045924		57.00
58.00	05800	MRI	0.067136		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087905		59.00
60.00	06000	LABORATORY	0.092531		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.334250		63.00
64.00	06400	INTRAVENOUS THERAPY	0.573171		64.00
65.00	06500	RESPIRATORY THERAPY	0.102758		65.00
66.00	06600	PHYSICAL THERAPY	0.169670		66.00
66.01	06601	REHAB OUTPATIENT	0.267567		66.01
66.02	06602	REHAB MED SURGICAL	0.198773		66.02
69.00	06900	ELECTROCARDIOLOGY	0.059089		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135777		70.00
70.01	07001	NEUROMEG	0.200000		70.01
70.02	07002	SLEEP LAB	0.133821		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.403897		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.547303		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225234		73.00
74.00	07400	RENAL DIALYSIS	0.294910		74.00
76.97	07697	CARDIAC REHABILITATION	0.616153		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.224139		90.00
90.01	09001	DAY REHAB	0.183760		90.01
90.02	09002	IMAGING CENTERS	0.122127		90.02
90.03	09003	COUMADIN CLINIC	0.254457		90.03
90.04	09004	WOUND CLINIC	0.098285		90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079220		90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.318459		90.06
91.00	09100	EMERGENCY	0.106117		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.432477		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
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: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 6:56 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	76,304,087		76,304,087	0	76,304,087
31.00	03100	INTENSIVE CARE UNIT	19,725,689		19,725,689	0	19,725,689
40.00	04000	SUBPROVIDER - IPF	5,043,335		5,043,335	0	5,043,335
41.00	04100	SUBPROVIDER - IRF	31,360,146		31,360,146	0	31,360,146
43.00	04300	NURSERY	2,988,366		2,988,366	0	2,988,366
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,423,611		23,423,611	0	23,423,611
50.01	05001	GAMMA KNIFE	3,581,379		3,581,379	0	3,581,379
50.02	03330	ENDOSCOPY	5,815,586		5,815,586	0	5,815,586
51.00	05100	RECOVERY ROOM	3,170,466		3,170,466	0	3,170,466
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,785,507		4,785,507	0	4,785,507
53.00	05300	ANESTHESIOLOGY	1,629,098		1,629,098	0	1,629,098
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,106,755		5,106,755	0	5,106,755
54.01	03630	ULTRA SOUND	2,485,883		2,485,883	0	2,485,883
54.02	05401	PET SCAN	1,110,887		1,110,887	0	1,110,887
54.03	03480	ONCOLOGY	3,799,230		3,799,230	0	3,799,230
54.04	03440	MAMMOGRAPHY	2,060,274		2,060,274	0	2,060,274
56.00	05600	RADIOISOTOPE	1,305,987		1,305,987	0	1,305,987
57.00	05700	CT SCAN	4,582,575		4,582,575	0	4,582,575
58.00	05800	MRI	2,626,004		2,626,004	0	2,626,004
59.00	05900	CARDIAC CATHETERIZATION	11,285,384		11,285,384	0	11,285,384
60.00	06000	LABORATORY	23,372,087		23,372,087	0	23,372,087
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,057,833		3,057,833	0	3,057,833
64.00	06400	INTRAVENOUS THERAPY	1,712,796		1,712,796	0	1,712,796
65.00	06500	RESPIRATORY THERAPY	5,562,624	0	5,562,624	0	5,562,624
66.00	06600	PHYSICAL THERAPY	6,231,000	0	6,231,000	0	6,231,000
66.01	06601	REHAB OUTPATIENT	3,710,530	0	3,710,530	0	3,710,530
66.02	06602	REHAB MED SURGICAL	3,747,243	0	3,747,243	0	3,747,243
69.00	06900	ELECTROCARDIOLOGY	2,902,349		2,902,349	0	2,902,349
70.00	07000	ELECTROENCEPHALOGRAPHY	428,012		428,012	0	428,012
70.01	07001	NEUROMEG	1		1	0	1
70.02	07002	SLEEP LAB	1,369,153		1,369,153	0	1,369,153
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,322,965		46,322,965	0	46,322,965
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,522,524		36,522,524	0	36,522,524
73.00	07300	DRUGS CHARGED TO PATIENTS	42,656,117		42,656,117	0	42,656,117
74.00	07400	RENAL DIALYSIS	2,036,052		2,036,052	0	2,036,052
76.97	07697	CARDIAC REHABILITATION	1,215,087		1,215,087	0	1,215,087
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,434,589		3,434,589	0	3,434,589
90.01	09001	DAY REHAB	1,733,078		1,733,078	0	1,733,078
90.02	09002	IMAGING CENTERS	2,084,368		2,084,368	0	2,084,368
90.03	09003	COUMADIN CLINIC	354,271		354,271	0	354,271
90.04	09004	WOUND CLINIC	1,846,876		1,846,876	0	1,846,876
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	4,662,225		4,662,225	0	4,662,225
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	67,982		67,982	0	67,982
91.00	09100	EMERGENCY	12,957,147		12,957,147	0	12,957,147
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,492,698		6,492,698	0	6,492,698
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	10,562,231		10,562,231	0	10,562,231
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	9,490,933		9,490,933	0	9,490,933
200.00		Subtotal (see instructions)	446,723,020	0	446,723,020	0	446,723,020
201.00		Less Observation Beds	6,492,698		6,492,698	0	6,492,698
202.00		Total (see instructions)	440,230,322	0	440,230,322	0	440,230,322

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 6:56 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	163,202,317		163,202,317		30.00
31.00	03100	INTENSIVE CARE UNIT	44,286,773		44,286,773		31.00
40.00	04000	SUBPROVIDER - IPF	11,470,167		11,470,167		40.00
41.00	04100	SUBPROVIDER - IRF	50,104,932		50,104,932		41.00
43.00	04300	NURSERY	9,622,495		9,622,495		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,121,610	85,042,584	189,164,194	0.123827	0.000000
50.01	05001	GAMMA KNIFE	0	11,883,372	11,883,372	0.301377	0.000000
50.02	03330	ENDOSCOPY	11,168,332	51,663,400	62,831,732	0.092558	0.000000
51.00	05100	RECOVERY ROOM	12,060,163	12,545,304	24,605,467	0.128852	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,785,500	412,538	12,198,038	0.392318	0.000000
53.00	05300	ANESTHESIOLOGY	22,416,894	24,228,866	46,645,760	0.034925	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,361,067	26,112,411	43,473,478	0.117468	0.000000
54.01	03630	ULTRA SOUND	9,546,854	19,581,648	29,128,502	0.085342	0.000000
54.02	05401	PET SCAN	37,656	11,900,853	11,938,509	0.093051	0.000000
54.03	03480	ONCOLOGY	1,562,571	41,401,038	42,963,609	0.088429	0.000000
54.04	03440	MAMMOGRAPHY	50,223	15,621,493	15,671,716	0.131464	0.000000
56.00	05600	RADIOISOTOPE	6,920,437	14,631,461	21,551,898	0.060597	0.000000
57.00	05700	CT SCAN	34,002,929	65,783,606	99,786,535	0.045924	0.000000
58.00	05800	MRI	11,341,891	27,772,706	39,114,597	0.067136	0.000000
59.00	05900	CARDIAC CATHETERIZATION	58,695,581	69,685,623	128,381,204	0.087905	0.000000
60.00	06000	LABORATORY	106,139,637	146,446,394	252,586,031	0.092531	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,252,469	1,895,882	9,148,351	0.334250	0.000000
64.00	06400	INTRAVENOUS THERAPY	2,683,218	305,061	2,988,279	0.573171	0.000000
65.00	06500	RESPIRATORY THERAPY	50,774,069	3,358,994	54,133,063	0.102758	0.000000
66.00	06600	PHYSICAL THERAPY	36,724,148	0	36,724,148	0.169670	0.000000
66.01	06601	REHAB OUTPATIENT	11,224	13,856,451	13,867,675	0.267567	0.000000
66.02	06602	REHAB MED SURGICAL	18,006,922	844,907	18,851,829	0.198773	0.000000
69.00	06900	ELECTROCARDIOLOGY	24,332,266	24,786,319	49,118,585	0.059089	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	506,848	2,645,470	3,152,318	0.135777	0.000000
70.01	07001	NEUROMEG	0	5	5	0.200000	0.000000
70.02	07002	SLEEP LAB	0	10,231,193	10,231,193	0.133821	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,702,858	52,987,203	114,690,061	0.403897	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,181,242	22,550,600	66,731,842	0.547303	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	113,330,187	76,055,242	189,385,429	0.225234	0.000000
74.00	07400	RENAL DIALYSIS	6,638,397	265,582	6,903,979	0.294910	0.000000
76.97	07697	CARDIAC REHABILITATION	84,377	1,887,676	1,972,053	0.616153	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	361,290	14,962,203	15,323,493	0.224139	0.000000
90.01	09001	DAY REHAB	6,575	9,424,606	9,431,181	0.183760	0.000000
90.02	09002	IMAGING CENTERS	132,762	16,934,403	17,067,165	0.122127	0.000000
90.03	09003	COUMADIN CLINIC	3,236	1,389,028	1,392,264	0.254457	0.000000
90.04	09004	WOUND CLINIC	51,434	18,739,514	18,790,948	0.098285	0.000000
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	831,066	58,020,341	58,851,407	0.079220	0.000000
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	1,773	211,699	213,472	0.318459	0.000000
91.00	09100	EMERGENCY	36,207,726	85,894,164	122,101,890	0.106117	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,812,852	11,199,960	15,012,812	0.432477	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	10,642,032	10,642,032		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	9,075,616	9,075,616		116.00
200.00		Subtotal (see instructions)	1,093,534,968	1,072,877,448	2,166,412,416		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,093,534,968	1,072,877,448	2,166,412,416		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	GAMMA KNIFE	0.000000			50.01
50.02	03330	ENDOSCOPY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	PET SCAN	0.000000			54.02
54.03	03480	ONCOLOGY	0.000000			54.03
54.04	03440	MAMMOGRAPHY	0.000000			54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	REHAB OUTPATIENT	0.000000			66.01
66.02	06602	REHAB MED SURGICAL	0.000000			66.02
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	NEUROMEG	0.000000			70.01
70.02	07002	SLEEP LAB	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
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						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DAY REHAB	0.000000			90.01
90.02	09002	IMAGING CENTERS	0.000000			90.02
90.03	09003	COUMADIN CLINIC	0.000000			90.03
90.04	09004	WOUND CLINIC	0.000000			90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000			90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
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: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/29/2018 6:56 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	4,136,080	0	4,136,080	61,688	67.05	30.00	
31.00	INTENSIVE CARE UNIT	888,376		888,376	9,293	95.60	31.00	
40.00	SUBPROVIDER - IPF	378,878	0	378,878	4,907	77.21	40.00	
41.00	SUBPROVIDER - IRF	1,607,492	0	1,607,492	21,499	74.77	41.00	
43.00	NURSERY	144,500		144,500	4,455	32.44	43.00	
200.00	Total (lines 30 through 199)	7,155,326		7,155,326	101,842		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	30,620	2,053,071					30.00
31.00	INTENSIVE CARE UNIT	3,771	360,508					31.00
40.00	SUBPROVIDER - IPF	3,808	294,016					40.00
41.00	SUBPROVIDER - IRF	13,769	1,029,508					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	51,968	3,737,103					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/29/2018 6:56 pm	
Title XVIII				Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,418,864	189,164,194	0.018074	42,591,031	769,790	50.00
50.01	05001 GAMMA KNIFE	108,813	11,883,372	0.009157	0	0	50.01
50.02	03330 ENDOSCOPY	354,114	62,831,732	0.005636	5,611,271	31,625	50.02
51.00	05100 RECOVERY ROOM	187,090	24,605,467	0.007604	4,820,885	36,658	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	541,137	12,198,038	0.044363	35,225	1,563	52.00
53.00	05300 ANESTHESIOLOGY	555,808	46,645,760	0.011916	8,927,848	106,384	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	665,150	43,473,478	0.015300	8,753,929	133,935	54.00
54.01	03630 ULTRA SOUND	241,719	29,128,502	0.008298	4,363,269	36,206	54.01
54.02	05401 PET SCAN	589,913	11,938,509	0.049413	36,396	1,798	54.02
54.03	03480 ONCOLOGY	535,708	42,963,609	0.012469	799,511	9,969	54.03
54.04	03440 MAMMOGRAPHY	187,531	15,671,716	0.011966	30,853	369	54.04
56.00	05600 RADIOISOTOPE	139,084	21,551,898	0.006453	3,837,416	24,763	56.00
57.00	05700 CT SCAN	306,904	99,786,535	0.003076	16,315,623	50,187	57.00
58.00	05800 MRI	325,102	39,114,597	0.008312	5,042,723	41,915	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,105,563	128,381,204	0.008612	27,961,521	240,805	59.00
60.00	06000 LABORATORY	1,086,114	252,586,031	0.004300	46,361,453	199,354	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	51,487	9,148,351	0.005628	3,017,042	16,980	63.00
64.00	06400 INTRAVENOUS THERAPY	28,209	2,988,279	0.009440	1,260,719	11,901	64.00
65.00	06500 RESPIRATORY THERAPY	134,815	54,133,063	0.002490	23,277,320	57,961	65.00
66.00	06600 PHYSICAL THERAPY	237,068	36,724,148	0.006455	0	0	66.00
66.01	06601 REHAB OUTPATIENT	210,438	13,867,675	0.015175	0	0	66.01
66.02	06602 REHAB MED SURGICAL	53,547	18,851,829	0.002840	9,825,238	27,904	66.02
69.00	06900 ELECTROCARDIOLOGY	264,741	49,118,585	0.005390	12,495,438	67,350	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	68,988	3,152,318	0.021885	241,787	5,292	70.00
70.01	07001 NEUROMEG	0	5	0.000000	0	0	70.01
70.02	07002 SLEEP LAB	146,555	10,231,193	0.014324	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	587,565	114,690,061	0.005123	26,970,460	138,170	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	465,259	66,731,842	0.006972	22,969,679	160,145	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	534,396	189,385,429	0.002822	47,863,100	135,070	73.00
74.00	07400 RENAL DIALYSIS	36,733	6,903,979	0.005321	3,553,458	18,908	74.00
76.97	07697 CARDIAC REHABILITATION	140,631	1,972,053	0.071312	40,184	2,866	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	304,017	15,323,493	0.019840	224,610	4,456	90.00
90.01	09001 DAY REHAB	62,657	9,431,181	0.006644	444	3	90.01
90.02	09002 IMAGING CENTERS	180,733	17,067,165	0.010590	67,613	716	90.02
90.03	09003 COUMADIN CLINIC	15,758	1,392,264	0.011318	3,236	37	90.03
90.04	09004 WOUND CLINIC	167,253	18,790,948	0.008901	29,635	264	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	765,958	58,851,407	0.013015	387,337	5,041	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	673	213,472	0.003153	1,773	6	90.06
91.00	09100 EMERGENCY	521,459	122,101,890	0.004271	17,431,165	74,449	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	351,937	15,012,812	0.023442	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50 through 199)	15,679,491	1,868,008,084		345,149,192	2,412,840	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/29/2018 6:56 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	381,689	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	62,847	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	33,185	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	145,395	0	41.00			
43.00	04300	NURSERY	0	0	0	30,129	0	43.00			
200.00	Total (lines 30 through 199)		0	0	0	653,245	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	381,689	61,688	6.19	30,620	30.00			
31.00	03100	INTENSIVE CARE UNIT		62,847	9,293	6.76	3,771	31.00			
40.00	04000	SUBPROVIDER - IPF	0	33,185	4,907	6.76	3,808	40.00			
41.00	04100	SUBPROVIDER - IRF	0	145,395	21,499	6.76	13,769	41.00			
43.00	04300	NURSERY		30,129	4,455	6.76	0	43.00			
200.00	Total (lines 30 through 199)			653,245	101,842		51,968	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	189,538								30.00
31.00	03100	INTENSIVE CARE UNIT	25,492								31.00
40.00	04000	SUBPROVIDER - IPF	25,742								40.00
41.00	04100	SUBPROVIDER - IRF	93,078								41.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		333,850								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/29/2018 6:56 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	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	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	PET SCAN	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	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
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		32,476	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	32,476	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 pm	
					Title XVIII		Hospital	PPS
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	189,164,194	0.000000	50.00
50.01	05001	GAMMA KNIFE	0	0	0	11,883,372	0.000000	50.01
50.02	03330	ENDOSCOPY	0	0	0	62,831,732	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	24,605,467	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	12,198,038	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	46,645,760	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	43,473,478	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	29,128,502	0.000000	54.01
54.02	05401	PET SCAN	0	0	0	11,938,509	0.000000	54.02
54.03	03480	ONCOLOGY	0	0	0	42,963,609	0.000000	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	15,671,716	0.000000	54.04
56.00	05600	RADIOISOTOPE	0	0	0	21,551,898	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	99,786,535	0.000000	57.00
58.00	05800	MRI	0	0	0	39,114,597	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	128,381,204	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	252,586,031	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,148,351	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,988,279	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	54,133,063	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	36,724,148	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	13,867,675	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	18,851,829	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,118,585	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,152,318	0.000000	70.00
70.01	07001	NEUROMEG	0	0	0	5	0.000000	70.01
70.02	07002	SLEEP LAB	0	0	0	10,231,193	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	114,690,061	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	66,731,842	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	189,385,429	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,903,979	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,972,053	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,323,493	0.000000	90.00
90.01	09001	DAY REHAB	0	0	0	9,431,181	0.000000	90.01
90.02	09002	IMAGING CENTERS	0	0	0	17,067,165	0.000000	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	1,392,264	0.000000	90.03
90.04	09004	WOUND CLINIC	0	0	0	18,790,948	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	58,851,407	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	213,472	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	122,101,890	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	32,476	32,476	15,012,812	0.002163	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	32,476	32,476	1,868,008,084		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 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	0.000000		42,591,031	0	17,756,493	0	50.00
50.01	05001	GAMMA KNIFE	0.000000		0	0	5,020,512	0	50.01
50.02	03330	ENDOSCOPY	0.000000		5,611,271	0	16,604,663	0	50.02
51.00	05100	RECOVERY ROOM	0.000000		4,820,885	0	2,461,189	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		35,225	0	724	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		8,927,848	0	5,571,466	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		8,753,929	0	7,772,838	0	54.00
54.01	03630	ULTRA SOUND	0.000000		4,363,269	0	4,387,637	0	54.01
54.02	05401	PET SCAN	0.000000		36,396	0	6,275,904	0	54.02
54.03	03480	ONCOLOGY	0.000000		799,511	0	15,846,580	0	54.03
54.04	03440	MAMMOGRAPHY	0.000000		30,853	0	1,480,370	0	54.04
56.00	05600	RADIOISOTOPE	0.000000		3,837,416	0	6,409,130	0	56.00
57.00	05700	CT SCAN	0.000000		16,315,623	0	20,042,122	0	57.00
58.00	05800	MRI	0.000000		5,042,723	0	8,969,560	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		27,961,521	0	33,320,631	0	59.00
60.00	06000	LABORATORY	0.000000		46,361,453	0	15,414,617	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		3,017,042	0	603,311	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		1,260,719	0	138,060	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		23,277,320	0	1,092,135	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.000000		0	0	53,462	0	66.01
66.02	06602	REHAB MED SURGICAL	0.000000		9,825,238	0	98,790	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0.000000		12,495,438	0	8,953,616	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		241,787	0	704,798	0	70.00
70.01	07001	NEUROMEG	0.000000		0	0	0	0	70.01
70.02	07002	SLEEP LAB	0.000000		0	0	2,725,535	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		26,970,460	0	16,326,852	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		22,969,679	0	11,392,539	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		47,863,100	0	28,133,902	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		3,553,458	0	222,894	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		40,184	0	784,157	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									
90.00	09000	CLINIC	0.000000		224,610	0	6,516,734	0	90.00
90.01	09001	DAY REHAB	0.000000		444	0	99,222	0	90.01
90.02	09002	IMAGING CENTERS	0.000000		67,613	0	5,206,213	0	90.02
90.03	09003	COUMADIN CLINIC	0.000000		3,236	0	706,159	0	90.03
90.04	09004	WOUND CLINIC	0.000000		29,635	0	9,544,821	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000		387,337	0	26,062,461	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000		1,773	0	211,699	0	90.06
91.00	09100	EMERGENCY	0.000000		17,431,165	0	16,020,238	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.002163		0	0	4,119,768	8,911	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
200.00		Total (lines 50 through 199)			345,149,192	0	307,051,802	8,911	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/29/2018 6:56 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		0.123827	17,756,493	0	0	2,198,733	50.00
50.01	05001	GAMMA KNIFE		0.301377	5,020,512	0	0	1,513,067	50.01
50.02	03330	ENDOSCOPY		0.092558	16,604,663	0	0	1,536,894	50.02
51.00	05100	RECOVERY ROOM		0.128852	2,461,189	0	0	317,129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.392318	724	0	0	284	52.00
53.00	05300	ANESTHESIOLOGY		0.034925	5,571,466	0	0	194,583	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.117468	7,772,838	0	0	913,060	54.00
54.01	03630	ULTRA SOUND		0.085342	4,387,637	0	0	374,450	54.01
54.02	05401	PET SCAN		0.093051	6,275,904	0	0	583,979	54.02
54.03	03480	ONCOLOGY		0.088429	15,846,580	0	0	1,401,297	54.03
54.04	03440	MAMMOGRAPHY		0.131464	1,480,370	0	0	194,615	54.04
56.00	05600	RADIOISOTOPE		0.060597	6,409,130	0	0	388,374	56.00
57.00	05700	CT SCAN		0.045924	20,042,122	0	0	920,414	57.00
58.00	05800	MRI		0.067136	8,969,560	0	0	602,180	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.087905	33,320,631	0	0	2,929,050	59.00
60.00	06000	LABORATORY		0.092531	15,414,617	77	0	1,426,330	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.334250	603,311	0	0	201,657	63.00
64.00	06400	INTRAVENOUS THERAPY		0.573171	138,060	0	0	79,132	64.00
65.00	06500	RESPIRATORY THERAPY		0.102758	1,092,135	0	0	112,226	65.00
66.00	06600	PHYSICAL THERAPY		0.169670	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT		0.267567	53,462	0	0	14,305	66.01
66.02	06602	REHAB MED SURGICAL		0.198773	98,790	0	0	19,637	66.02
69.00	06900	ELECTROCARDIOLOGY		0.059089	8,953,616	0	0	529,060	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.135777	704,798	0	0	95,695	70.00
70.01	07001	NEUROMEG		0.200000	0	0	0	0	70.01
70.02	07002	SLEEP LAB		0.133821	2,725,535	0	0	364,734	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.403897	16,326,852	0	0	6,594,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.547303	11,392,539	284	0	6,235,171	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.225234	28,133,902	0	45,498	6,336,711	73.00
74.00	07400	RENAL DIALYSIS		0.294910	222,894	0	0	65,734	74.00
76.97	07697	CARDIAC REHABILITATION		0.616153	784,157	0	0	483,161	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									
90.00	09000	CLINIC		0.224139	6,516,734	0	0	1,460,654	90.00
90.01	09001	DAY REHAB		0.183760	99,222	0	0	18,233	90.01
90.02	09002	IMAGING CENTERS		0.122127	5,206,213	0	0	635,819	90.02
90.03	09003	COUMADIN CLINIC		0.254457	706,159	0	0	179,687	90.03
90.04	09004	WOUND CLINIC		0.098285	9,544,821	0	0	938,113	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0.079220	26,062,461	0	0	2,064,668	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0.318459	211,699	0	0	67,417	90.06
91.00	09100	EMERGENCY		0.106117	16,020,238	74,368	0	1,700,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.432477	4,119,768	0	0	1,781,705	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000		0			94.00
200.00		Subtotal (see instructions)			307,051,802	74,729	45,498	45,472,345	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			307,051,802	74,729	45,498	45,472,345	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/29/2018 6:56 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	GAMMA KNIFE	0	0					50.01
50.02	03330	ENDOSCOPY	0	0					50.02
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03630	ULTRA SOUND	0	0					54.01
54.02	05401	PET SCAN	0	0					54.02
54.03	03480	ONCOLOGY	0	0					54.03
54.04	03440	MAMMOGRAPHY	0	0					54.04
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	7	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	REHAB OUTPATIENT	0	0					66.01
66.02	06602	REHAB MED SURGICAL	0	0					66.02
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	NEUROMEG	0	0					70.01
70.02	07002	SLEEP LAB	0	0					70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,248					73.00
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									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	DAY REHAB	0	0					90.01
90.02	09002	IMAGING CENTERS	0	0					90.02
90.03	09003	COUMADIN CLINIC	0	0					90.03
90.04	09004	WOUND CLINIC	0	0					90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0					90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0					90.06
91.00	09100	EMERGENCY	7,892	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
200.00		Subtotal (see instructions)	8,054	10,248					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	8,054	10,248					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/29/2018 6:56 pm
				Component CCN: 14-S258		
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	3,418,864	189,164,194	0.018074	0	0 50.00
50.01	05001 GAMMA KNIFE	108,813	11,883,372	0.009157	0	0 50.01
50.02	03330 ENDOSCOPY	354,114	62,831,732	0.005636	0	0 50.02
51.00	05100 RECOVERY ROOM	187,090	24,605,467	0.007604	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	541,137	12,198,038	0.044363	0	0 52.00
53.00	05300 ANESTHESIOLOGY	555,808	46,645,760	0.011916	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	665,150	43,473,478	0.015300	138,004	2,111 54.00
54.01	03630 ULTRA SOUND	241,719	29,128,502	0.008298	19,009	158 54.01
54.02	05401 PET SCAN	589,913	11,938,509	0.049413	0	0 54.02
54.03	03480 ONCOLOGY	535,708	42,963,609	0.012469	0	0 54.03
54.04	03440 MAMMOGRAPHY	187,531	15,671,716	0.011966	0	0 54.04
56.00	05600 RADIOISOTOPE	139,084	21,551,898	0.006453	4,840	31 56.00
57.00	05700 CT SCAN	306,904	99,786,535	0.003076	423,148	1,302 57.00
58.00	05800 MRI	325,102	39,114,597	0.008312	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	1,105,563	128,381,204	0.008612	0	0 59.00
60.00	06000 LABORATORY	1,086,114	252,586,031	0.004300	1,757,184	7,556 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	51,487	9,148,351	0.005628	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	28,209	2,988,279	0.009440	2,369	22 64.00
65.00	06500 RESPIRATORY THERAPY	134,815	54,133,063	0.002490	107,413	267 65.00
66.00	06600 PHYSICAL THERAPY	237,068	36,724,148	0.006455	0	0 66.00
66.01	06601 REHAB OUTPATIENT	210,438	13,867,675	0.015175	0	0 66.01
66.02	06602 REHAB MED SURGICAL	53,547	18,851,829	0.002840	219,614	624 66.02
69.00	06900 ELECTROCARDIOLOGY	264,741	49,118,585	0.005390	125,933	679 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	68,988	3,152,318	0.021885	0	0 70.00
70.01	07001 NEUROMEG	0	5	0.000000	0	0 70.01
70.02	07002 SLEEP LAB	146,555	10,231,193	0.014324	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	587,565	114,690,061	0.005123	34,959	179 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	465,259	66,731,842	0.006972	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	534,396	189,385,429	0.002822	996,203	2,811 73.00
74.00	07400 RENAL DIALYSIS	36,733	6,903,979	0.005321	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	140,631	1,972,053	0.071312	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	304,017	15,323,493	0.019840	0	0 90.00
90.01	09001 DAY REHAB	62,657	9,431,181	0.006644	0	0 90.01
90.02	09002 IMAGING CENTERS	180,733	17,067,165	0.010590	0	0 90.02
90.03	09003 COUMADIN CLINIC	15,758	1,392,264	0.011318	0	0 90.03
90.04	09004 WOUND CLINIC	167,253	18,790,948	0.008901	0	0 90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	765,958	58,851,407	0.013015	0	0 90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	673	213,472	0.003153	0	0 90.06
91.00	09100 EMERGENCY	521,459	122,101,890	0.004271	497,994	2,127 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	15,012,812	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
200.00	Total (lines 50 through 199)	15,327,554	1,868,008,084		4,326,670	17,867 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 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	0	50.00
50.01	05001	GAMMA KNIFE		0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	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	PET SCAN		0	0	0	0	0	54.02
54.03	03480	ONCOLOGY		0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	0	0	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT		0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	NEUROLOG		0	0	0	0	0	70.01
70.02	07002	SLEEP LAB		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
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									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DAY REHAB		0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS		0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC		0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	0	0	90.06
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	189,164,194	0.000000	50.00
50.01	05001	GAMMA KNIFE		0	0	0	11,883,372	0.000000	50.01
50.02	03330	ENDOSCOPY		0	0	0	62,831,732	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	24,605,467	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	12,198,038	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	46,645,760	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	43,473,478	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	29,128,502	0.000000	54.01
54.02	05401	PET SCAN		0	0	0	11,938,509	0.000000	54.02
54.03	03480	ONCOLOGY		0	0	0	42,963,609	0.000000	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	15,671,716	0.000000	54.04
56.00	05600	RADIOISOTOPE		0	0	0	21,551,898	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	99,786,535	0.000000	57.00
58.00	05800	MRI		0	0	0	39,114,597	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	128,381,204	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	252,586,031	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	9,148,351	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,988,279	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	54,133,063	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	36,724,148	0.000000	66.00
66.01	06601	REHAB OUTPATIENT		0	0	0	13,867,675	0.000000	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	18,851,829	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY		0	0	0	49,118,585	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,152,318	0.000000	70.00
70.01	07001	NEUROMEG		0	0	0	5	0.000000	70.01
70.02	07002	SLEEP LAB		0	0	0	10,231,193	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	114,690,061	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	66,731,842	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	189,385,429	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,903,979	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,972,053	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	15,323,493	0.000000	90.00
90.01	09001	DAY REHAB		0	0	0	9,431,181	0.000000	90.01
90.02	09002	IMAGING CENTERS		0	0	0	17,067,165	0.000000	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	1,392,264	0.000000	90.03
90.04	09004	WOUND CLINIC		0	0	0	18,790,948	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	58,851,407	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	213,472	0.000000	90.06
91.00	09100	EMERGENCY		0	0	0	122,101,890	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	15,012,812	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)		0	0	0	1,868,008,084		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 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	0.000000	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0.000000	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0.000000	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	138,004	0	2,232	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	19,009	0	0	0	0	54.01
54.02	05401	PET SCAN	0.000000	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0.000000	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0.000000	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0.000000	4,840	0	3,750	0	0	56.00
57.00	05700	CT SCAN	0.000000	423,148	0	6,617	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,757,184	0	7,562	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	2,369	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	107,413	0	528	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.000000	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0.000000	219,614	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0.000000	125,933	0	3,601	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01	07001	NEUROMEG	0.000000	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0.000000	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	34,959	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	996,203	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0.000000	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.000000	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	497,994	0	7,800	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)			4,326,670	0	32,090	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0258

Period:

Worksheet D

Component CCN: 14-S258

From 07/01/2017
To 06/30/2018Part V
Date/Time Prepared:
11/29/2018 6:56 pm

Title XVIII

Subprovider -

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	0.123827	0	0	0	0 50.00
50.01	05001 GAMMA KNIFE	0.301377	0	0	0	0 50.01
50.02	03330 ENDOSCOPY	0.092558	0	0	0	0 50.02
51.00	05100 RECOVERY ROOM	0.128852	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.392318	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.034925	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117468	2,232	0	0	262 54.00
54.01	03630 ULTRA SOUND	0.085342	0	0	0	0 54.01
54.02	05401 PET SCAN	0.093051	0	0	0	0 54.02
54.03	03480 ONCOLOGY	0.088429	0	0	0	0 54.03
54.04	03440 MAMMOGRAPHY	0.131464	0	0	0	0 54.04
56.00	05600 RADIOISOTOPE	0.060597	3,750	0	0	227 56.00
57.00	05700 CT SCAN	0.045924	6,617	0	0	304 57.00
58.00	05800 MRI	0.067136	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087905	0	0	0	0 59.00
60.00	06000 LABORATORY	0.092531	7,562	0	0	700 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.334250	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.573171	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.102758	528	0	0	54 65.00
66.00	06600 PHYSICAL THERAPY	0.169670	0	0	0	0 66.00
66.01	06601 REHAB OUTPATIENT	0.267567	0	0	0	0 66.01
66.02	06602 REHAB MED SURGICAL	0.198773	0	0	0	0 66.02
69.00	06900 ELECTROCARDIOLOGY	0.059089	3,601	0	0	213 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.135777	0	0	0	0 70.00
70.01	07001 NEUROMEG	0.200000	0	0	0	0 70.01
70.02	07002 SLEEP LAB	0.133821	0	0	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.403897	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.547303	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225234	0	0	124	0 73.00
74.00	07400 RENAL DIALYSIS	0.294910	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.616153	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						
90.00	09000 CLINIC	0.224139	0	0	0	0 90.00
90.01	09001 DAY REHAB	0.183760	0	0	0	0 90.01
90.02	09002 IMAGING CENTERS	0.122127	0	0	0	0 90.02
90.03	09003 COUMADIN CLINIC	0.254457	0	0	0	0 90.03
90.04	09004 WOUND CLINIC	0.098285	0	0	0	0 90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.079220	0	0	0	0 90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.318459	0	0	0	0 90.06
91.00	09100 EMERGENCY	0.106117	7,800	0	0	828 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.432477	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00	Subtotal (see instructions)		32,090	0	124	2,588 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		32,090	0	124	2,588 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/29/2018 6:56 pm	
			Title XVIII		Subprovider - IPF		PPS	
	Cost Center Description	Costs						
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
		6.00	7.00					
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00	
50.01	05001	GAMMA KNIFE	0	0			50.01	
50.02	03330	ENDOSCOPY	0	0			50.02	
51.00	05100	RECOVERY ROOM	0	0			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00	
53.00	05300	ANESTHESIOLOGY	0	0			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00	
54.01	03630	ULTRA SOUND	0	0			54.01	
54.02	05401	PET SCAN	0	0			54.02	
54.03	03480	ONCOLOGY	0	0			54.03	
54.04	03440	MAMMOGRAPHY	0	0			54.04	
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	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00	
65.00	06500	RESPIRATORY THERAPY	0	0			65.00	
66.00	06600	PHYSICAL THERAPY	0	0			66.00	
66.01	06601	REHAB OUTPATIENT	0	0			66.01	
66.02	06602	REHAB MED SURGICAL	0	0			66.02	
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00	
70.01	07001	NEUROMEG	0	0			70.01	
70.02	07002	SLEEP LAB	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	28			73.00	
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								
90.00	09000	CLINIC	0	0			90.00	
90.01	09001	DAY REHAB	0	0			90.01	
90.02	09002	IMAGING CENTERS	0	0			90.02	
90.03	09003	COUMADIN CLINIC	0	0			90.03	
90.04	09004	WOUND CLINIC	0	0			90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0			90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0			90.06	
91.00	09100	EMERGENCY	0	0			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00	
200.00		Subtotal (see instructions)	0	28			200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00	
202.00		Net Charges (line 200 - line 201)	0	28			202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0258

Period:

Worksheet D

Component CCN: 14-T258

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 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	3,418,864	189,164,194	0.018074	81,244	1,468	50.00
50.01	05001 GAMMA KNIFE	108,813	11,883,372	0.009157	0	0	50.01
50.02	03330 ENDOSCOPY	354,114	62,831,732	0.005636	18,531	104	50.02
51.00	05100 RECOVERY ROOM	187,090	24,605,467	0.007604	26,210	199	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	541,137	12,198,038	0.044363	0	0	52.00
53.00	05300 ANESTHESIOLOGY	555,808	46,645,760	0.011916	16,373	195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	665,150	43,473,478	0.015300	475,969	7,282	54.00
54.01	03630 ULTRA SOUND	241,719	29,128,502	0.008298	229,074	1,901	54.01
54.02	05401 PET SCAN	589,913	11,938,509	0.049413	0	0	54.02
54.03	03480 ONCOLOGY	535,708	42,963,609	0.012469	15,876	198	54.03
54.04	03440 MAMMOGRAPHY	187,531	15,671,716	0.011966	0	0	54.04
56.00	05600 RADIOISOTOPE	139,084	21,551,898	0.006453	58,603	378	56.00
57.00	05700 CT SCAN	306,904	99,786,535	0.003076	358,237	1,102	57.00
58.00	05800 MRI	325,102	39,114,597	0.008312	64,312	535	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,105,563	128,381,204	0.008612	0	0	59.00
60.00	06000 LABORATORY	1,086,114	252,586,031	0.004300	5,379,789	23,133	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	51,487	9,148,351	0.005628	36,102	203	63.00
64.00	06400 INTRAVENOUS THERAPY	28,209	2,988,279	0.009440	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	134,815	54,133,063	0.002490	1,547,968	3,854	65.00
66.00	06600 PHYSICAL THERAPY	237,068	36,724,148	0.006455	23,425,015	151,208	66.00
66.01	06601 REHAB OUTPATIENT	210,438	13,867,675	0.015175	0	0	66.01
66.02	06602 REHAB MED SURGICAL	53,547	18,851,829	0.002840	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	264,741	49,118,585	0.005390	106,387	573	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	68,988	3,152,318	0.021885	9,758	214	70.00
70.01	07001 NEUROLOG	0	5	0.000000	0	0	70.01
70.02	07002 SLEEP LAB	146,555	10,231,193	0.014324	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	587,565	114,690,061	0.005123	96,581	495	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	465,259	66,731,842	0.006972	4,232	30	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	534,396	189,385,429	0.002822	5,763,768	16,265	73.00
74.00	07400 RENAL DIALYSIS	36,733	6,903,979	0.005321	1,011,076	5,380	74.00
76.97	07697 CARDIAC REHABILITATION	140,631	1,972,053	0.071312	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	304,017	15,323,493	0.019840	47,530	943	90.00
90.01	09001 DAY REHAB	62,657	9,431,181	0.006644	0	0	90.01
90.02	09002 IMAGING CENTERS	180,733	17,067,165	0.010590	0	0	90.02
90.03	09003 COUMADIN CLINIC	15,758	1,392,264	0.011318	0	0	90.03
90.04	09004 WOUND CLINIC	167,253	18,790,948	0.008901	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	765,958	58,851,407	0.013015	0	0	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	673	213,472	0.003153	0	0	90.06
91.00	09100 EMERGENCY	521,459	122,101,890	0.004271	34,790	149	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	15,012,812	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50 through 199)	15,327,554	1,868,008,084		38,807,425	215,809	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE		0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	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	PET SCAN		0	0	0	0	0	54.02
54.03	03480	ONCOLOGY		0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	0	0	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT		0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	NEUROLOG		0	0	0	0	0	70.01
70.02	07002	SLEEP LAB		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
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									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DAY REHAB		0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS		0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC		0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	0	0	90.06
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	189,164,194	0.000000	50.00
50.01	05001	GAMMA KNIFE		0	0	0	11,883,372	0.000000	50.01
50.02	03330	ENDOSCOPY		0	0	0	62,831,732	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	24,605,467	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	12,198,038	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	46,645,760	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	43,473,478	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	29,128,502	0.000000	54.01
54.02	05401	PET SCAN		0	0	0	11,938,509	0.000000	54.02
54.03	03480	ONCOLOGY		0	0	0	42,963,609	0.000000	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	15,671,716	0.000000	54.04
56.00	05600	RADIOISOTOPE		0	0	0	21,551,898	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	99,786,535	0.000000	57.00
58.00	05800	MRI		0	0	0	39,114,597	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	128,381,204	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	252,586,031	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	9,148,351	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,988,279	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	54,133,063	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	36,724,148	0.000000	66.00
66.01	06601	REHAB OUTPATIENT		0	0	0	13,867,675	0.000000	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	18,851,829	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY		0	0	0	49,118,585	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,152,318	0.000000	70.00
70.01	07001	NEUROMEG		0	0	0	5	0.000000	70.01
70.02	07002	SLEEP LAB		0	0	0	10,231,193	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	114,690,061	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	66,731,842	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	189,385,429	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,903,979	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,972,053	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	15,323,493	0.000000	90.00
90.01	09001	DAY REHAB		0	0	0	9,431,181	0.000000	90.01
90.02	09002	IMAGING CENTERS		0	0	0	17,067,165	0.000000	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	1,392,264	0.000000	90.03
90.04	09004	WOUND CLINIC		0	0	0	18,790,948	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	58,851,407	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	213,472	0.000000	90.06
91.00	09100	EMERGENCY		0	0	0	122,101,890	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	15,012,812	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)		0	0	0	1,868,008,084		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 6:56 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	0.000000		81,244	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0.000000		0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0.000000		18,531	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000		26,210	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		16,373	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		475,969	0	2,634	0	54.00
54.01	03630	ULTRA SOUND	0.000000		229,074	0	0	0	54.01
54.02	05401	PET SCAN	0.000000		0	0	0	0	54.02
54.03	03480	ONCOLOGY	0.000000		15,876	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0.000000		0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0.000000		58,603	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		358,237	0	0	0	57.00
58.00	05800	MRI	0.000000		64,312	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		5,379,789	0	2,428	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		36,102	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		1,547,968	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		23,425,015	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.000000		0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0.000000		0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0.000000		106,387	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		9,758	0	0	0	70.00
70.01	07001	NEUROMEG	0.000000		0	0	0	0	70.01
70.02	07002	SLEEP LAB	0.000000		0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		96,581	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		4,232	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		5,763,768	0	990	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		1,011,076	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									
90.00	09000	CLINIC	0.000000		47,530	0	0	0	90.00
90.01	09001	DAY REHAB	0.000000		0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.000000		0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0.000000		0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0.000000		0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000		0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000		0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000		34,790	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
200.00		Total (lines 50 through 199)			38,807,425	0	6,052	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0258

Period:

Worksheet D

Component CCN: 14-T258

From 07/01/2017
To 06/30/2018Part V
Date/Time Prepared:
11/29/2018 6:56 pm

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	0.123827	0	0	0	0 50.00
50.01	05001 GAMMA KNIFE	0.301377	0	0	0	0 50.01
50.02	03330 ENDOSCOPY	0.092558	0	0	0	0 50.02
51.00	05100 RECOVERY ROOM	0.128852	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.392318	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.034925	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117468	2,634	0	0	309 54.00
54.01	03630 ULTRA SOUND	0.085342	0	0	0	0 54.01
54.02	05401 PET SCAN	0.093051	0	0	0	0 54.02
54.03	03480 ONCOLOGY	0.088429	0	0	0	0 54.03
54.04	03440 MAMMOGRAPHY	0.131464	0	0	0	0 54.04
56.00	05600 RADIOISOTOPE	0.060597	0	0	0	0 56.00
57.00	05700 CT SCAN	0.045924	0	0	0	0 57.00
58.00	05800 MRI	0.067136	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087905	0	0	0	0 59.00
60.00	06000 LABORATORY	0.092531	2,428	0	0	225 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.334250	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.573171	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.102758	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.169670	0	0	0	0 66.00
66.01	06601 REHAB OUTPATIENT	0.267567	0	0	0	0 66.01
66.02	06602 REHAB MED SURGICAL	0.198773	0	0	0	0 66.02
69.00	06900 ELECTROCARDIOLOGY	0.059089	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.135777	0	0	0	0 70.00
70.01	07001 NEUROMEG	0.200000	0	0	0	0 70.01
70.02	07002 SLEEP LAB	0.133821	0	0	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.403897	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.547303	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225234	990	0	891	223 73.00
74.00	07400 RENAL DIALYSIS	0.294910	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.616153	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						
90.00	09000 CLINIC	0.224139	0	0	0	0 90.00
90.01	09001 DAY REHAB	0.183760	0	0	0	0 90.01
90.02	09002 IMAGING CENTERS	0.122127	0	0	0	0 90.02
90.03	09003 COUMADIN CLINIC	0.254457	0	0	0	0 90.03
90.04	09004 WOUND CLINIC	0.098285	0	0	0	0 90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.079220	0	0	0	0 90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.318459	0	0	0	0 90.06
91.00	09100 EMERGENCY	0.106117	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.432477	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00	Subtotal (see instructions)		6,052	0	891	757 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		6,052	0	891	757 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/29/2018 6:56 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Costs							
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
	6.00	7.00						
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0			50.00	
50.01	05001	GAMMA KNIFE	0	0			50.01	
50.02	03330	ENDOSCOPY	0	0			50.02	
51.00	05100	RECOVERY ROOM	0	0			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00	
53.00	05300	ANESTHESIOLOGY	0	0			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00	
54.01	03630	ULTRA SOUND	0	0			54.01	
54.02	05401	PET SCAN	0	0			54.02	
54.03	03480	ONCOLOGY	0	0			54.03	
54.04	03440	MAMMOGRAPHY	0	0			54.04	
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	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00	
65.00	06500	RESPIRATORY THERAPY	0	0			65.00	
66.00	06600	PHYSICAL THERAPY	0	0			66.00	
66.01	06601	REHAB OUTPATIENT	0	0			66.01	
66.02	06602	REHAB MED SURGICAL	0	0			66.02	
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00	
70.01	07001	NEUROMEG	0	0			70.01	
70.02	07002	SLEEP LAB	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	201			73.00	
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								
90.00	09000	CLINIC	0	0			90.00	
90.01	09001	DAY REHAB	0	0			90.01	
90.02	09002	IMAGING CENTERS	0	0			90.02	
90.03	09003	COUMADIN CLINIC	0	0			90.03	
90.04	09004	WOUND CLINIC	0	0			90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0			90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0			90.06	
91.00	09100	EMERGENCY	0	0			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00	
200.00		Subtotal (see instructions)	0	201			200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00	
202.00		Net Charges (line 200 - line 201)	0	201			202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 6:56 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		61,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,688	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)		56,439	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)		30,620	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)		76,304,087	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)		76,304,087	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)		76,304,087	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)		1,236.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,875,103	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)		37,875,103	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0258

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

Worksheet D-1

Date/Time Prepared:
11/29/2018 6:56 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	19,725,689	9,293	2,122.64	3,771	8,004,475	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					60,395,435	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					106,275,013	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)					2,628,609	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,412,840	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,041,449	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					101,233,564	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)					5,249	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,236.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,492,698	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0258

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

Worksheet D-1

Date/Time Prepared:
11/29/2018 6:56 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	4,136,080	76,304,087	0.054205	6,492,698	351,937	90.00
91.00 Nursing School cost	0	76,304,087	0.000000	6,492,698	0	91.00
92.00 Allied health cost	381,689	76,304,087	0.005002	6,492,698	32,476	92.00
93.00 All other Medical Education	0	76,304,087	0.000000	6,492,698	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 6:56 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,907	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,907	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,907	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,808	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,043,335	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,043,335	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,043,335	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)		1,027.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,913,786	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,913,786	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 6:56 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					554,988
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,468,774
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					319,758
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					17,867
52.00 Total Program excludable cost (sum of lines 50 and 51)					337,625
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,131,149
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 6:56 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	378,878	5,043,335	0.075124	0	0	90.00
91.00	Nursing School cost	0	5,043,335	0.000000	0	0	91.00
92.00	Allied health cost	33,185	5,043,335	0.006580	0	0	92.00
93.00	All other Medical Education	0	5,043,335	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 6:56 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)		21,499	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,499	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)		21,499	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		13,769	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)		31,360,146	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)		31,360,146	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)		31,360,146	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)		1,458.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,084,565	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)		20,084,565	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 6:56 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
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)					6,420,016
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,504,581
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,122,586
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					215,809
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,338,395
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,166,186
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 6:56 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	1,607,492	31,360,146	0.051259	0	0	90.00
91.00	Nursing School cost	0	31,360,146	0.000000	0	0	91.00
92.00	Allied health cost	145,395	31,360,146	0.004636	0	0	92.00
93.00	All other Medical Education	0	31,360,146	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 6:56 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		81,532,307	30.00
31.00	03100	INTENSIVE CARE UNIT		20,865,058	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.123827	42,591,031	50.00
50.01	05001	GAMMA KNIFE	0.301377	0	50.01
50.02	03330	ENDOSCOPY	0.092558	5,611,271	50.02
51.00	05100	RECOVERY ROOM	0.128852	4,820,885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.392318	35,225	52.00
53.00	05300	ANESTHESIOLOGY	0.034925	8,927,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117468	8,753,929	54.00
54.01	03630	ULTRA SOUND	0.085342	4,363,269	54.01
54.02	05401	PET SCAN	0.093051	36,396	54.02
54.03	03480	ONCOLOGY	0.088429	799,511	54.03
54.04	03440	MAMMOGRAPHY	0.131464	30,853	54.04
56.00	05600	RADIOISOTOPE	0.060597	3,837,416	56.00
57.00	05700	CT SCAN	0.045924	16,315,623	57.00
58.00	05800	MRI	0.067136	5,042,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087905	27,961,521	59.00
60.00	06000	LABORATORY	0.092531	46,361,453	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.334250	3,017,042	63.00
64.00	06400	INTRAVENOUS THERAPY	0.573171	1,260,719	64.00
65.00	06500	RESPIRATORY THERAPY	0.102758	23,277,320	65.00
66.00	06600	PHYSICAL THERAPY	0.169670	0	66.00
66.01	06601	REHAB OUTPATIENT	0.267567	0	66.01
66.02	06602	REHAB MED SURGICAL	0.198773	9,825,238	66.02
69.00	06900	ELECTROCARDIOLOGY	0.059089	12,495,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135777	241,787	70.00
70.01	07001	NEUROMEG	0.200000	0	70.01
70.02	07002	SLEEP LAB	0.133821	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.403897	26,970,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.547303	22,969,679	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225234	47,863,100	73.00
74.00	07400	RENAL DIALYSIS	0.294910	3,553,458	74.00
76.97	07697	CARDIAC REHABILITATION	0.616153	40,184	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.224139	224,610	90.00
90.01	09001	DAY REHAB	0.183760	444	90.01
90.02	09002	IMAGING CENTERS	0.122127	67,613	90.02
90.03	09003	COUMADIN CLINIC	0.254457	3,236	90.03
90.04	09004	WOUND CLINIC	0.098285	29,635	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079220	387,337	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.318459	1,773	90.06
91.00	09100	EMERGENCY	0.106117	17,431,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.432477	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		345,149,192	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)		345,149,192	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 6:56 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		8,867,529		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	0.123827	0	0	50.00
50.01	05001 GAMMA KNIFE	0.301377	0	0	50.01
50.02	03330 ENDOSCOPY	0.092558	0	0	50.02
51.00	05100 RECOVERY ROOM	0.128852	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.392318	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034925	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117468	138,004	16,211	54.00
54.01	03630 ULTRA SOUND	0.085342	19,009	1,622	54.01
54.02	05401 PET SCAN	0.093051	0	0	54.02
54.03	03480 ONCOLOGY	0.088429	0	0	54.03
54.04	03440 MAMMOGRAPHY	0.131464	0	0	54.04
56.00	05600 RADIOISOTOPE	0.060597	4,840	293	56.00
57.00	05700 CT SCAN	0.045924	423,148	19,433	57.00
58.00	05800 MRI	0.067136	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087905	0	0	59.00
60.00	06000 LABORATORY	0.092531	1,757,184	162,594	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.334250	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.573171	2,369	1,358	64.00
65.00	06500 RESPIRATORY THERAPY	0.102758	107,413	11,038	65.00
66.00	06600 PHYSICAL THERAPY	0.169670	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0.267567	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.198773	219,614	43,653	66.02
69.00	06900 ELECTROCARDIOLOGY	0.059089	125,933	7,441	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.135777	0	0	70.00
70.01	07001 NEUROMEG	0.200000	0	0	70.01
70.02	07002 SLEEP LAB	0.133821	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.403897	34,959	14,120	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.547303	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225234	996,203	224,379	73.00
74.00	07400 RENAL DIALYSIS	0.294910	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.616153	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.224139	0	0	90.00
90.01	09001 DAY REHAB	0.183760	0	0	90.01
90.02	09002 IMAGING CENTERS	0.122127	0	0	90.02
90.03	09003 COUMADIN CLINIC	0.254457	0	0	90.03
90.04	09004 WOUND CLINIC	0.098285	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.079220	0	0	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.318459	0	0	90.06
91.00	09100 EMERGENCY	0.106117	497,994	52,846	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.432477	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,326,670	554,988	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)		4,326,670		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 6:56 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
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		32,058,394		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.123827	81,244	10,060	50.00
50.01	05001 GAMMA KNIFE	0.301377	0	0	50.01
50.02	03330 ENDOSCOPY	0.092558	18,531	1,715	50.02
51.00	05100 RECOVERY ROOM	0.128852	26,210	3,377	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.392318	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034925	16,373	572	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117468	475,969	55,911	54.00
54.01	03630 ULTRA SOUND	0.085342	229,074	19,550	54.01
54.02	05401 PET SCAN	0.093051	0	0	54.02
54.03	03480 ONCOLOGY	0.088429	15,876	1,404	54.03
54.04	03440 MAMMOGRAPHY	0.131464	0	0	54.04
56.00	05600 RADIOISOTOPE	0.060597	58,603	3,551	56.00
57.00	05700 CT SCAN	0.045924	358,237	16,452	57.00
58.00	05800 MRI	0.067136	64,312	4,318	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087905	0	0	59.00
60.00	06000 LABORATORY	0.092531	5,379,789	497,797	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.334250	36,102	12,067	63.00
64.00	06400 INTRAVENOUS THERAPY	0.573171	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.102758	1,547,968	159,066	65.00
66.00	06600 PHYSICAL THERAPY	0.169670	23,425,015	3,974,522	66.00
66.01	06601 REHAB OUTPATIENT	0.267567	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.198773	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0.059089	106,387	6,286	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.135777	9,758	1,325	70.00
70.01	07001 NEUROMEG	0.200000	0	0	70.01
70.02	07002 SLEEP LAB	0.133821	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.403897	96,581	39,009	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.547303	4,232	2,316	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225234	5,763,768	1,298,197	73.00
74.00	07400 RENAL DIALYSIS	0.294910	1,011,076	298,176	74.00
76.97	07697 CARDIAC REHABILITATION	0.616153	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.224139	47,530	10,653	90.00
90.01	09001 DAY REHAB	0.183760	0	0	90.01
90.02	09002 IMAGING CENTERS	0.122127	0	0	90.02
90.03	09003 COUMADIN CLINIC	0.254457	0	0	90.03
90.04	09004 WOUND CLINIC	0.098285	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.079220	0	0	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.318459	0	0	90.06
91.00	09100 EMERGENCY	0.106117	34,790	3,692	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.432477	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		38,807,425	6,420,016	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)		38,807,425		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 6:56 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)		16,650,322	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		49,606,606	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)		3,822,940	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)		242.62	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.41	31.00
32.00	Sum of lines 30 and 31		17.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.44	33.00
34.00	Disproportionate share adjustment (see instructions)		735,452	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 6:56 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
35.01	Factor 3 (see instructions)		0.000424151	0.000340621
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,535,357	2,304,879
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		639,049	1,723,923
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,362,972	
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	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		73,178,292	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		73,178,292	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,791,868	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		1	53.00
54.00	Special add-on payments for new technologies		8,286	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		215,030	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		79,193,477	59.00
60.00	Primary payer payments		101,397	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		79,092,080	61.00
62.00	Deductibles billed to program beneficiaries		5,811,228	62.00
63.00	Coinsurance billed to program beneficiaries		298,217	63.00
64.00	Allowable bad debts (see instructions)		912,491	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		593,119	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		655,375	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		73,575,754	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)		227,940	70.93
70.94	HRR adjustment amount (see instructions)		-631,504	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A
Date/Time Prepared:
11/29/2018 6:56 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		73,172,190		71.00
71.01	Sequestration adjustment (see instructions)		1,463,444		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		71,693,300		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)		15,446		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,208,027		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 6:56 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			18,302	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			45,463,434	2.00
3.00	OPPS payments			45,464,269	3.00
4.00	Outlier payment (see instructions)			92,753	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			8,911	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			18,302	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			120,227	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)			120,227	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)			120,227	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			101,925	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)			18,302	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)			45,565,933	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			7,826,096	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)			37,758,139	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)			37,758,139	30.00
31.00	Primary payer payments			27,617	31.00
32.00	Subtotal (line 30 minus line 31)			37,730,522	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)			848,075	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			551,249	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			588,049	36.00
37.00	Subtotal (see instructions)			38,281,771	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)			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)			38,281,771	40.00
40.01	Sequestration adjustment (see instructions)			765,635	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
41.00	Interim payments			37,466,820	41.00
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)			49,316	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: 14-0258 Component CCN: 14-S258	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 6:56 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		28	1.00
2.00	Medical and other services reimbursed under OPSS (see instructions)		2,588	2.00
3.00	OPPS payments		1,493	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)		28	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		124	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)		124	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)		124	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		96	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)		28	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)		1,493	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		261	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)		1,260	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)		1,260	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,260	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)		1,260	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)		1,260	40.00
40.01	Sequestration adjustment (see instructions)		25	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,232	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3	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: 14-0258 Component CCN: 14-T258	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 6:56 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		201	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		757	2.00
3.00	OPPS payments		582	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)		201	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		891	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)		891	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)		891	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		690	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)		201	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)		582	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		48	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)		735	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)		735	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		735	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)		735	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)		735	40.00
40.01	Sequestration adjustment (see instructions)		15	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		699	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		21	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/29/2018 6:56 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		70,794,254		36,965,727	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		862,846		501,093	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/30/2017	36,200		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)		36,200		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)		71,693,300		37,466,820	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		15,446		49,316	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		71,708,746		37,516,136	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: 14-0258

Period:

Worksheet E-1

Component CCN: 14-S258

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,619,627		1,232	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)		0		0	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)		3,619,627		1,232	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		30,721		3	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,650,348		1,235	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: 14-0258 Component CCN: 14-T258		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/29/2018 6:56 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		21,772,365		699		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)		0		0		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)		21,772,365		699		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		101,085		21		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		21,873,450		720		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part II
Date/Time Prepared:
11/29/2018 6:56 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/29/2018 6:56 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)	3,910,628		
2.00	Net IPF PPS Outlier Payments	5,973		
3.00	Net IPF PPS ECT Payments	0		
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		
4.01	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		
5.00	New Teaching program adjustment. (see instructions)	0.00		
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		
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		
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00		
9.00	Average Daily Census (see instructions)	13.443836		
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000		
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0		
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	3,916,601		
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		
14.00	Organ acquisition (DO NOT USE THIS LINE)	0		
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0		
16.00	Subtotal (see instructions)	3,916,601		
17.00	Primary payer payments	0		
18.00	Subtotal (line 16 less line 17).	3,916,601		
19.00	Deductibles	179,196		
20.00	Subtotal (line 18 minus line 19)	3,737,405		
21.00	Coinurance	38,302		
22.00	Subtotal (line 20 minus line 21)	3,699,103		
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		
24.00	Adjusted reimbursable bad debts (see instructions)	0		
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		
26.00	Subtotal (sum of lines 22 and 24)	3,699,103		
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0		
28.00	Other pass through costs (see instructions)	25,742		
29.00	Outlier payments reconciliation	0		
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		
30.99	Demonstration payment adjustment amount before sequestration	0		
31.00	Total amount payable to the provider (see instructions)	3,724,845		
31.01	Sequestration adjustment (see instructions)	74,497		
31.02	Demonstration payment adjustment amount after sequestration	0		
32.00	Interim payments	3,619,627		
33.00	Tentative settlement (for contractor use only)	0		
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	30,721		
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	5,973		
51.00	Outlier reconciliation adjustment amount (see instructions)	0		
52.00	The rate used to calculate the Time Value of Money	0.00		
53.00	Time Value of Money (see instructions)	0		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/29/2018 6:56 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			20,666,158 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0149 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			442,256 3.00
4.00	Outlier Payments			1,471,705 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)			58.901370 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)			22,580,119 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)			22,580,119 17.00
18.00	Primary payer payments			50,871 18.00
19.00	Subtotal (line 17 less line 18).			22,529,248 19.00
20.00	Deductibles			98,464 20.00
21.00	Subtotal (line 19 minus line 20)			22,430,784 21.00
22.00	Coinsurance			204,015 22.00
23.00	Subtotal (line 21 minus line 22)			22,226,769 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			22,226,769 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)			93,078 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)			22,319,847 32.00
32.01	Sequestration adjustment (see instructions)			446,397 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			21,772,365 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)			101,085 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			22,081 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,471,705 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

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

Provider CCN: 14-0258

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

Worksheet G

Date/Time Prepared:
11/29/2018 6:56 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	12,989	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	88,230,829	0	0	0	4.00
5.00 Other receivable	986,569	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	9,585,507	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	196,874,083	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	295,689,977	0	0	0	11.00
FIXED ASSETS					
12.00 Land	10,100,000	0	0	0	12.00
13.00 Land improvements	1,123,655	0	0	0	13.00
14.00 Accumulated depreciation	-541,201	0	0	0	14.00
15.00 Buildings	204,847,517	0	0	0	15.00
16.00 Accumulated depreciation	-49,321,284	0	0	0	16.00
17.00 Leasehold improvements	2,303,323	0	0	0	17.00
18.00 Accumulated depreciation	-827,975	0	0	0	18.00
19.00 Fixed equipment	2,332,917	0	0	0	19.00
20.00 Accumulated depreciation	-1,015,051	0	0	0	20.00
21.00 Automobiles and trucks	304,320	0	0	0	21.00
22.00 Accumulated depreciation	-227,577	0	0	0	22.00
23.00 Major movable equipment	71,640,750	0	0	0	23.00
24.00 Accumulated depreciation	-48,428,928	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	192,290,466	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	576,003	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	576,003	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	488,556,446	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,760,194	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	50,373,702	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	183,094,761	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	240,228,657	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	2,725,538	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	2,725,538	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	242,954,195	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	245,602,251	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)	245,602,251	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	488,556,446	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0258

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

Worksheet G-1

Date/Time Prepared:
11/29/2018 6:56 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		111,535,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		35,021,205				2.00
3.00	Total (sum of line 1 and line 2)		146,556,205		0		3.00
4.00	TRANSFER FROM AFFILIATES	99,046,046		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		99,046,046		0		10.00
11.00	Subtotal (line 3 plus line 10)		245,602,251		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)		245,602,251		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	TRANSFER FROM AFFILIATES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			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: 14-0258

Period:
From 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	166,255,787		166,255,787	1.00
2.00	SUBPROVIDER - IPF	11,466,713		11,466,713	2.00
3.00	SUBPROVIDER - IRF	50,099,444		50,099,444	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	227,821,944		227,821,944	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	44,703,631		44,703,631	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	44,703,631		44,703,631	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	272,525,575		272,525,575	17.00
18.00	Ancillary services	819,877,508		819,877,508	18.00
19.00	Outpatient services	0	1,054,840,059	1,054,840,059	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		10,642,032	10,642,032	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	9,075,616	9,075,616	26.00
27.00	PHYSICIAN	3,768	3,768	7,536	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,092,406,851	1,074,561,475	2,166,968,326	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		458,427,511		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)		458,427,511		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0258

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

Worksheet G-3

Date/Time Prepared:
11/29/2018 6:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,166,968,326	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,691,439,909	2.00
3.00	Net patient revenues (line 1 minus line 2)	475,528,417	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	458,427,511	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,100,906	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,000	6.00
7.00	Income from investments	210,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,008,000	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	317,000	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION	883,000	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIO	234,000	24.01
24.02	REFERENCE LAB	1,093,000	24.02
24.03	MEANINGFUL USE	1,532,000	24.03
24.04	OTHER INCOME	0	24.04
24.05	INTERCOMPANY LAB	3,127,000	24.05
24.06	INTERCOMPANY RENT	1,553,000	24.06
24.07	OTHER (SPECIFY)	0	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.11	OUTPATIENT PHARMACY	5,240,000	24.11
24.12	MISC INCOME	1,264,457	24.12
24.13	OTHER (SPECIFY)	0	24.13
24.14	ANSWERING SERVICE	461,000	24.14
24.15	OTHER (SPECIFY)	0	24.15
25.00	Total other income (sum of lines 6-24)	17,925,457	25.00
26.00	Total (line 5 plus line 25)	35,026,363	26.00
27.00	NON RECURRING EXPENSES	5,158	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,158	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	35,021,205	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0258

Period:

Worksheet H

HHA CCN: 14-7583

From 07/01/2017

Date/Time Prepared:

To 06/30/2018

11/29/2018 6:56 pm

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,852,518	141,490	171,755	79,710	154,103	2,399,576	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	2,092,132	159,791	0	0	0	2,251,923	6.00
7.00 Physical Therapy	1,767,170	134,971	0	0	0	1,902,141	7.00
8.00 Occupational Therapy	529,291	40,426	0	0	0	569,717	8.00
9.00 Speech Pathology	112,667	8,605	0	0	0	121,272	9.00
10.00 Medical Social Services	69,549	5,312	0	0	0	74,861	10.00
11.00 Home Health Aide	188,143	14,370	0	0	0	202,513	11.00
12.00 Supplies (see instructions)	0	0	0	0	108,682	108,682	12.00
13.00 Drugs	0	0	0	0	4,070	4,070	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	6,611,470	504,965	171,755	79,710	266,855	7,634,755	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	0	2,399,576	0	2,399,576			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	2,251,923	0	2,251,923			6.00
7.00 Physical Therapy	0	1,902,141	0	1,902,141			7.00
8.00 Occupational Therapy	0	569,717	0	569,717			8.00
9.00 Speech Pathology	0	121,272	0	121,272			9.00
10.00 Medical Social Services	0	74,861	0	74,861			10.00
11.00 Home Health Aide	0	202,513	0	202,513			11.00
12.00 Supplies (see instructions)	-74,820	33,862	0	33,862			12.00
13.00 Drugs	0	4,070	0	4,070			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-74,820	7,559,935	0	7,559,935			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: 14-0258

Period:

Worksheet H-1

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
		0	1.00	2.00	3.00	4.00	4A.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	2,399,576	0	0	0	0	2,399,576	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,251,923	0	0	0	0	2,251,923	6.00	
7.00	Physical Therapy	1,902,141	0	0	0	0	1,902,141	7.00	
8.00	Occupational Therapy	569,717	0	0	0	0	569,717	8.00	
9.00	Speech Pathology	121,272	0	0	0	0	121,272	9.00	
10.00	Medical Social Services	74,861	0	0	0	0	74,861	10.00	
11.00	Home Health Aide	202,513	0	0	0	0	202,513	11.00	
12.00	Supplies (see instructions)	33,862	0	0	0	0	33,862	12.00	
13.00	Drugs	4,070	0	0	0	0	4,070	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	7,559,935	0	0	0	0	7,559,935	24.00	
		Administrative & General	Total (cols. 4A + 5)						
		5.00	6.00						
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	2,399,576						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,047,146	3,299,069					6.00	
7.00	Physical Therapy	884,499	2,786,640					7.00	
8.00	Occupational Therapy	264,920	834,637					8.00	
9.00	Speech Pathology	56,392	177,664					9.00	
10.00	Medical Social Services	34,811	109,672					10.00	
11.00	Home Health Aide	94,169	296,682					11.00	
12.00	Supplies (see instructions)	15,746	49,608					12.00	
13.00	Drugs	1,893	5,963					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	0	0					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	0	0					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		7,559,935					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0258

Period:

Worksheet H-1

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-2,399,576	5,160,359	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	2,251,923	6.00	
7.00	Physical Therapy	0	0	0	0	0	1,902,141	7.00	
8.00	Occupational Therapy	0	0	0	0	0	569,717	8.00	
9.00	Speech Pathology	0	0	0	0	0	121,272	9.00	
10.00	Medical Social Services	0	0	0	0	0	74,861	10.00	
11.00	Home Health Aide	0	0	0	0	0	202,513	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	33,862	12.00	
13.00	Drugs	0	0	0		0	4,070	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,399,576	5,160,359	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,399,576	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.465002	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2017

Part I

To 06/30/2018

Date/Time Prepared:

11/29/2018 6:56 pm

Home Health

PPS

Agency I

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
1.00	Administrative and General	0	1.00	2.00	4.00	5.01	5.02	0
2.00	Skilled Nursing Care	3,299,069	0	0	278,891	49,115	0	0
3.00	Physical Therapy	2,786,640	0	0	314,965	0	0	0
4.00	Occupational Therapy	834,637	0	0	266,042	0	0	0
5.00	Speech Pathology	177,664	0	0	79,683	0	0	0
6.00	Medical Social Services	109,672	0	0	16,962	0	0	0
7.00	Home Health Aide	296,682	0	0	10,470	0	0	0
8.00	Supplies (see instructions)	49,608	0	0	28,324	0	0	0
9.00	Drugs	5,963	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0	0
20.00	Total (sum of lines 1-19) (2)	7,559,935	0	0	995,337	49,115	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		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	11,813	139,709	479,528	97,147	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,614,034	732,161	0	2.00
3.00	Physical Therapy	0	0	0	3,052,682	618,437	0	3.00
4.00	Occupational Therapy	0	0	0	914,320	185,230	0	4.00
5.00	Speech Pathology	0	0	0	194,626	39,429	0	5.00
6.00	Medical Social Services	0	0	0	120,142	24,339	0	6.00
7.00	Home Health Aide	0	0	0	325,006	65,842	0	7.00
8.00	Supplies (see instructions)	27,008	0	0	76,616	15,521	0	8.00
9.00	Drugs	0	0	0	5,963	1,208	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)	27,008	11,813	139,709	8,782,917	1,779,314	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
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		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	
		14.00	15.00	16.00	17.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	0	576,675	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,346,195	2.00
3.00	Physical Therapy	0	0	0	0	0	3,671,119	3.00
4.00	Occupational Therapy	0	0	0	0	0	1,099,550	4.00
5.00	Speech Pathology	0	0	0	0	0	234,055	5.00
6.00	Medical Social Services	0	0	0	0	0	144,481	6.00
7.00	Home Health Aide	0	0	0	0	0	390,848	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	92,137	8.00
9.00	Drugs	0	0	0	0	0	7,171	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	10,562,231	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: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	576,675				1.00
2.00	Skilled Nursing Care	0	4,346,195	250,996	4,597,191		2.00
3.00	Physical Therapy	0	3,671,119	212,011	3,883,130		3.00
4.00	Occupational Therapy	0	1,099,550	63,500	1,163,050		4.00
5.00	Speech Pathology	0	234,055	13,517	247,572		5.00
6.00	Medical Social Services	0	144,481	8,344	152,825		6.00
7.00	Home Health Aide	0	390,848	22,572	413,420		7.00
8.00	Supplies (see instructions)	0	92,137	5,321	97,458		8.00
9.00	Drugs	0	7,171	414	7,585		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	10,562,231	576,675	10,562,231		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.			0.057751			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: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	PURCHASING RECEIVING AND STORES (PURCHASING)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	0	0	1,852,518	98	0	0	1.00
2.00	Skilled Nursing Care	0	0	2,092,132	0	0	0	2.00
3.00	Physical Therapy	0	0	1,767,170	0	0	0	3.00
4.00	Occupational Therapy	0	0	529,291	0	0	0	4.00
5.00	Speech Pathology	0	0	112,667	0	0	0	5.00
6.00	Medical Social Services	0	0	69,549	0	0	0	6.00
7.00	Home Health Aide	0	0	188,143	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	157,653	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	6,611,470	98	0	157,653	20.00
21.00	Total cost to be allocated	0	0	995,337	49,115	0	27,008	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.150547	501.173469	0.000000	0.171313	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	10,642,032	10,642,032	0	479,528	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,614,034	0	0	2.00
3.00	Physical Therapy	0	0	0	3,052,682	0	0	3.00
4.00	Occupational Therapy	0	0	0	914,320	0	0	4.00
5.00	Speech Pathology	0	0	0	194,626	0	0	5.00
6.00	Medical Social Services	0	0	0	120,142	0	0	6.00
7.00	Home Health Aide	0	0	0	325,006	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	76,616	0	0	8.00
9.00	Drugs	0	0	0	5,963	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)	10,642,032	10,642,032		8,782,917	0	0	20.00
21.00	Total cost to be allocated	11,813	139,709		1,779,314	0	0	21.00
22.00	Unit cost multiplier	0.001110	0.013128		0.202588	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 pmHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (GROSS PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
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		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT DAYS)	SOCIAL SERVICE (GROSS PATIENT DAYS)	PARAMED ED PRGM (GROSS PATIENT DAYS)			
		15.00	16.00	17.00	23.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,597,191		4,597,191	22,113	207.90	1.00
2.00	Physical Therapy	3.00	3,883,130	0	3,883,130	19,603	198.09	2.00
3.00	Occupational Therapy	4.00	1,163,050	0	1,163,050	6,805	170.91	3.00
4.00	Speech Pathology	5.00	247,572	0	247,572	1,147	215.84	4.00
5.00	Medical Social Services	6.00	152,825		152,825	254	601.67	5.00
6.00	Home Health Aide	7.00	413,420		413,420	3,802	108.74	6.00
7.00	Total (sum of lines 1-6)		10,457,188	0	10,457,188	53,724		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	15,314			8.00
8.01	Skilled Nursing Care		20994	0	0			8.01
8.02	Skilled Nursing Care		29404	0	0			8.02
9.00	Physical Therapy		16974	0	13,436			9.00
9.01	Physical Therapy		20994	0	0			9.01
9.02	Physical Therapy		29404	0	0			9.02
10.00	Occupational Therapy		16974	0	4,788			10.00
10.01	Occupational Therapy		20994	0	0			10.01
10.02	Occupational Therapy		29404	0	0			10.02
11.00	Speech Pathology		16974	0	846			11.00
11.01	Speech Pathology		20994	0	0			11.01
11.02	Speech Pathology		29404	0	0			11.02
12.00	Medical Social Services		16974	0	212			12.00
12.01	Medical Social Services		20994	0	0			12.01
12.02	Medical Social Services		29404	0	0			12.02
13.00	Home Health Aide		16974	0	3,137			13.00
13.01	Home Health Aide		20994	0	0			13.01
13.02	Home Health Aide		29404	0	0			13.02
14.00	Total (sum of lines 8-13)			0	37,733			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	97,458	0	97,458	0	0.000000	15.00
16.00	Cost of Drugs	9.00	7,585	0	7,585	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
		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	15,314		0	3,183,781		1.00
2.00	Physical Therapy	0	13,436		0	2,661,537		2.00
3.00	Occupational Therapy	0	4,788		0	818,317		3.00
4.00	Speech Pathology	0	846		0	182,601		4.00
5.00	Medical Social Services	0	212		0	127,554		5.00
6.00	Home Health Aide	0	3,137		0	341,117		6.00
7.00	Total (sum of lines 1-6)	0	37,733		0	7,314,907		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0258

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

Worksheet H-3

Part I

Date/Time Prepared:
11/29/2018 6:56 pm

HHA CCN: 14-7583

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
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
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
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	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	3,183,781						1.00
2.00	Physical Therapy	2,661,537						2.00
3.00	Occupational Therapy	818,317						3.00
4.00	Speech Pathology	182,601						4.00
5.00	Medical Social Services	127,554						5.00
6.00	Home Health Aide	341,117						6.00
7.00	Total (sum of lines 1-6)	7,314,907						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 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	0.169670	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.267567	0	0	0col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.198773	0	0	0col. 2, line 2.02		1.02
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.403897	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.225234	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258 HHA CCN: 14-7583	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2018 6:56 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	7,140,376	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	161,219	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	154,369	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	111,036	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	21,950	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,991	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	7,591,941	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	7,591,941	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	7,591,941	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	7,591,941	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	7,591,941	31.00
31.01	Sequestration adjustment (see instructions)		0	151,786	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	7,440,155	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 14-0258

Period:

Worksheet H-5

HHA CCN: 14-7583

From 07/01/2017

Date/Time Prepared:

To 06/30/2018

11/29/2018 6:56 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		7,440,155	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		7,440,155	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		7,440,155	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: 14-0258

Period:

Worksheet 0

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 6:56 pm

				Hospice I		11/20/2020 0:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		243,264	243,264	0	243,264	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		11,313	11,313	0	11,313	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	302,840	302,840	0	302,840	3.00
4.00	ADMINISTRATIVE & GENERAL*	618,659	849,704	1,468,363	0	1,468,363	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	132,518	132,518	0	132,518	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	26,219	26,219	0	26,219	6.00
7.00	HOUSEKEEPING*	0	102,017	102,017	0	102,017	7.00
8.00	DIETARY*	0	8,454	8,454	0	8,454	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	168,936	168,936	-110,317	58,619	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	59,900	59,900	0	59,900	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	14,459	0	14,459	0	14,459	13.00
14.00	PHARMACY*	0	203,860	203,860	0	203,860	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	705,974	705,974	0	705,974	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,186,436	0	2,186,436	0	2,186,436	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	5,172	0	5,172	0	5,172	30.00
31.00	OCCUPATIONAL THERAPY**	2,771	0	2,771	0	2,771	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	319,213	0	319,213	0	319,213	33.00
34.00	SPIRITUAL COUNSELING**	258,822	0	258,822	0	258,822	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 & HOMEMAKER SERVICES**	667,600	0	667,600	0	667,600	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	139	139	0	139	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	310,785	310,785	0	310,785	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	4,073,132	3,125,923	7,199,055	-110,317	7,088,738	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: 14-0258

Period:

Worksheet 0

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 6:56 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	243,264		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	11,313		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	302,840		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	1,468,363		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	132,518		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	26,219		6.00
7.00	HOUSEKEEPING*	0	102,017		7.00
8.00	DIETARY*	0	8,454		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	58,619		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	59,900		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	14,459		13.00
14.00	PHARMACY*	0	203,860		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	705,974		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	2,186,436		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	5,172		30.00
31.00	OCCUPATIONAL THERAPY**	0	2,771		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	319,213		33.00
34.00	SPIRITUAL COUNSELING**	0	258,822		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	667,600		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	139		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	310,785		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	7,088,738		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: 14-0258

Period:

Worksheet 0-2

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 6:56 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,912,281	0	1,912,281	0	1,912,281	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	4,524	0	4,524	0	4,524	30.00
31.00	OCCUPATIONAL THERAPY	2,424	0	2,424	0	2,424	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	279,188	0	279,188	0	279,188	33.00
34.00	SPIRITUAL COUNSELING	226,369	0	226,369	0	226,369	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	583,890	0	583,890	0	583,890	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	139	139	0	139	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	278,299	278,299	0	278,299	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,008,676	278,438	3,287,114	0	3,287,114	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,912,281	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	4,524	30.00
31.00	OCCUPATIONAL THERAPY	0	2,424	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	279,188	33.00
34.00	SPIRITUAL COUNSELING	0	226,369	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	583,890	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	139	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	278,299	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,287,114	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: 14-0258

Period:

Worksheet 0-3

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 6:56 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	21,586	0	21,586	0	21,586	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	51	0	51	0	51	30.00
31.00	OCCUPATIONAL THERAPY	27	0	27	0	27	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,151	0	3,151	0	3,151	33.00
34.00	SPIRITUAL COUNSELING	2,555	0	2,555	0	2,555	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	6,591	0	6,591	0	6,591	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	2,884	2,884	0	2,884	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	33,961	2,884	36,845	0	36,845	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	21,586	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	51	30.00
31.00	OCCUPATIONAL THERAPY	0	27	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,151	33.00
34.00	SPIRITUAL COUNSELING	0	2,555	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	6,591	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	2,884	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	36,845	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: 14-0258

Period:

Worksheet 0-4

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 6:56 pm

				Hospice I		11/20/2020 0:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		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	252,569	0	252,569	0	252,569	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	597	0	597	0	597	30.00
31.00	OCCUPATIONAL THERAPY	320	0	320	0	320	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	36,874	0	36,874	0	36,874	33.00
34.00	SPIRITUAL COUNSELING	29,898	0	29,898	0	29,898	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 & HOMEMAKER SERVICES	77,119	0	77,119	0	77,119	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	29,602	29,602	0	29,602	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	397,377	29,602	426,979	0	426,979	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	252,569	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	597	30.00
31.00	OCCUPATIONAL THERAPY	0	320	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	36,874	33.00
34.00	SPIRITUAL COUNSELING	0	29,898	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	77,119	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	29,602	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	426,979	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: 14-0258

Period:

Worksheet 0-5

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 6:56 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	243,264	0	243,264	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,313	0	11,313	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	302,840	613,198	916,038	3.00
4.00	ADMINISTRATIVE & GENERAL	1,468,363	1,788,997	3,257,360	4.00
5.00	PLANT OPERATION & MAINTENANCE	132,518	0	132,518	5.00
6.00	LAUNDRY & LINEN SERVICE	26,219	0	26,219	6.00
7.00	HOUSEKEEPING	102,017	0	102,017	7.00
8.00	DIETARY	8,454	0	8,454	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	58,619	0	58,619	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	59,900	0	59,900	12.00
13.00	VOLUNTEER SERVICE COORDINATION	14,459	0	14,459	13.00
14.00	PHARMACY	203,860	0	203,860	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	705,974	0	705,974	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	3,287,114	0	3,287,114	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	36,845	0	36,845	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	426,979	0	426,979	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,088,738	2,402,195	9,490,933	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	243,264	243,264					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,313		11,313				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	916,038	0	0	916,038			3.00
4.00	ADMINISTRATIVE & GENERAL	3,257,360	0	0	139,135	3,396,495		4.00
5.00	PLANT OPERATION & MAINTENANCE	132,518	0	0	0	132,518		5.00
6.00	LAUNDRY & LINEN SERVICE	26,219	0	0	0	26,219		6.00
7.00	HOUSEKEEPING	102,017	0	0	0	102,017		7.00
8.00	DIETARY	8,454	0	0	0	8,454		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	58,619	0	0	0	58,619		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	59,900	0	0	0	59,900		12.00
13.00	VOLUNTEER SERVICE COORDINATION	14,459	0	0	3,252	17,711		13.00
14.00	PHARMACY	203,860	0	0	0	203,860		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	705,974	0	0	0	705,974		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	3,287,114			676,644	3,963,758		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	36,845	24,132	0	7,638	68,615		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	426,979	219,132	11,313	89,369	746,793		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	9,490,933	243,264	11,313	916,038	9,490,933		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 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	3,396,495						4.00
5.00	PLANT OPERATION & MAINTENANCE	73,854	206,372					5.00
6.00	LAUNDRY & LINEN SERVICE	14,612	0	40,831				6.00
7.00	HOUSEKEEPING	56,855	0		158,872			7.00
8.00	DIETARY	4,712	0		0	13,166		8.00
9.00	NURSING ADMINISTRATION	0	0		0			9.00
10.00	ROUTINE MEDICAL SUPPLIES	32,669	0		0			10.00
11.00	MEDICAL RECORDS	0	0		0			11.00
12.00	STAFF TRANSPORTATION	33,383	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	9,871	0		0			13.00
14.00	PHARMACY	113,613	0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	393,447	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	2,209,043						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	38,240	20,472	3,625	15,760	1,169		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	416,196	185,900	37,206	143,112	11,997		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0		0			60.00
61.00	VOLUNTEER PROGRAM	0	0		0			61.00
62.00	FUNDRAISING	0	0		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0			63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0			64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0			65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0		0			67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0			68.00
69.00	THRIFT STORE	0	0		0			69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	3,396,495	206,372	40,831	158,872	13,166		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	91,288			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			93,283	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	27,582 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	81,746	0	93,283	24,699 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	847	0	0	256 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	8,695	0	0	2,627 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	91,288	0	93,283	27,582 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 6:56 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	317,473					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	1,099,421				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	284,287	984,497	0		7,641,313	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,946	10,203	0	0	162,133	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	30,240	104,721	0	0	1,687,487	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	317,473	1,099,421	0	0	9,490,933	100.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	124,124					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,313				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,073,133			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	618,659	-3,396,495	6,094,438	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	132,518	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	26,219	6.00
7.00	HOUSEKEEPING	0	0	0	0	102,017	7.00
8.00	DIETARY	0	0	0	0	8,454	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	58,619	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	59,900	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	14,459	0	17,711	13.00
14.00	PHARMACY	0	0	0	0	203,860	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	705,974	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			3,008,676	0	3,963,758	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	12,313	0	33,962	0	68,615	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	11,313	397,377	0	746,793	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	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)	243,264	11,313	916,038		3,396,495	100.00
101.00	UNIT COST MULTIPLIER	1.959847	1.000000	0.224898		0.557311	101.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 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 ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	124,124					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,548				6.00
7.00	HOUSEKEEPING	0		124,124			7.00
8.00	DIETARY	0		0	3,548		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	12,313	315	12,313	315	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	3,233	111,811	3,233	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	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)	206,372	40,831	158,872	13,166	0	100.00
101.00	UNIT COST MULTIPLIER	1.662628	11.508174	1.279946	3.710823	0.000000	101.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00		11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	33,942						10.00
11.00	MEDICAL RECORDS		0					11.00
12.00	STAFF TRANSPORTATION				30,394			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	33,942		13.00
14.00	PHARMACY				0	0	33,942	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	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	30,394	0	0	30,394	30,394	30,394	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	315	0	0	0	315	315	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,233	0	0	0	3,233	3,233	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	91,288	0		93,283	27,582	317,473	100.00
101.00	UNIT COST MULTIPLIER	2.689529	0.000000		3.069125	0.812622	9.353397	101.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 6:56 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	33,942				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	30,394	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	315	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,233	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		0			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)	1,099,421	0	0		100.00
101.00	UNIT COST MULTIPLIER	32.391167	0.000000	0.000000		101.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-7

Hospice CCN: 14-1632

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

Date/Time Prepared:
11/29/2018 6:56 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	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.169670	0	0	0	1.00
1.01	REHAB OUTPATIENT	66.01	0.267567	0	0	0	1.01
1.02	REHAB MED SURGICAL	66.02	0.198773	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.225234	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.092531	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.403897	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	0.616153	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	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
1.01	REHAB OUTPATIENT	0	0	0	0	0	1.01
1.02	REHAB MED SURGICAL	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	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: 14-0258

Period:

Worksheet 0-8

Hospice CCN: 14-1632

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 6:56 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)			7,641,313	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			30,394	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			251.41	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	26,092	0		9.00
10.00	Program cost (line 8 times line 9)	6,559,790	0		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)			162,133	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			315	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			514.71	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	287	0		14.00
15.00	Program cost (line 13 times line 14)	147,722	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,687,487	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,233	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			521.96	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,942	0		19.00
20.00	Program cost (line 18 times line 19)	1,535,606	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			9,490,933	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			33,942	22.00
23.00	Average cost per diem (line 21 divided by line 22)			279.62	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0258	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/29/2018 6:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,388,040	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		203,932	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)		192.12	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)		2.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.41	8.00
9.00	Sum of lines 7 and 8		17.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.71	10.00
11.00	Disproportionate share adjustment (see instructions)		199,896	11.00
12.00	Total prospective capital payments (see instructions)		5,791,868	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