

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/28/2019 4:50 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 5/28/2019	Time: 4:50 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METHODIST HOSPITALS, INC (15-0002) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	560,434	-90,925	0	-1,095,452	1.00
2.00	Subprovider - IPF	0	33,997	0		-58,947	2.00
3.00	Subprovider - IRF	0	10,645	0		37,787	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00	Total	0	605,076	-90,924	0	-1,116,612	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: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:50 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 GRANT STREET			PO Box:				1.00				
2.00	City: GARY			State: IN		Zip Code: 46402		County: LAKE				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			METHODIST HOSPITALS, INC	150002	23844	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			GERIATRIC PSYCH	15S002	23844	4	01/01/2012	N	P	O	4.00
5.00	Subprovider - IRF			REHABILITATION	15T002	23844	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA			METHODIST HOME CARE SERVICES	157536	23844		02/12/2002	N	P	O	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		20.00		
21.00	Type of Control (see instructions)						2			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.03		
23.00	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.											
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,933	9,072	595	678	13,355	0	24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:50 pm		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			116	467	0	0	442		25.00
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N		40.00
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
					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	2			60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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.	N			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

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	
						2.00	
						3.00	
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:	2,088,083		0		1,147,578	
						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							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:50 pm	
				1.00		2.00			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				N				140.00
				1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:		Contractor's Name:		Contractor's Number:				141.00
142.00	Street:		PO Box:						142.00
143.00	City:		State:		Zip Code:				143.00
						1.00			
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
				1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
						1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N				149.00
				Part A		Part B		Title V	
				1.00		2.00		3.00	
								Title XIX	
				1.00		2.00		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		155.00
156.00	Subprovider - IPF		N		N		N		156.00
157.00	Subprovider - IRF		N		N		N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF		N		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		N		160.00
161.00	CMHC				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	
				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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99				169.00
				Beginning		Ending			
				1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2017		12/30/2017		170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:50 pm
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 4:50 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/27/2019	Y	03/27/2019		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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part II
Date/Time Prepared:
5/28/2019 4:50 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		N		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.		N		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.		N		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.		Y		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.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		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.	MICHAEL	ALESSANDRINI		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7959	MALESSANDRINI@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
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	382	139,430	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)		382	139,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	39	14,235	0.00	0	8.00
8.01 NEONATAL ICU	31.01	35	12,775	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		456	166,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	39	14,235		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						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)		509			0	27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	27,049	2,931	71,101		1.00
2.00	HMO and other (see instructions)	16,059	23,614			2.00
3.00	HMO IPF Subprovider	48	937			3.00
4.00	HMO IRF Subprovider	0	909			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)	27,049	2,931	71,101		7.00
8.00	INTENSIVE CARE UNIT	3,227	0	8,249		8.00
8.01	NEONATAL ICU	0	0	2,601		8.01
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		0	2,869		13.00
14.00	Total (see instructions)	30,276	2,931	84,820	3.00	1,985.81
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	1,267	24	2,936	0.00	16.32
17.00	SUBPROVIDER - IRF	5,226	116	8,648	0.00	38.77
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	8,051	4,332	22,531	0.00	27.91
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			210		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				3.00	2,068.81
28.00	Observation Bed Days		6,036	20,759		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	88	96		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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,038	389	13,960	1.00
2.00 HMO and other (see instructions)			2,061	2,532		2.00
3.00 HMO IPF Subprovider				42		3.00
4.00 HMO IRF Subprovider				60		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,038	389	13,960	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	68	2	226	16.00
17.00 SUBPROVIDER - IRF	0.00	0	344	9	576	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						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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	150,286,715	-418,062	149,868,653	4,303,134.00	34.83 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		2,965,471	0	2,965,471	24,436.00	121.36 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		274,518	0	274,518	6,240.00	43.99 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		29,121,556	207,478	29,329,034	561,157.00	52.27 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,018,363	0	1,018,363	14,151.00	71.96 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		827,692	0	827,692	6,198.00	133.54 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		36,513,059	0	36,513,059		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		7,032,438	0	7,032,438		
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		427,104	0	427,104		
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		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,640,482	-116,977	1,523,505	34,411.00	44.27
27.00	Administrative & General	5.00	20,746,437	-519,517	20,226,920	645,270.00	31.35
28.00	Administrative & General under contract (see inst.)		1,332,141	0	1,332,141	6,467.00	205.99
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	3,860,193	-26,825	3,833,368	149,770.00	25.60
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	4,408,869	-41,012	4,367,857	279,216.00	15.64
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	3,089,109	-727,092	2,362,017	122,695.00	19.25
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	311,785	719,570	1,031,355	54,858.00	18.80
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,816,664	-24,160	2,792,504	58,272.00	47.92
39.00	Central Services and Supply	14.00	564,566	0	564,566	28,534.00	19.79
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	1,997,624	0	1,997,624	82,153.00	24.32
42.00	Social Service	17.00	0	444,894	444,894	14,560.00	30.56
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 4:50 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	148,378,867	-418,062	147,960,805	4,278,925.00	34.58	1.00
2.00	Excluded area salaries (see instructions)	29,121,556	207,478	29,329,034	561,157.00	52.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	119,257,311	-625,540	118,631,771	3,717,768.00	31.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,846,055	0	1,846,055	20,349.00	90.72	4.00
5.00	Subtotal wage-related costs (see inst.)	36,513,059	0	36,513,059	0.00	30.78	5.00
6.00	Total (sum of lines 3 thru 5)	157,616,425	-625,540	156,990,885	3,738,117.00	42.00	6.00
7.00	Total overhead cost (see instructions)	40,767,870	-291,119	40,476,751	1,476,206.00	27.42	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part IV
Date/Time Prepared:
5/28/2019 4:50 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,154,649	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,150,693	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	17,313,014	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	4,079,029	9.00
10.00	Dental, Hearing and Vision Plan	933,678	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	560,032	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)	418,062	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,505,094	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	10,296,240	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	149,797	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	412,314	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	43,972,602	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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part V
Date/Time Prepared:
5/28/2019 4:50 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	1,018,363	43,972,602	1.00
2.00	Hospital	1,018,363	43,972,602	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			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: 15-0002 Component CCN: 15-7536		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/28/2019 4:50 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	425.00	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			6.78	0.00	6.78	5.00
6.00	Direct Nursing Service			11.95	0.00	11.95	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			4.37	0.00	4.37	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.02	0.00	1.02	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.41	0.00	0.41	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.06	0.00	0.06	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.60	0.00	2.60	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,490	871	81	143	4,585	21.00
22.00	Skilled Nursing Visit Charges	622,870	154,749	14,409	25,418	817,446	22.00
23.00	Physical Therapy Visits	1,884	20	26	102	2,032	23.00
24.00	Physical Therapy Visit Charges	366,412	3,889	5,070	19,824	395,195	24.00
25.00	Occupational Therapy Visits	309	2	0	20	331	25.00
26.00	Occupational Therapy Visit Charges	60,697	383	0	3,940	65,020	26.00
27.00	Speech Pathology Visits	62	7	2	4	75	27.00
28.00	Speech Pathology Visit Charges	13,010	1,393	422	844	15,669	28.00
29.00	Medical Social Service Visits	25	5	0	2	32	29.00
30.00	Medical Social Service Visit Charges	7,068	1,420	0	568	9,056	30.00
31.00	Home Health Aide Visits	740	213	4	39	996	31.00
32.00	Home Health Aide Visit Charges	0	16,895	320	3,120	20,335	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,510	1,118	113	310	8,051	33.00
34.00	Other Charges	56,265	0	0	0	56,265	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,126,322	178,729	20,221	53,714	1,378,986	35.00
36.00	Total Number of Episodes (standard/non outlier)	355		47	23	425	36.00
37.00	Total Number of Outlier Episodes		24		1	25	37.00
38.00	Total Non-Routine Medical Supply Charges	58,910	41,845	1,040	521	102,316	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 4:50 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)			0.232572	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			79,948,607	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			266,238,523	6.00
7.00	Medicaid cost (line 1 times line 6)			61,919,626	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	43,137,921	1,013,197	44,151,118	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,032,673	1,013,197	11,045,870	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)	10,032,673	1,013,197	11,045,870	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)			25,365,562	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,612,341	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,480,527	27.01
28.00	Non-Medicare bad debt expense (see instructions)			22,885,035	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,190,604	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			17,236,474	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,236,474	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	21,984,403	21,984,403	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,640,482	28,257,230	29,897,712	292,037	4.00
5.01	00550	DATA PROCESSING	4,047,320	8,665,241	12,712,561	-2,343,964	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	1,005,027	2,527,158	3,532,185	-146,152	5.02
5.03	00570	ADMITTING	2,000,921	479,156	2,480,077	-6,617	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,222,826	4,399,380	6,622,206	-67,873	5.04
5.05	00590	OTHER A&G	10,929,158	21,085,366	32,014,524	-17,244,643	5.05
5.06	00592	PATIENT TRANSPORTATION	541,185	69,060	610,245	-24,656	5.06
7.00	00700	OPERATION OF PLANT	3,860,193	9,321,117	13,181,310	9,224,774	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,450,605	1,450,605	0	8.00
9.00	00900	HOUSEKEEPING	4,408,869	1,286,789	5,695,658	-93,936	9.00
10.00	01000	DIETARY	3,089,109	3,088,669	6,177,778	-1,719,689	10.00
11.00	01100	CAFETERIA	311,785	35,714	347,499	1,635,007	11.00
13.00	01300	NURSING ADMINISTRATION	2,816,664	480,589	3,297,253	-58,590	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	564,566	1,618,184	2,182,750	-435,224	14.00
15.00	01500	PHARMACY	0	15,743,520	15,743,520	-10,131,013	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,997,624	840,161	2,837,785	-11,240	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	444,894	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	59,228	59,228	-33	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	274,518	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	31,168	22.00
23.00	02300	PARAMED ED PROGRAM	453,498	77,684	531,182	215,590	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,248,071	12,720,914	44,968,985	-1,461,380	30.00
31.00	03100	INTENSIVE CARE UNIT	6,505,688	2,082,375	8,588,063	-740,073	31.00
31.01	03101	NEONATAL ICU	1,724,130	963,808	2,687,938	-26,598	31.01
40.00	04000	SUBPROVIDER - IPF	1,291,468	118,237	1,409,705	-21,069	40.00
41.00	04100	SUBPROVIDER - IRF	2,812,018	441,712	3,253,730	-75,460	41.00
43.00	04300	NURSERY	1,187,955	332,453	1,520,408	-100,837	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,239,026	19,469,207	23,708,233	-17,703,585	50.00
50.01	05001	ENDOSCOPY	1,158,613	2,093,008	3,251,621	-531,105	50.01
51.00	05100	RECOVERY ROOM	1,055,038	138,569	1,193,607	-29,370	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,838,155	529,110	3,367,265	-146,037	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,392,852	2,672,621	5,065,473	-813,340	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	1,217,506	999,584	2,217,090	-529,360	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	469,049	2,005,101	2,474,150	-781,574	55.00
56.00	05600	RADIOISOTOPE	558,902	1,473,900	2,032,802	-208,078	56.00
57.00	05700	CT SCAN	1,069,384	1,278,072	2,347,456	-564,583	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	396,707	996,147	1,392,854	-740,096	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,124,257	6,889,904	9,014,161	-5,440,578	59.00
60.00	06000	LABORATORY	3,537,216	6,509,791	10,047,007	-70,241	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,219,421	425,332	1,644,753	-8,998	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,371,390	999,045	3,370,435	-314,227	65.00
66.00	06600	PHYSICAL THERAPY	1,503,615	129,932	1,633,547	-17,085	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,227,145	109,674	1,336,819	-446	67.00
68.00	06800	SPEECH PATHOLOGY	448,576	50,271	498,847	-4,010	68.00
69.00	06900	ELECTROCARDIOLOGY	628,143	273,732	901,875	-164,555	69.00
69.01	06901	CARDIAC REHAB	404,135	424,333	828,468	-209,428	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	949,217	8,904,268	9,853,485	-8,614,395	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,761,019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,565,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	398,792	677,690	1,076,482	14,860,665	73.00
74.00	07400	RENAL DIALYSIS	2,464	2,337,035	2,339,499	-2,585	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,708,649	2,423,330	5,131,979	-302,726	90.00
91.00	09100	EMERGENCY	7,145,334	3,576,145	10,721,479	-1,115,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,605,619	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,206,695	379,627	2,586,322	-15,060	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,928,838	181,909,778	309,838,616	3,253,077	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,353	4,891	15,244	-3,264	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,189,325	14,721,889	36,911,214	-1,254,310	35,656,904	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	2,685,763	2,685,763	-1,995,503	690,260	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	158,199	49,681	207,880	0	207,880	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	150,286,715	199,372,002	349,658,717	0	349,658,717	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A

Date/Time Prepared:
5/28/2019 4:50 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	-1,961,574	20,022,829	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,169,515	33,359,264	4.00
5.01	00550	DATA PROCESSING	-181,805	10,186,792	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	3,386,033	5.02
5.03	00570	ADMITTING	0	2,473,460	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-62,513	6,491,820	5.04
5.05	00590	OTHER A&G	-360,744	14,409,137	5.05
5.06	00592	PATIENT TRANSPORTATION	0	585,589	5.06
7.00	00700	OPERATION OF PLANT	-2,883	22,403,201	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,450,605	8.00
9.00	00900	HOUSEKEEPING	-2,377	5,599,345	9.00
10.00	01000	DIETARY	-19,214	4,438,875	10.00
11.00	01100	CAFETERIA	-832,440	1,150,066	11.00
13.00	01300	NURSING ADMINISTRATION	-2,719	3,235,944	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,747,526	14.00
15.00	01500	PHARMACY	0	5,612,507	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-118,896	2,707,649	16.00
17.00	01700	SOCIAL SERVICE	0	444,894	17.00
17.01	01701	STAFF EDUCATION	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	59,195	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	274,518	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	31,168	22.00
23.00	02300	PARAMED ED PROGRAM	-264,267	482,505	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,161,798	40,345,807	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,847,990	31.00
31.01	03101	NEONATAL ICU	-805,693	1,855,647	31.01
40.00	04000	SUBPROVIDER - IPF	0	1,388,636	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,178,270	41.00
43.00	04300	NURSERY	0	1,419,571	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,004,648	50.00
50.01	05001	ENDOSCOPY	0	2,720,516	50.01
51.00	05100	RECOVERY ROOM	0	1,164,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-590	3,220,638	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,252,133	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	1,687,730	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,692,576	55.00
56.00	05600	RADIOISOTOPE	1,748	1,826,472	56.00
57.00	05700	CT SCAN	-462	1,782,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	652,758	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,573,583	59.00
60.00	06000	LABORATORY	-64,018	9,912,748	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-64,087	1,571,668	62.00
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	3,056,208	65.00
66.00	06600	PHYSICAL THERAPY	0	1,616,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,336,373	67.00
68.00	06800	SPEECH PATHOLOGY	0	494,837	68.00
69.00	06900	ELECTROCARDIOLOGY	0	737,320	69.00
69.01	06901	CARDIAC REHAB	-104,718	514,322	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,698	1,237,392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,761,019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,565,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-255,018	15,682,129	73.00
74.00	07400	RENAL DIALYSIS	0	2,336,914	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-583	4,828,670	90.00
91.00	09100	EMERGENCY	-2,275	9,603,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	2,571,262	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,099,109	307,992,584	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,980	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	35,656,904	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0002

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

Worksheet A

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	690,260	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	207,880	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,099,109	344,559,608	200.00

RECLASSIFICATIONS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Date/Time Prepared:
5/28/2019 4:50 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	724,387	916,211		1.00
	0		724,387	916,211		
	B - CLINICAL TRAINING COST					
1.00	PARAMED ED PROGRAM	23.00	219,617	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	0		219,617	0		
	C - SOCIAL WORKERS					
1.00	SOCIAL SERVICE	17.00	444,894	0		1.00
	0		444,894	0		
	E - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	274,518		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	31,168		2.00
	0		0	305,686		
	F - MED SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,761,019		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,565,371		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	0		0	27,326,390		
	G - LIGHT DUTY					
1.00	PATIENT TRANSPORTATION	5.00	9,075	0		1.00
2.00	DIETARY	10.00	4,593	0		2.00
3.00	CAFETERIA	11.00	808	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	35,405	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	5,940	0		5.00
6.00	SUBPROVIDER - IRF	41.00	7,430	0		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	2,094	0		7.00

RECLASSIFICATIONS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Date/Time Prepared:
5/28/2019 4:50 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	OPERATING ROOM	50.00	18,655	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	29,429	0	9.00
10.00	EMERGENCY	91.00	3,548	0	10.00
0			116,977	0	
H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,246,411	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
0			0	3,246,411	
I - CORPORATE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,760,446	1.00
2.00	OPERATION OF PLANT	7.00	0	4,557,094	2.00
0			0	10,317,540	
J - DRUG EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,125,096	1.00
2.00		0.00	0	0	2.00
0			0	15,125,096	
K - PHYSICIAN RECLASS					
1.00	OTHER A&G	5.05	0	37,950	1.00
2.00	CLINIC	90.00	0	25,820	2.00
0			0	63,770	
L - PSTD RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	418,062	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
0			0	418,062	
M - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,977,546	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

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Date/Time Prepared:
5/28/2019 4:50 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
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
0			0	12,977,546		
N - DEPT 9101 RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	48,347	14,259		1.00
	TOTALS		48,347	14,259		
O - UTILITIES RECLASS						
1.00	OPERATION OF PLANT	7.00		5,171,872		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
	TOTALS		0	5,171,872		
500.00	Grand Total: Increases		1,554,222	75,882,843		500.00

RECLASSIFICATIONS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Date/Time Prepared:
5/28/2019 4:50 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	724,387	916,211	0		1.00
	0		724,387	916,211			
	B - CLINICAL TRAINING COST						
1.00	ADULTS & PEDIATRICS	30.00	16,814	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	10,766	0	0		2.00
3.00	OPERATING ROOM	50.00	12,348	0	0		3.00
4.00	ENDOSCOPY	50.01	4,522	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	2,620	0	0		5.00
6.00	RESPIRATORY THERAPY	65.00	8,208	0	0		6.00
7.00	EMERGENCY	91.00	164,339	0	0		7.00
	0		219,617	0			
	C - SOCIAL WORKERS						
1.00	OTHER A&G	5.05	444,894	0	0		1.00
	0		444,894	0			
	E - RESIDENTS						
1.00	EMERGENCY	91.00	0	305,686	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	305,686			
	F - MED SUPPLY						
1.00	PURCHASING RECEIVING AND STORES	5.02	0	130,830	0		1.00
2.00	ADMITTING	5.03	0	175	0		2.00
3.00	OTHER A&G	5.05	0	88	0		3.00
4.00	OPERATION OF PLANT	7.00	0	63	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,937	0		5.00
6.00	DIETARY	10.00	0	11	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,413	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	183,744	0		8.00
9.00	PHARMACY	15.00	0	72,119	0		9.00
10.00	MEDICAL EDUCATION	17.02	0	33	0		10.00
11.00	PARAMED ED PROGRAM	23.00	0	60	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	608,999	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	172,251	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	16	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	50,631	0		15.00
16.00	NURSERY	43.00	0	27,741	0		16.00
17.00	OPERATING ROOM	50.00	0	16,510,904	0		17.00
18.00	ENDOSCOPY	50.01	0	299,014	0		18.00
19.00	RECOVERY ROOM	51.00	0	17,615	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,113	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,493	0		21.00
22.00	RADIOLOGY - ULTRASOUND	54.01	0	33,031	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,193	0		23.00
24.00	RADIOISOTOPE	56.00	0	353	0		24.00
25.00	CT SCAN	57.00	0	44,451	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	235	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	4,768,851	0		27.00
28.00	LABORATORY	60.00	0	15,943	0		28.00
29.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	331	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	240,549	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	366	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	4	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	6,608	0		33.00
34.00	CARDIAC REHAB	69.01	0	1,145	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,351,989	0		35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	0	253,650	0		36.00
37.00	RENAL DIALYSIS	74.00	0	2,585	0		37.00
38.00	CLINIC	90.00	0	161,225	0		38.00
39.00	EMERGENCY	91.00	0	210,768	0		39.00
40.00	HOME HEALTH AGENCY	101.00	0	10,485	0		40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	104,378	0		41.00
	0		0	27,326,390			
	G - LIGHT DUTY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	116,977	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Date/Time Prepared:
5/28/2019 4:50 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
	0		116,977	0				
H - INTEREST EXPENSE								
1.00	OTHER A&G	5.05	0	1,699,837	11		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	116,907	0		2.00	
3.00	RADIOLOGY - ULTRASOUND	54.01	0	58,453	0		3.00	
4.00	CT SCAN	57.00	0	58,453	0		4.00	
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	58,453	0		5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	128	0		6.00	
7.00	OTHER NON-REIMBURSABLE	192.01	0	1,254,180	0		7.00	
	0		0	3,246,411				
I - CORPORATE EXPENSE								
1.00	OTHER A&G	5.05	0	10,317,540	9		1.00	
2.00		0.00	0	0	0		2.00	
	0		0	10,317,540				
J - DRUG EXPENSE								
1.00	PHARMACY	15.00	0	9,910,113	0		1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,214,983	0		2.00	
	0		0	15,125,096				
K - PHYSICIAN RECLASS								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63,770	0		1.00	
2.00		0.00	0	0	0		2.00	
	0		0	63,770				
L - PSTD RECLASS								
1.00	PURCHASING RECEIVING AND STORES	5.02	722	0	0		1.00	
2.00	ADMITTING	5.03	5,591	0	0		2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	1,148	0	0		3.00	
4.00	OTHER A&G	5.05	18,952	0	0		4.00	
5.00	PATIENT TRANSPORTATION	5.06	8,938	0	0		5.00	
6.00	OPERATION OF PLANT	7.00	26,825	0	0		6.00	
7.00	HOUSEKEEPING	9.00	41,012	0	0		7.00	
8.00	DIETARY	10.00	7,298	0	0		8.00	
9.00	CAFETERIA	11.00	5,625	0	0		9.00	
10.00	NURSING ADMINISTRATION	13.00	24,160	0	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	52,592	0	0		11.00	
12.00	NEONATAL ICU	31.01	1,152	0	0		12.00	
13.00	SUBPROVIDER - IPF	40.00	10,703	0	0		13.00	
14.00	SUBPROVIDER - IRF	41.00	22,880	0	0		14.00	
15.00	NURSERY	43.00	13,786	0	0		15.00	
16.00	OPERATING ROOM	50.00	15,419	0	0		16.00	
17.00	ENDOSCOPY	50.01	124	0	0		17.00	
18.00	RECOVERY ROOM	51.00	9,112	0	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	8,360	0	0		19.00	
20.00	RADIOLOGY - ULTRASOUND	54.01	5,225	0	0		20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	5,788	0	0		21.00	
22.00	CT SCAN	57.00	27,254	0	0		22.00	
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	7,226	0	0		23.00	
24.00	CARDIAC CATHETERIZATION	59.00	16,322	0	0		24.00	
25.00	LABORATORY	60.00	11,341	0	0		25.00	
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	2,228	0	0		26.00	
27.00	PHYSICAL THERAPY	66.00	14,820	0	0		27.00	
28.00	ELECTROCARDIOLOGY	69.00	12,001	0	0		28.00	
29.00	CLINIC	90.00	1,042	0	0		29.00	
30.00	EMERGENCY	91.00	6,083	0	0		30.00	
31.00	HOME HEALTH AGENCY	101.00	3,441	0	0		31.00	
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	30,892	0	0		32.00	
	0		418,062	0				
M - DEPRECIATION RECLASS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,048	9		1.00	
2.00	DATA PROCESSING	5.01	0	2,161,935	0		2.00	
3.00	PURCHASING RECEIVING AND STORES	5.02	0	14,600	0		3.00	
4.00	ADMITTING	5.03	0	851	0		4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	3,652	0		5.00	
6.00	OTHER A&G	5.05	0	244,188	0		6.00	
7.00	PATIENT TRANSPORTATION	5.06	0	24,793	0		7.00	
8.00	OPERATION OF PLANT	7.00	0	477,304	0		8.00	

RECLASSIFICATIONS

Provider CCN: 15-0002

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 4:50 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	HOUSEKEEPING	9.00	0	50,987	0		9.00
10.00	DIETARY	10.00	0	76,375	0		10.00
11.00	CAFETERIA	11.00	0	774	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	33,017	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	251,480	0		13.00
14.00	PHARMACY	15.00	0	148,781	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,240	0		15.00
16.00	PARAMED ED PROGRAM	23.00	0	3,967	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	818,380	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	562,996	0		18.00
19.00	NEONATAL ICU	31.01	0	25,446	0		19.00
20.00	SUBPROVIDER - IPF	40.00	0	10,350	0		20.00
21.00	SUBPROVIDER - IRF	41.00	0	9,379	0		21.00
22.00	NURSERY	43.00	0	59,310	0		22.00
23.00	OPERATING ROOM	50.00	0	1,183,569	0		23.00
24.00	ENDOSCOPY	50.01	0	226,150	0		24.00
25.00	RECOVERY ROOM	51.00	0	2,643	0		25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	0	157,353	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	684,580	0		27.00
28.00	RADIOLOGY - ULTRASOUND	54.01	0	432,651	0		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	755,593	0		29.00
30.00	RADIOISOTOPE	56.00	0	207,725	0		30.00
31.00	CT SCAN	57.00	0	434,425	0		31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	674,182	0		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	652,785	0		33.00
34.00	LABORATORY	60.00	0	42,957	0		34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	6,439	0		35.00
36.00	RESPIRATORY THERAPY	65.00	0	65,470	0		36.00
37.00	PHYSICAL THERAPY	66.00	0	1,899	0		37.00
38.00	OCCUPATIONAL THERAPY	67.00	0	442	0		38.00
39.00	SPEECH PATHOLOGY	68.00	0	4,010	0		39.00
40.00	ELECTROCARDIOLOGY	69.00	0	145,946	0		40.00
41.00	CARDIAC REHAB	69.01	0	165,249	0		41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,423	0		42.00
43.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,875	0		43.00
44.00	CLINIC	90.00	0	166,279	0		44.00
45.00	EMERGENCY	91.00	0	432,532	0		45.00
46.00	HOME HEALTH AGENCY	101.00	0	1,134	0		46.00
47.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,264	0		47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	793,143	0		48.00
49.00	OTHER NON-REIMBURSABLE	192.01	0	677,975	0		49.00
			0	12,977,546			
N - DEPT 9101 RECLASS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	48,347	14,259	0		1.00
	TOTALS		48,347	14,259			
O - UTILITIES RECLASS							
1.00	DATA PROCESSING	5.01		182,029	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04		467	0		2.00
3.00	OTHER A&G	5.05		4,557,094	0		3.00
4.00	ENDOSCOPY	50.01		1,295	0		4.00
5.00	CARDIAC REHAB	69.01		43,034	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00		324,605	0		6.00
7.00	OTHER NON-REIMBURSABLE	192.01		63,348	0		7.00
	TOTALS		0	5,171,872			
500.00	Grand Total: Decreases		1,972,284	75,464,781			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,373,674	0	0	0	0	1.00
2.00	Land Improvements	6,652,127	56,412	0	56,412	0	2.00
3.00	Buildings and Fixtures	281,597,464	0	0	0	11,067,021	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	200,130,111	3,088,546	0	3,088,546	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	493,753,376	3,144,958	0	3,144,958	11,067,021	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	493,753,376	3,144,958	0	3,144,958	11,067,021	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,373,674	0				1.00
2.00	Land Improvements	6,708,539	0				2.00
3.00	Buildings and Fixtures	270,530,443	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	203,218,657	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	485,831,313	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	485,831,313	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part III
Date/Time Prepared:
5/28/2019 4:50 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	485,831,313	0	485,831,313	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	485,831,313	0	485,831,313	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	18,768,522	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	18,768,522	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	1,254,307	0	0	0	20,022,829	1.00
3.00	Total (sum of lines 1-2)	1,254,307	0	0	0	20,022,829	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0002

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 4:50 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)	B	-1,992,104	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	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	-3,968,506			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-832,440	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	-118,896	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	B	-19,214	DIETARY	10.00	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	30,530	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0002

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 4:50 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 #		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	DATA PROCESSING OTHER INCOME	B	-181,805	DATA PROCESSING	5.01	0	33.00
33.01	CASH, A/R, COLLECTIONS OTHER INCOME	B	-50,633	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	33.01
33.02	A&G OTHER INCOME	B	-328,504	OTHER A&G	5.05	0	33.02
34.00	PLANT & MAINTENANCE	B	-2,883	OPERATION OF PLANT	7.00	0	34.00
35.00	ENVIRONMENTAL SERVICES OTHER INCOME	B	-2,377	HOUSEKEEPING	9.00	0	35.00
36.00	NURSING ADMIN OTHER INCOME	B	-2,719	NURSING ADMINISTRATION	13.00	0	36.00
37.00	PARAMED ED PROGRAM OTHER INCOME	B	-85,005	PARAMED ED PROGRAM	23.00	0	37.00
38.00	ADULTS & PEDS OTHER INCOME	B	-11,327	ADULTS & PEDIATRICS	30.00	0	38.00
40.00	LABOR & DELIVERY	B	-590	DELIVERY ROOM & LABOR ROOM	52.00	0	40.00
40.01	RADIOISOTOPE	B	1,748	RADIOISOTOPE	56.00	0	40.01
40.02	LAB OTHER INCOME	B	-64,018	LABORATORY	60.00	0	40.02
40.03	BLOOD OTHER INCOME	B	-64,087	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	40.03
40.04	CARDIAC REHAB OTHER INCOME	B	-104,718	CARDIAC REHAB	69.01	0	40.04
40.05	ELECTROCEPHALOGRAPHY OTHER INCOME	B	-1,698	ELECTROENCEPHALOGRAPHY	70.00	0	40.05
40.06	CLINIC OTHER INCOME	B	-583	CLINIC	90.00	0	40.06
40.07	EMERGENCY ROOM	B	-2,275	EMERGENCY	91.00	0	40.07
40.08	EMT OFFSET	B	-179,262	PARAMED ED PROGRAM	23.00	0	40.08
40.09	EMT OFFSET	B	-43,002	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.09
41.00	DUES/LOBBYING	A	-32,240	OTHER A&G	5.05	0	41.00
42.00	RX PROGRAM	A	-255,018	DRUGS CHARGED TO PATIENTS	73.00	0	42.00
43.00	PENSION ADJUSTMENT	A	3,212,517	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-5,099,109				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0002

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 4:50 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	CASHIERING/ACCOUNTS RECEIVABLE	11,880	11,880	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,150,471	3,150,471	0	0	0	2.00
3.00	31.01	NEONATAL ICU	805,693	805,693	0	0	0	3.00
4.00	57.00	CT SCAN	462	462	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	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			3,968,506	3,968,506	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.01	NEONATAL ICU	0	0	0	0	0	3.00
4.00	57.00	CT SCAN	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	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			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	11,880		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,150,471		2.00
3.00	31.01	NEONATAL ICU	0	0	0	805,693		3.00
4.00	57.00	CT SCAN	0	0	0	462		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	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	0	0	3,968,506		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			BLDG & FIXT				
		0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	20,022,829	20,022,829			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	33,359,264	83,861	33,443,125		4.00
5.01	00550	DATA PROCESSING	10,186,792	130,491	912,432	11,229,715	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	3,386,033	104,109	226,412	0	5.02
5.03	00570	ADMITTING	2,473,460	137,974	449,829	0	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,491,820	435,150	489,958	0	5.04
5.05	00590	OTHER A&G	14,409,137	1,413,947	2,359,310	11,229,715	5.05
5.06	00592	PATIENT TRANSPORTATION	585,589	0	122,036	0	5.06
7.00	00700	OPERATION OF PLANT	22,403,201	4,250,247	864,198	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,450,605	253,102	0	0	8.00
9.00	00900	HOUSEKEEPING	5,599,345	293,002	984,694	0	9.00
10.00	01000	DIETARY	4,438,875	267,627	532,495	0	10.00
11.00	01100	CAFETERIA	1,150,066	187,104	232,510	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,235,944	90,165	629,545	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,747,526	508,944	127,276	0	14.00
15.00	01500	PHARMACY	5,612,507	269,175	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,707,649	160,551	450,346	0	16.00
17.00	01700	SOCIAL SERVICE	444,894	23,131	100,297	0	17.00
17.01	01701	STAFF EDUCATION	0	158,279	0	0	17.01
17.02	01702	MEDICAL EDUCATION	59,195	5,311	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	274,518	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,168	63,428	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	482,505	47,766	151,748	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,345,807	4,447,445	7,262,420	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,847,990	282,054	1,465,561	0	31.00
31.01	03101	NEONATAL ICU	1,855,647	32,062	388,430	0	31.01
40.00	04000	SUBPROVIDER - IPF	1,388,636	56,399	288,737	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,178,270	443,627	630,461	0	41.00
43.00	04300	NURSERY	1,419,571	346,802	264,706	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,004,648	846,943	953,596	0	50.00
50.01	05001	ENDOSCOPY	2,720,516	0	260,151	0	50.01
51.00	05100	RECOVERY ROOM	1,164,237	206,542	235,795	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,220,638	99,437	646,471	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,252,133	753,398	537,562	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	1,687,730	71,763	273,298	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,692,576	191,477	104,438	0	55.00
56.00	05600	RADIOISOTOPE	1,826,472	128,404	125,999	0	56.00
57.00	05700	CT SCAN	1,782,411	121,588	234,939	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	652,758	59,708	87,805	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,573,583	119,174	474,624	0	59.00
60.00	06000	LABORATORY	9,912,748	333,938	794,877	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,571,668	5,467	274,405	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,056,208	110,271	532,758	0	65.00
66.00	06600	PHYSICAL THERAPY	1,616,462	174,225	335,635	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,336,373	149,731	276,649	0	67.00
68.00	06800	SPEECH PATHOLOGY	494,837	25,502	101,127	0	68.00
69.00	06900	ELECTROCARDIOLOGY	737,320	0	138,904	0	69.00
69.01	06901	CARDIAC REHAB	514,322	0	91,109	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,237,392	0	213,992	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,761,019	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,565,371	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,682,129	23,599	90,376	0	73.00
74.00	07400	RENAL DIALYSIS	2,336,914	62,235	555	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,828,670	1,081,713	610,406	0	90.00
91.00	09100	EMERGENCY	9,603,344	384,274	1,573,231	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,571,262	0	496,704	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	307,992,584	19,441,142	28,398,807	11,229,715	3,687,258

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT				
			0	1.00	4.00	5.01	5.02	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,980	25,573	2,334	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,656,904	379,276	5,006,319	0	29,217	192.00
192.01	19201	OTHER NON-REIMBURSABLE	690,260	49,087	0	0	46	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	207,880	127,751	35,665	0	33	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	344,559,608	20,022,829	33,443,125	11,229,715	3,716,554	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATIO N	
			5.03	5.04	5A.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING	3,065,727					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	7,418,870				5.04
5.05	00590	OTHER A&G	0	0	29,412,109	29,412,109		5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	707,960	66,072	774,032	5.06
7.00	00700	OPERATION OF PLANT	0	0	27,567,431	2,572,813	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,703,803	159,013	0	8.00
9.00	00900	HOUSEKEEPING	0	0	6,914,675	645,333	0	9.00
10.00	01000	DIETARY	0	0	5,299,490	494,591	0	10.00
11.00	01100	CAFETERIA	0	0	1,569,803	146,507	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,957,567	369,352	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,390,561	223,106	0	14.00
15.00	01500	PHARMACY	0	0	5,894,461	550,118	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,319,182	309,773	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	568,322	53,040	0	17.00
17.01	01701	STAFF EDUCATION	0	0	158,279	14,772	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	64,587	6,028	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	274,518	25,620	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	94,596	8,828	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	682,484	63,695	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	253,789	614,088	53,117,203	4,957,346	300,861	30.00
31.00	03100	INTENSIVE CARE UNIT	43,324	104,829	9,813,156	915,842	4,570	31.00
31.01	03101	NEONATAL ICU	13,248	32,056	2,321,858	216,694	0	31.01
40.00	04000	SUBPROVIDER - IPF	11,091	26,836	1,772,119	165,388	17	40.00
41.00	04100	SUBPROVIDER - IRF	18,333	44,361	4,324,905	403,635	8,262	41.00
43.00	04300	NURSERY	5,446	13,178	2,061,558	192,401	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	385,234	932,943	9,129,181	852,008	0	50.00
50.01	05001	ENDOSCOPY	43,783	105,941	3,196,015	298,278	15,762	50.01
51.00	05100	RECOVERY ROOM	26,068	63,076	1,698,787	158,544	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,627	32,974	4,024,255	375,576	6,871	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,563	233,651	5,884,590	549,197	77,451	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	43,278	104,720	2,195,508	204,902	85,779	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	36,296	87,824	2,114,441	197,337	4,834	55.00
56.00	05600	RADIOISOTOPE	40,019	96,833	2,312,427	215,814	44,388	56.00
57.00	05700	CT SCAN	299,691	725,155	3,190,688	297,781	139,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,370	172,691	1,051,348	98,120	43,312	58.00
59.00	05900	CARDIAC CATHETERIZATION	179,675	434,755	4,855,461	453,150	27,070	59.00
60.00	06000	LABORATORY	374,206	905,458	12,582,278	1,174,279	17	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	21,585	52,229	1,952,762	182,247	0	62.00
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	94,776	229,327	4,065,767	379,450	215	65.00
66.00	06600	PHYSICAL THERAPY	18,957	45,870	2,191,665	204,544	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,640	35,424	1,814,205	169,316	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,027	14,583	642,692	59,981	0	68.00
69.00	06900	ELECTROCARDIOLOGY	55,820	135,067	1,068,428	99,714	4,520	69.00
69.01	06901	CARDIAC REHAB	2,159	5,225	613,578	57,264	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	64,900	157,036	1,673,320	156,168	5,166	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,092	309,942	14,303,238	1,334,893	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,196	189,208	16,093,101	1,501,937	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	370,494	896,476	17,091,790	1,595,143	0	73.00
74.00	07400	RENAL DIALYSIS	21,535	52,109	2,476,148	231,094	17	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	62,293	150,728	6,740,671	629,093	497	90.00
91.00	09100	EMERGENCY	161,981	391,942	12,276,419	1,145,734	4,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,231	22,335	3,107,893	290,053	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,065,727	7,418,870	302,337,283	25,471,584	774,032	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	39,887	3,723	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	41,071,716	3,833,141	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATIO N	
			5.03	5.04	5A.04	5.05	5.06	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	739,393	69,006	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	371,329	34,655	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,065,727	7,418,870	344,559,608	29,412,109	774,032	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					5.06
7.00	00700	OPERATION OF PLANT	30,140,244				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	566,460	2,429,276			8.00
9.00	00900	HOUSEKEEPING	655,759	0	8,215,767		9.00
10.00	01000	DIETARY	598,970	0	170,171	6,563,222	10.00
11.00	01100	CAFETERIA	418,751	0	118,970	0	11.00
13.00	01300	NURSING ADMINISTRATION	201,796	0	57,331	2,254,031	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,139,053	26,886	323,611	0	14.00
15.00	01500	PHARMACY	602,434	15	171,155	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	359,325	0	102,086	0	16.00
17.00	01700	SOCIAL SERVICE	51,768	0	14,708	0	17.00
17.01	01701	STAFF EDUCATION	354,240	0	100,642	0	17.01
17.02	01702	MEDICAL EDUCATION	11,885	0	3,377	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	141,957	0	40,331	0	22.00
23.00	02300	PARAMED ED PROGRAM	106,904	0	30,372	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,953,708	1,153,918	2,827,902	4,527,060	30.00
31.00	03100	INTENSIVE CARE UNIT	631,257	61,087	179,344	791,701	31.00
31.01	03101	NEONATAL ICU	71,757	53,922	20,387	0	31.01
40.00	04000	SUBPROVIDER - IPF	126,226	0	35,861	163,823	40.00
41.00	04100	SUBPROVIDER - IRF	992,870	0	282,080	516,941	41.00
43.00	04300	NURSERY	776,169	50,126	220,514	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,895,520	242,986	538,527	0	50.00
50.01	05001	ENDOSCOPY	0	28,815	0	0	50.01
51.00	05100	RECOVERY ROOM	462,257	63,605	131,330	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	222,548	54,340	63,227	218,756	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,686,160	80,795	479,047	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	160,611	13,709	45,630	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	428,539	3,663	121,750	0	55.00
56.00	05600	RADIOISOTOPE	287,377	29,643	81,645	0	56.00
57.00	05700	CT SCAN	272,123	18,621	77,312	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	133,631	7,444	37,965	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,721	53,190	75,777	74,094	59.00
60.00	06000	LABORATORY	747,378	0	212,334	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,235	0	3,476	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	246,795	3,579	70,116	0	65.00
66.00	06600	PHYSICAL THERAPY	389,928	29,350	110,781	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	335,109	0	95,206	0	67.00
68.00	06800	SPEECH PATHOLOGY	57,075	0	16,215	15,395	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,952	0	0	69.00
69.01	06901	CARDIAC REHAB	0	2,434	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	295	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	52,817	0	15,005	0	73.00
74.00	07400	RENAL DIALYSIS	139,287	111,960	39,572	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,420,953	52,011	687,806	0	90.00
91.00	09100	EMERGENCY	860,034	259,636	244,340	255,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,838,387	2,415,687	7,845,903	6,563,222	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,234	0	16,260	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	848,848	13,589	241,162	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	109,860	0	31,212	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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			7.00	8.00	9.00	10.00	11.00	
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	285,915	0	81,230	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	30,140,244	2,429,276	8,215,767	6,563,222	2,254,031	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
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	4,636,697					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,128,019				14.00
15.00	01500	PHARMACY	0	0	7,218,183			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,161,774		16.00
17.00	01700	SOCIAL SERVICE	38,552	0	0	0	739,046	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	70,569	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,416,906	0	0	344,496	588,264	30.00
31.00	03100	INTENSIVE CARE UNIT	413,220	0	0	58,808	0	31.00
31.01	03101	NEONATAL ICU	101,096	0	0	17,983	0	31.01
40.00	04000	SUBPROVIDER - IPF	89,903	0	0	15,055	0	40.00
41.00	04100	SUBPROVIDER - IRF	213,979	0	0	24,886	118,927	41.00
43.00	04300	NURSERY	76,662	0	0	7,393	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	335,950	0	0	523,246	0	50.00
50.01	05001	ENDOSCOPY	82,892	0	0	59,432	0	50.01
51.00	05100	RECOVERY ROOM	62,856	0	0	35,385	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	202,935	0	0	18,498	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	131,075	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	58,747	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	49,268	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	54,322	0	56.00
57.00	05700	CT SCAN	0	0	0	406,804	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	96,878	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	243,892	0	59.00
60.00	06000	LABORATORY	0	0	663,130	507,951	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	29,300	0	62.00
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	128,649	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,732	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	19,872	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,181	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	75,771	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	2,931	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	88,095	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,927,718	0	173,874	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,200,301	0	106,144	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,443,425	502,912	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	29,232	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2	84,557	0	90.00
91.00	09100	EMERGENCY	531,177	0	0	219,875	31,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	9,961	12,530	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,636,697	4,128,019	7,116,518	4,161,774	739,046	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	101,665	0	0	192.00

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,636,697	4,128,019	7,218,183	4,161,774	739,046	202.00

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Cost Center Description		STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED ED PROGRAM	
				SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS		
		17.01	17.02	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					5.06
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
17.01	01701	STAFF EDUCATION	627,933				17.01
17.02	01702	MEDICAL EDUCATION	0	85,877			17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	300,138		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		285,712	22.00
23.00	02300	PARAMED ED PROGRAM	1,041	0			23.00
						978,231	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	298,643	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	49,705	0	0	0	31.00
31.01	03101	NEONATAL ICU	8,421	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	3,516	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,277	0	0	0	41.00
43.00	04300	NURSERY	14,561	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	54,767	0	0	0	50.00
50.01	05001	ENDOSCOPY	6,034	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,690	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,604	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,378	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	3,541	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,390	0	0	0	55.00
56.00	05600	RADIOISOTOPE	81	0	0	0	56.00
57.00	05700	CT SCAN	2,568	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	44	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,651	0	0	0	59.00
60.00	06000	LABORATORY	1,845	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	711	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,413	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	287	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	723	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	243	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,615	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,496	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	262	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,094	0	0	0	90.00
91.00	09100	EMERGENCY	45,784	85,877	300,138	285,712	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,031	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	615,416	85,877	300,138	285,712	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED ED PROGRAM	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS		
			17.01	17.02	21.00	22.00	23.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,517	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	627,933	85,877	300,138	285,712	978,231	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMITTING				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER A&G				5.05
5.06	00592	PATIENT TRANSPORTATION				5.06
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
17.01	01701	STAFF EDUCATION				17.01
17.02	01702	MEDICAL EDUCATION				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PROGRAM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,279,717	0	81,279,717	30.00
31.00	03100	INTENSIVE CARE UNIT	13,054,340	0	13,054,340	31.00
31.01	03101	NEONATAL ICU	2,845,305	0	2,845,305	31.01
40.00	04000	SUBPROVIDER - IPF	2,401,421	0	2,401,421	40.00
41.00	04100	SUBPROVIDER - IRF	6,977,006	0	6,977,006	41.00
43.00	04300	NURSERY	3,424,550	0	3,424,550	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,682,469	0	13,682,469	50.00
50.01	05001	ENDOSCOPY	3,714,439	0	3,714,439	50.01
51.00	05100	RECOVERY ROOM	2,637,105	0	2,637,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,287,229	0	5,287,229	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,959,328	0	8,959,328	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	2,793,582	0	2,793,582	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,931,201	0	2,931,201	55.00
56.00	05600	RADIOISOTOPE	3,036,498	0	3,036,498	56.00
57.00	05700	CT SCAN	4,433,617	0	4,433,617	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,478,746	0	1,478,746	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,126,240	0	6,126,240	59.00
60.00	06000	LABORATORY	15,984,089	0	15,984,089	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,234,232	0	2,234,232	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,966,049	0	4,966,049	65.00
66.00	06600	PHYSICAL THERAPY	2,983,580	0	2,983,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,460,216	0	2,460,216	67.00
68.00	06800	SPEECH PATHOLOGY	808,521	0	808,521	68.00
69.00	06900	ELECTROCARDIOLOGY	1,283,853	0	1,283,853	69.00
69.01	06901	CARDIAC REHAB	686,422	0	686,422	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,945,307	0	1,945,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,739,723	0	17,739,723	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,901,483	0	19,901,483	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,710,106	0	25,710,106	73.00
74.00	07400	RENAL DIALYSIS	3,027,310	0	3,027,310	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,676,806	0	10,676,806	90.00
91.00	09100	EMERGENCY	17,699,308	-585,850	17,113,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,427,468	0	3,427,468	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	296,597,266	-585,850	296,011,416	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	117,104	0	117,104	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	46,122,638	0	46,122,638	192.00
192.01	19201	OTHER NON-REIMBURSABLE	949,471	0	949,471	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	773,129	0	773,129	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	344,559,608	-585,850	343,973,758	202.00

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
				RELATED COSTS				
				BLDG & FIXT				
			0	1.00	2A	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		83,861	83,861	83,861		4.00
5.01	00550	DATA PROCESSING	0	130,491	130,491	2,287	132,778	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	104,109	104,109	567	0	5.02
5.03	00570	ADMITTING	0	137,974	137,974	1,127	0	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	435,150	435,150	1,228	0	5.04
5.05	00590	OTHER A&G	0	1,413,947	1,413,947	5,913	132,778	5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	0	306	0	5.06
7.00	00700	OPERATION OF PLANT	0	4,250,247	4,250,247	2,166	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	253,102	253,102	0	0	8.00
9.00	00900	HOUSEKEEPING	0	293,002	293,002	2,468	0	9.00
10.00	01000	DIETARY	0	267,627	267,627	1,335	0	10.00
11.00	01100	CAFETERIA	0	187,104	187,104	583	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	90,165	90,165	1,578	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	508,944	508,944	319	0	14.00
15.00	01500	PHARMACY	0	269,175	269,175	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	160,551	160,551	1,129	0	16.00
17.00	01700	SOCIAL SERVICE	0	23,131	23,131	251	0	17.00
17.01	01701	STAFF EDUCATION	0	158,279	158,279	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	5,311	5,311	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	63,428	63,428	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	47,766	47,766	380	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,447,445	4,447,445	18,247	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	282,054	282,054	3,673	0	31.00
31.01	03101	NEONATAL ICU	0	32,062	32,062	973	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	56,399	56,399	724	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	443,627	443,627	1,580	0	41.00
43.00	04300	NURSERY	0	346,802	346,802	663	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	846,943	846,943	2,390	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	652	0	50.01
51.00	05100	RECOVERY ROOM	0	206,542	206,542	591	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	99,437	99,437	1,620	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	753,398	753,398	1,347	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	71,763	71,763	685	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	191,477	191,477	262	0	55.00
56.00	05600	RADIOISOTOPE	0	128,404	128,404	316	0	56.00
57.00	05700	CT SCAN	0	121,588	121,588	589	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,708	59,708	220	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	119,174	119,174	1,190	0	59.00
60.00	06000	LABORATORY	0	333,938	333,938	1,992	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,467	5,467	688	0	62.00
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	110,271	110,271	1,335	0	65.00
66.00	06600	PHYSICAL THERAPY	0	174,225	174,225	841	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	149,731	149,731	693	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	25,502	25,502	253	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	348	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	228	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	536	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	23,599	23,599	227	0	73.00
74.00	07400	RENAL DIALYSIS	0	62,235	62,235	1	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,081,713	1,081,713	1,530	0	90.00
91.00	09100	EMERGENCY	0	384,274	384,274	3,943	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,245	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	19,441,142	19,441,142	71,219	132,778	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			Directly Assigned New Capital Related Costs	BLDG & FIXT				
			0	1.00	2A	4.00	5.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,573	25,573	6	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	379,276	379,276	12,547	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	49,087	49,087	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	127,751	127,751	89	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments		0	0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	20,022,829	20,022,829	83,861	132,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATIO N	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	104,676					5.02
5.03	00570	ADMITTING	126	139,227				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	55	0	436,433			5.04
5.05	00590	OTHER A&G	0	0	0	1,552,638		5.05
5.06	00592	PATIENT TRANSPORTATION	9	0	0	3,488	3,803	5.06
7.00	00700	OPERATION OF PLANT	1,402	0	0	135,825	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3	0	0	8,395	0	8.00
9.00	00900	HOUSEKEEPING	1,060	0	0	34,069	0	9.00
10.00	01000	DIETARY	1,704	0	0	26,111	0	10.00
11.00	01100	CAFETERIA	3	0	0	7,734	0	11.00
13.00	01300	NURSING ADMINISTRATION	54	0	0	19,499	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	192	0	0	11,778	0	14.00
15.00	01500	PHARMACY	360	0	0	29,042	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18	0	0	16,354	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,800	0	17.00
17.01	01701	STAFF EDUCATION	0	0	0	780	0	17.01
17.02	01702	MEDICAL EDUCATION	2	0	0	318	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,353	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	466	0	22.00
23.00	02300	PARAMED ED PROGRAM	13	0	0	3,363	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,454	11,483	36,135	261,613	1,480	30.00
31.00	03100	INTENSIVE CARE UNIT	1,955	1,960	6,169	48,349	22	31.00
31.01	03101	NEONATAL ICU	12	599	1,886	11,440	0	31.01
40.00	04000	SUBPROVIDER - IPF	12	502	1,579	8,731	0	40.00
41.00	04100	SUBPROVIDER - IRF	278	830	2,610	21,309	41	41.00
43.00	04300	NURSERY	334	246	775	10,157	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	164	17,941	54,779	44,979	0	50.00
50.01	05001	ENDOSCOPY	1,848	1,981	6,234	15,747	77	50.01
51.00	05100	RECOVERY ROOM	86	1,180	3,712	8,370	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	313	617	1,940	19,828	34	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	318	4,369	13,749	28,993	381	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	415	1,958	6,162	10,817	421	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	52	1,642	5,168	10,418	24	55.00
56.00	05600	RADIOISOTOPE	2,667	1,811	5,698	11,393	218	56.00
57.00	05700	CT SCAN	758	13,560	42,671	15,721	685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	198	3,229	10,162	5,180	213	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,074	8,130	25,583	23,923	133	59.00
60.00	06000	LABORATORY	7,352	16,932	53,281	61,993	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	772	977	3,073	9,621	0	62.00
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	1,195	4,288	13,494	20,032	1	65.00
66.00	06600	PHYSICAL THERAPY	15	858	2,699	10,798	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	662	2,084	8,939	0	67.00
68.00	06800	SPEECH PATHOLOGY	17	273	858	3,167	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37	2,526	7,948	5,264	22	69.00
69.01	06901	CARDIAC REHAB	21	98	307	3,023	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,937	9,241	8,244	25	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,099	5,796	18,238	70,472	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,496	3,538	11,134	79,291	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	809	16,764	52,752	84,211	0	73.00
74.00	07400	RENAL DIALYSIS	79	974	3,066	12,200	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	193	2,819	8,869	33,211	2	90.00
91.00	09100	EMERGENCY	4,553	7,329	23,063	60,486	24	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	235	418	1,314	15,313	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	103,851	139,227	436,433	1,344,608	3,803	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	197	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	823	0	0	202,360	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATIO N	
			5.02	5.03	5.04	5.05	5.06	
192.01	19201	OTHER NON-REIMBURSABLE	1	0	0	3,643	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	1	0	0	1,830	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	104,676	139,227	436,433	1,552,638	3,803	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					5.06
7.00	00700	OPERATION OF PLANT	4,389,640				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	82,500	344,000			8.00
9.00	00900	HOUSEKEEPING	95,505	0	426,104		9.00
10.00	01000	DIETARY	87,234	0	8,826	392,837	10.00
11.00	01100	CAFETERIA	60,987	0	6,170	0	11.00
13.00	01300	NURSING ADMINISTRATION	29,390	0	2,973	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	165,892	3,807	16,784	0	14.00
15.00	01500	PHARMACY	87,739	2	8,877	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,332	0	5,295	0	16.00
17.00	01700	SOCIAL SERVICE	7,540	0	763	0	17.00
17.01	01701	STAFF EDUCATION	51,592	0	5,220	0	17.01
17.02	01702	MEDICAL EDUCATION	1,731	0	175	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,675	0	2,092	0	22.00
23.00	02300	PARAMED ED PROGRAM	15,570	0	1,575	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,449,662	163,402	146,665	270,965	30.00
31.00	03100	INTENSIVE CARE UNIT	91,937	8,650	9,302	47,387	31.00
31.01	03101	NEONATAL ICU	10,451	7,636	1,057	0	31.01
40.00	04000	SUBPROVIDER - IPF	18,384	0	1,860	9,805	40.00
41.00	04100	SUBPROVIDER - IRF	144,602	0	14,630	30,941	41.00
43.00	04300	NURSERY	113,042	7,098	11,437	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	276,064	34,408	27,930	0	50.00
50.01	05001	ENDOSCOPY	0	4,080	0	0	50.01
51.00	05100	RECOVERY ROOM	67,323	9,007	6,811	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,412	7,695	3,279	13,093	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	245,573	11,441	24,845	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	23,391	1,941	2,367	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	62,413	519	6,314	0	55.00
56.00	05600	RADIOISOTOPE	41,854	4,198	4,234	0	56.00
57.00	05700	CT SCAN	39,632	2,637	4,010	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,462	1,054	1,969	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,845	7,532	3,930	4,435	59.00
60.00	06000	LABORATORY	108,848	0	11,013	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,782	0	180	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,943	507	3,637	0	65.00
66.00	06600	PHYSICAL THERAPY	56,789	4,156	5,746	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,805	0	4,938	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,312	0	841	921	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,976	0	0	69.00
69.01	06901	CARDIAC REHAB	0	345	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	7,692	0	778	0	73.00
74.00	07400	RENAL DIALYSIS	20,286	15,854	2,052	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	352,589	7,365	35,673	0	90.00
91.00	09100	EMERGENCY	125,256	36,766	12,673	15,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,200,036	342,076	406,921	392,837	262,581
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,336	0	843	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	123,627	1,924	12,508	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	16,000	0	1,619	0	192.01

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	41,641	0	4,213	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,389,640	344,000	426,104	392,837	262,581	202.00

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
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	149,560					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	710,605				14.00
15.00	01500	PHARMACY	0	0	395,195			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	243,998		16.00
17.00	01700	SOCIAL SERVICE	1,244	0	0	0	37,203	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	2,276	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,958	0	0	20,227	29,612	30.00
31.00	03100	INTENSIVE CARE UNIT	13,329	0	0	3,453	0	31.00
31.01	03101	NEONATAL ICU	3,261	0	0	1,056	0	31.01
40.00	04000	SUBPROVIDER - IPF	2,900	0	0	884	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,902	0	0	1,461	5,987	41.00
43.00	04300	NURSERY	2,473	0	0	434	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,836	0	0	30,359	0	50.00
50.01	05001	ENDOSCOPY	2,674	0	0	3,490	0	50.01
51.00	05100	RECOVERY ROOM	2,027	0	0	2,078	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,546	0	0	1,086	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,696	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	3,449	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,893	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,190	0	56.00
57.00	05700	CT SCAN	0	0	0	23,886	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,688	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,320	0	59.00
60.00	06000	LABORATORY	0	0	36,306	29,825	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	1,720	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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	7,554	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,511	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,167	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	480	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,449	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	172	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,173	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	331,838	0	10,209	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	378,767	0	6,232	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	352,778	29,529	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,716	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,965	0	90.00
91.00	09100	EMERGENCY	17,134	0	0	12,910	1,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	545	736	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,560	710,605	389,629	243,998	37,203	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,566	0	0	192.00

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	149,560	710,605	395,195	243,998	37,203	202.00

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Cost Center Description		STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED ED PROGRAM	
				SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS		
		17.01	17.02	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					5.06
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
17.01	01701	STAFF EDUCATION	215,871				17.01
17.02	01702	MEDICAL EDUCATION	0	7,537			17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,353		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		86,661	22.00
23.00	02300	PARAMED ED PROGRAM	358	0			23.00
						74,000	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	102,666	0			30.00
31.00	03100	INTENSIVE CARE UNIT	17,088	0			31.00
31.01	03101	NEONATAL ICU	2,895	0			31.01
40.00	04000	SUBPROVIDER - IPF	1,209	0			40.00
41.00	04100	SUBPROVIDER - IRF	6,971	0			41.00
43.00	04300	NURSERY	5,006	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,828	0			50.00
50.01	05001	ENDOSCOPY	2,074	0			50.01
51.00	05100	RECOVERY ROOM	1,269	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,552	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161	0			54.00
54.01	05401	RADIOLOGY - ULTRASOUND	1,217	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	478	0			55.00
56.00	05600	RADIOISOTOPE	28	0			56.00
57.00	05700	CT SCAN	883	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	11,912	0			59.00
60.00	06000	LABORATORY	634	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	244	0			62.00
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	3,924	0			65.00
66.00	06600	PHYSICAL THERAPY	99	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	249	0			67.00
68.00	06800	SPEECH PATHOLOGY	84	0			68.00
69.00	06900	ELECTROCARDIOLOGY	1,243	0			69.00
69.01	06901	CARDIAC REHAB	0	0			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	514	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90	0			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	720	0			90.00
91.00	09100	EMERGENCY	15,740	7,537			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,417	0			101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	211,568	7,537	0	0	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

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED ED PROGRAM	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS		
			17.01	17.02	21.00	22.00	23.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,303	0				192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0				192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0				192.02
193.00	19300	NONPAID WORKERS	0	0				193.00
200.00		Cross Foot Adjustments			1,353	86,661	74,000	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	215,871	7,537	1,353	86,661	74,000	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMITTING				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER A&G				5.05
5.06	00592	PATIENT TRANSPORTATION				5.06
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
17.01	01701	STAFF EDUCATION				17.01
17.02	01702	MEDICAL EDUCATION				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PROGRAM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,135,443	0	7,135,443	30.00
31.00	03100	INTENSIVE CARE UNIT	551,130	0	551,130	31.00
31.01	03101	NEONATAL ICU	77,194	0	77,194	31.01
40.00	04000	SUBPROVIDER - IPF	106,427	0	106,427	40.00
41.00	04100	SUBPROVIDER - IRF	689,952	0	689,952	41.00
43.00	04300	NURSERY	501,399	0	501,399	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,378,468	0	1,378,468	50.00
50.01	05001	ENDOSCOPY	42,027	0	42,027	50.01
51.00	05100	RECOVERY ROOM	311,400	0	311,400	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,213	0	207,213	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,101,150	0	1,101,150	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	127,516	0	127,516	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	282,823	0	282,823	55.00
56.00	05600	RADIOISOTOPE	205,269	0	205,269	56.00
57.00	05700	CT SCAN	269,914	0	269,914	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	108,263	0	108,263	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,101	0	266,101	59.00
60.00	06000	LABORATORY	673,167	0	673,167	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	30,756	0	30,756	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	209,178	0	209,178	65.00
66.00	06600	PHYSICAL THERAPY	261,382	0	261,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	220,311	0	220,311	67.00
68.00	06800	SPEECH PATHOLOGY	41,726	0	41,726	68.00
69.00	06900	ELECTROCARDIOLOGY	25,893	0	25,893	69.00
69.01	06901	CARDIAC REHAB	5,384	0	5,384	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,107	0	29,107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	467,652	0	467,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	514,458	0	514,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	570,249	0	570,249	73.00
74.00	07400	RENAL DIALYSIS	118,463	0	118,463	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,536,536	0	1,536,536	90.00
91.00	09100	EMERGENCY	748,877	0	748,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	22,223	0	22,223	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,837,051	0	18,837,051	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,955	0	34,955	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	742,934	0	742,934		192.00
192.01	19201	OTHER NON-REIMBURSABLE	70,350	0	70,350		192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	175,525	0	175,525		192.02
193.00	19300	NONPAID WORKERS	0	0	0		193.00
200.00		Cross Foot Adjustments	162,014	0	162,014		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	20,022,829	0	20,022,829		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description		CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (GROSS CHARGES)	
		1.00	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,410,133				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,906	148,345,148			4.00
5.01	00550	DATA PROCESSING	9,190	4,047,320	100		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	7,332	1,004,305	0	42,951,905	5.02
5.03	00570	ADMITTING	9,717	1,995,330	0	51,596	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	30,646	2,173,331	0	22,439	5.04
5.05	00590	OTHER A&G	99,579	10,465,312	100	0	5.05
5.06	00592	PATIENT TRANSPORTATION	0	541,322	0	3,873	5.06
7.00	00700	OPERATION OF PLANT	299,329	3,833,368	0	575,366	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,825	0	0	1,114	8.00
9.00	00900	HOUSEKEEPING	20,635	4,367,857	0	434,929	9.00
10.00	01000	DIETARY	18,848	2,362,017	0	699,111	10.00
11.00	01100	CAFETERIA	13,177	1,031,355	0	1,420	11.00
13.00	01300	NURSING ADMINISTRATION	6,350	2,792,504	0	22,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,843	564,566	0	78,755	14.00
15.00	01500	PHARMACY	18,957	0	0	147,690	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,307	1,997,624	0	7,350	16.00
17.00	01700	SOCIAL SERVICE	1,629	444,894	0	0	17.00
17.01	01701	STAFF EDUCATION	11,147	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	374	0	0	931	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	3,364	673,115	0	5,369	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	313,217	32,214,070	0	2,238,050	30.00
31.00	03100	INTENSIVE CARE UNIT	19,864	6,500,862	0	802,025	31.00
31.01	03101	NEONATAL ICU	2,258	1,722,978	0	4,799	31.01
40.00	04000	SUBPROVIDER - IPF	3,972	1,280,765	0	4,856	40.00
41.00	04100	SUBPROVIDER - IRF	31,243	2,796,568	0	113,874	41.00
43.00	04300	NURSERY	24,424	1,174,169	0	137,013	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59,647	4,229,914	0	67,225	50.00
50.01	05001	ENDOSCOPY	0	1,153,967	0	758,410	50.01
51.00	05100	RECOVERY ROOM	14,546	1,045,926	0	35,468	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,003	2,867,584	0	128,377	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,059	2,384,492	0	130,399	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,054	1,212,281	0	170,106	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,485	463,261	0	21,148	55.00
56.00	05600	RADIOISOTOPE	9,043	558,902	0	1,094,449	56.00
57.00	05700	CT SCAN	8,563	1,042,130	0	310,926	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	389,481	0	81,082	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,393	2,105,315	0	851,171	59.00
60.00	06000	LABORATORY	23,518	3,525,875	0	3,016,957	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	1,217,193	0	316,756	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,766	2,363,182	0	490,323	65.00
66.00	06600	PHYSICAL THERAPY	12,270	1,488,795	0	5,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,545	1,227,145	0	16,038	67.00
68.00	06800	SPEECH PATHOLOGY	1,796	448,576	0	7,123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	616,142	0	15,223	69.00
69.01	06901	CARDIAC REHAB	0	404,135	0	8,821	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	949,217	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,761,019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,565,370	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,662	400,886	0	331,873	73.00
74.00	07400	RENAL DIALYSIS	4,383	2,464	0	32,364	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	76,181	2,707,607	0	79,297	90.00
91.00	09100	EMERGENCY	27,063	6,978,460	0	1,868,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,203,254	0	96,622	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,369,167	125,969,816	100	42,613,330	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B-1
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.03	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	10,353	0	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,711	22,206,780	0	337,658	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,457	0	0	535	0 192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	8,997	158,199	0	382	0 192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
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)	20,022,829	33,443,125	11,229,715	3,716,554	3,065,727 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.199249	0.225441	112,297.15000	0.086528	0.002409 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		83,861	132,778	104,676	139,227 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000565	1,327.780000	0.002437	0.000109 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: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,272,772,554					5.04
5.05	00590	OTHER A&G	0	-29,412,109	315,147,499			5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	707,960	46,751		5.06
7.00	00700	OPERATION OF PLANT	0	0	27,567,431	0	948,434	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,703,803	0	17,825	8.00
9.00	00900	HOUSEKEEPING	0	0	6,914,675	0	20,635	9.00
10.00	01000	DIETARY	0	0	5,299,490	0	18,848	10.00
11.00	01100	CAFETERIA	0	0	1,569,803	0	13,177	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,957,567	0	6,350	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,390,561	0	35,843	14.00
15.00	01500	PHARMACY	0	0	5,894,461	0	18,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,319,182	0	11,307	16.00
17.00	01700	SOCIAL SERVICE	0	0	568,322	0	1,629	17.00
17.01	01701	STAFF EDUCATION	0	0	158,279	0	11,147	17.01
17.02	01702	MEDICAL EDUCATION	0	0	64,587	0	374	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	274,518	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	94,596	0	4,467	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	682,484	0	3,364	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	105,350,547	0	53,117,203	18,172	313,217	30.00
31.00	03100	INTENSIVE CARE UNIT	17,984,097	0	9,813,156	276	19,864	31.00
31.01	03101	NEONATAL ICU	5,499,376	0	2,321,858	0	2,258	31.01
40.00	04000	SUBPROVIDER - IPF	4,603,945	0	1,772,119	1	3,972	40.00
41.00	04100	SUBPROVIDER - IRF	7,610,408	0	4,324,905	499	31,243	41.00
43.00	04300	NURSERY	2,260,708	0	2,061,558	0	24,424	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	160,072,673	0	9,129,181	0	59,647	50.00
50.01	05001	ENDOSCOPY	18,174,858	0	3,196,015	952	0	50.01
51.00	05100	RECOVERY ROOM	10,821,121	0	1,698,787	1	14,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,656,816	0	4,024,255	415	7,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,084,188	0	5,884,590	4,678	53,059	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	17,965,300	0	2,195,508	5,181	5,054	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	15,066,732	0	2,114,441	292	13,485	55.00
56.00	05600	RADIOISOTOPE	16,612,204	0	2,312,427	2,681	9,043	56.00
57.00	05700	CT SCAN	124,404,760	0	3,190,688	8,422	8,563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,626,211	0	1,051,348	2,616	4,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	74,584,802	0	4,855,461	1,635	8,393	59.00
60.00	06000	LABORATORY	155,336,834	0	12,582,278	1	23,518	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,960,206	0	1,952,762	0	385	62.00
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	39,342,354	0	4,065,767	13	7,766	65.00
66.00	06600	PHYSICAL THERAPY	7,869,238	0	2,191,665	0	12,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,077,206	0	1,814,205	0	10,545	67.00
68.00	06800	SPEECH PATHOLOGY	2,501,738	0	642,692	0	1,796	68.00
69.00	06900	ELECTROCARDIOLOGY	23,171,578	0	1,068,428	273	0	69.00
69.01	06901	CARDIAC REHAB	896,419	0	613,578	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	26,940,508	0	1,673,320	312	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,172,472	0	14,303,238	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,459,800	0	16,093,101	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	153,795,763	0	17,091,790	0	1,662	73.00
74.00	07400	RENAL DIALYSIS	8,939,534	0	2,476,148	1	4,383	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,858,355	0	6,740,671	30	76,181	90.00
91.00	09100	EMERGENCY	67,240,057	0	12,276,419	300	27,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,831,746	0	3,107,893	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,272,772,554	-29,412,109	272,925,174	46,751	907,468	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	39,887	0	1,801	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATIO N (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	41,071,716	0	26,711	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	739,393	0	3,457	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	371,329	0	8,997	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	7,418,870		29,412,109	774,032	30,140,244	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005829		0.093328	16.556480	31.778958	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	436,433		1,552,638	3,803	4,389,640	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000343		0.004927	0.081346	4.628303	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: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,124,111					8.00
9.00	00900	HOUSEKEEPING	0	909,974				9.00
10.00	01000	DIETARY	0	18,848	355,559			10.00
11.00	01100	CAFETERIA	0	13,177	0	2,593,204		11.00
13.00	01300	NURSING ADMINISTRATION	0	6,350	0	58,273	1,751,153	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,509	35,843	0	28,534	0	14.00
15.00	01500	PHARMACY	13	18,957	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,307	0	82,153	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,629	0	14,560	14,560	17.00
17.01	01701	STAFF EDUCATION	0	11,147	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	374	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,467	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	3,364	0	26,652	26,652	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,008,964	313,217	245,251	912,799	912,799	30.00
31.00	03100	INTENSIVE CARE UNIT	53,413	19,864	42,890	156,062	156,062	31.00
31.01	03101	NEONATAL ICU	47,148	2,258	0	38,181	38,181	31.01
40.00	04000	SUBPROVIDER - IPF	0	3,972	8,875	33,954	33,954	40.00
41.00	04100	SUBPROVIDER - IRF	0	31,243	28,005	80,814	80,814	41.00
43.00	04300	NURSERY	43,829	24,424	0	28,953	28,953	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	212,462	59,647	0	126,879	126,879	50.00
50.01	05001	ENDOSCOPY	25,195	0	0	31,306	31,306	50.01
51.00	05100	RECOVERY ROOM	55,615	14,546	0	23,739	23,739	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,514	7,003	11,851	76,643	76,643	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,646	53,059	0	77,812	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	11,987	5,054	0	28,940	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,203	13,485	0	11,481	0	55.00
56.00	05600	RADIOISOTOPE	25,919	9,043	0	12,426	0	56.00
57.00	05700	CT SCAN	16,282	8,563	0	32,536	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,509	4,205	0	11,509	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,508	8,393	4,014	48,589	0	59.00
60.00	06000	LABORATORY	0	23,518	0	109,153	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	385	0	61,551	0	62.00
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	3,129	7,766	0	69,103	0	65.00
66.00	06600	PHYSICAL THERAPY	25,663	12,270	0	36,002	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,545	0	29,665	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,796	834	10,054	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,199	0	0	20,539	0	69.00
69.01	06901	CARDIAC REHAB	2,128	0	0	11,752	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	16	23,892	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,662	0	10,069	0	73.00
74.00	07400	RENAL DIALYSIS	97,896	4,383	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	45,477	76,181	0	68,018	0	90.00
91.00	09100	EMERGENCY	227,021	27,063	13,823	200,611	200,611	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,112,229	869,008	355,559	2,593,204	1,751,153	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,801	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,882	26,711	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	3,457	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	8,997	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	2,429,276	8,215,767	6,563,222	2,254,031	4,636,697	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.143667	9.028573	18.458883	0.869207	2.647797	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	344,000	426,104	392,837	262,581	149,560	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.161950	0.468260	1.104843	0.101257	0.085407	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: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
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	27,326,389					14.00
15.00	01500	PHARMACY	0	17,194,981				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,272,772,554			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	696		17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	100,737	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	167	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	105,350,547	554	47,910	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	17,984,097	0	7,974	31.00
31.01	03101	NEONATAL ICU	0	0	5,499,376	0	1,351	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	4,603,945	0	564	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	7,610,408	112	3,253	41.00
43.00	04300	NURSERY	0	0	2,260,708	0	2,336	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	160,072,673	0	8,786	50.00
50.01	05001	ENDOSCOPY	0	0	18,174,858	0	968	50.01
51.00	05100	RECOVERY ROOM	0	0	10,821,121	0	592	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,656,816	0	5,391	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	40,084,188	0	542	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	17,965,300	0	568	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	15,066,732	0	223	55.00
56.00	05600	RADIOISOTOPE	0	0	16,612,204	0	13	56.00
57.00	05700	CT SCAN	0	0	124,404,760	0	412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	29,626,211	0	7	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	74,584,802	0	5,559	59.00
60.00	06000	LABORATORY	0	1,579,694	155,336,834	0	296	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	8,960,206	0	114	62.00
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	39,342,354	0	1,831	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,869,238	0	46	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,077,206	0	116	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,501,738	0	39	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	23,171,578	0	580	69.00
69.01	06901	CARDIAC REHAB	0	0	896,419	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	26,940,508	0	240	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,761,019	0	53,172,472	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,565,370	0	32,459,800	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,349,371	153,795,763	0	42	73.00
74.00	07400	RENAL DIALYSIS	0	0	8,939,534	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4	25,858,355	0	336	90.00
91.00	09100	EMERGENCY	0	0	67,240,057	30	7,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	23,729	3,831,746	0	1,128	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,326,389	16,952,798	1,272,772,554	696	98,729	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	
			14.00	15.00	16.00	17.00	17.01	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	242,183	0	0	2,008	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,128,019	7,218,183	4,161,774	739,046	627,933	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.151063	0.419784	0.003270	1,061.847701	6.233390	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	710,605	395,195	243,998	37,203	215,871	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.026004	0.022983	0.000192	53.452586	2.142917	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: 15-0002

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description		INTERNS & RESIDENTS			PARAMED ED PROGRAM (ASSIGNED TIME)		
		MEDICAL EDUCATION (ASSIGNED TIME)	SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					5.06
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
17.01	01701	STAFF EDUCATION					17.01
17.02	01702	MEDICAL EDUCATION	100				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	100			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
23.00	02300	PARAMED ED PROGRAM	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	03101	NEONATAL ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	100	100	100	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet B-1
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAM ED PROGRAM (ASSIGNED TIME)		
				SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)			
				17.02	21.00			
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0		192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0		192.02
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
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)	85,877	300,138	285,712	978,231		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	858.770000	3,001.380000	2,857.120000	9,782.310000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,537	1,353	86,661	74,000		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	75.370000	13.530000	866.610000	740.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,279,717	81,279,717	0	81,279,717 30.00
31.00	03100	INTENSIVE CARE UNIT	13,054,340	13,054,340	0	13,054,340 31.00
31.01	03101	NEONATAL ICU	2,845,305	2,845,305	0	2,845,305 31.01
40.00	04000	SUBPROVIDER - IPF	2,401,421	2,401,421	0	2,401,421 40.00
41.00	04100	SUBPROVIDER - IRF	6,977,006	6,977,006	0	6,977,006 41.00
43.00	04300	NURSERY	3,424,550	3,424,550	0	3,424,550 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,682,469	13,682,469	0	13,682,469 50.00
50.01	05001	ENDOSCOPY	3,714,439	3,714,439	0	3,714,439 50.01
51.00	05100	RECOVERY ROOM	2,637,105	2,637,105	0	2,637,105 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,287,229	5,287,229	0	5,287,229 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,959,328	8,959,328	0	8,959,328 54.00
54.01	05401	RADIOLOGY - ULTRASOUND	2,793,582	2,793,582	0	2,793,582 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,931,201	2,931,201	0	2,931,201 55.00
56.00	05600	RADIOISOTOPE	3,036,498	3,036,498	0	3,036,498 56.00
57.00	05700	CT SCAN	4,433,617	4,433,617	0	4,433,617 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,478,746	1,478,746	0	1,478,746 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,126,240	6,126,240	0	6,126,240 59.00
60.00	06000	LABORATORY	15,984,089	15,984,089	0	15,984,089 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,234,232	2,234,232	0	2,234,232 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	4,966,049	4,966,049	0	4,966,049 65.00
66.00	06600	PHYSICAL THERAPY	2,983,580	2,983,580	0	2,983,580 66.00
67.00	06700	OCCUPATIONAL THERAPY	2,460,216	2,460,216	0	2,460,216 67.00
68.00	06800	SPEECH PATHOLOGY	808,521	808,521	0	808,521 68.00
69.00	06900	ELECTROCARDIOLOGY	1,283,853	1,283,853	0	1,283,853 69.00
69.01	06901	CARDIAC REHAB	686,422	686,422	0	686,422 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,945,307	1,945,307	0	1,945,307 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,739,723	17,739,723	0	17,739,723 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,901,483	19,901,483	0	19,901,483 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,710,106	25,710,106	0	25,710,106 73.00
74.00	07400	RENAL DIALYSIS	3,027,310	3,027,310	0	3,027,310 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,676,806	10,676,806	0	10,676,806 90.00
91.00	09100	EMERGENCY	17,113,458	17,113,458	0	17,113,458 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	18,367,978	18,367,978	0	18,367,978 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,427,468	3,427,468	0	3,427,468 101.00
200.00		Subtotal (see instructions)	314,379,394	314,379,394	0	314,379,394 200.00
201.00		Less Observation Beds	18,367,978	18,367,978	0	18,367,978 201.00
202.00		Total (see instructions)	296,011,416	296,011,416	0	296,011,416 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:50 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	73,127,449		73,127,449		30.00
31.00	03100	INTENSIVE CARE UNIT	17,984,097		17,984,097		31.00
31.01	03101	NEONATAL ICU	5,499,376		5,499,376		31.01
40.00	04000	SUBPROVIDER - IPF	4,603,945		4,603,945		40.00
41.00	04100	SUBPROVIDER - IRF	7,610,408		7,610,408		41.00
43.00	04300	NURSERY	2,260,708		2,260,708		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,821,341	72,251,332	160,072,673	0.085477	0.000000
50.01	05001	ENDOSCOPY	3,878,941	14,295,917	18,174,858	0.204372	0.000000
51.00	05100	RECOVERY ROOM	4,964,850	5,856,271	10,821,121	0.243700	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,140,017	2,516,799	5,656,816	0.934665	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,081,252	30,002,936	40,084,188	0.223513	0.000000
54.01	05401	RADIOLOGY - ULTRASOUND	5,142,237	12,823,063	17,965,300	0.155499	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,281,684	13,785,048	15,066,732	0.194548	0.000000
56.00	05600	RADIOISOTOPE	5,778,731	10,833,473	16,612,204	0.182787	0.000000
57.00	05700	CT SCAN	45,358,468	79,046,292	124,404,760	0.035639	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,334,014	18,292,197	29,626,211	0.049913	0.000000
59.00	05900	CARDIAC CATHETERIZATION	32,543,932	42,040,870	74,584,802	0.082138	0.000000
60.00	06000	LABORATORY	61,679,761	93,657,073	155,336,834	0.102900	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,995,105	1,965,101	8,960,206	0.249351	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	34,358,305	4,984,049	39,342,354	0.126227	0.000000
66.00	06600	PHYSICAL THERAPY	7,315,249	553,989	7,869,238	0.379145	0.000000
67.00	06700	OCCUPATIONAL THERAPY	5,728,371	348,835	6,077,206	0.404827	0.000000
68.00	06800	SPEECH PATHOLOGY	2,263,691	238,047	2,501,738	0.323184	0.000000
69.00	06900	ELECTROCARDIOLOGY	11,553,118	11,618,460	23,171,578	0.055406	0.000000
69.01	06901	CARDIAC REHAB	237,930	658,489	896,419	0.765738	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	10,233,469	16,707,039	26,940,508	0.072208	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,233,796	27,938,676	53,172,472	0.333626	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,192,155	14,267,645	32,459,800	0.613112	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	103,225,990	50,569,773	153,795,763	0.167170	0.000000
74.00	07400	RENAL DIALYSIS	8,009,959	929,575	8,939,534	0.338643	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	531,406	25,326,949	25,858,355	0.412896	0.000000
91.00	09100	EMERGENCY	16,408,789	50,831,268	67,240,057	0.254513	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,693,646	25,529,452	32,223,098	0.570025	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,831,746	3,831,746		101.00
200.00		Subtotal (see instructions)	641,072,190	631,700,364	1,272,772,554		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	641,072,190	631,700,364	1,272,772,554		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NEONATAL ICU				31.01
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	0.085477			50.00
50.01	05001	ENDOSCOPY	0.204372			50.01
51.00	05100	RECOVERY ROOM	0.243700			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.934665			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223513			54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.155499			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194548			55.00
56.00	05600	RADIOISOTOPE	0.182787			56.00
57.00	05700	CT SCAN	0.035639			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049913			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082138			59.00
60.00	06000	LABORATORY	0.102900			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351			62.00
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	0.126227			65.00
66.00	06600	PHYSICAL THERAPY	0.379145			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.404827			67.00
68.00	06800	SPEECH PATHOLOGY	0.323184			68.00
69.00	06900	ELECTROCARDIOLOGY	0.055406			69.00
69.01	06901	CARDIAC REHAB	0.765738			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072208			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613112			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167170			73.00
74.00	07400	RENAL DIALYSIS	0.338643			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.412896			90.00
91.00	09100	EMERGENCY	0.254513			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570025			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,279,717		81,279,717	0	81,279,717	30.00
31.00	03100	INTENSIVE CARE UNIT	13,054,340		13,054,340	0	13,054,340	31.00
31.01	03101	NEONATAL ICU	2,845,305		2,845,305	0	2,845,305	31.01
40.00	04000	SUBPROVIDER - IPF	2,401,421		2,401,421	0	2,401,421	40.00
41.00	04100	SUBPROVIDER - IRF	6,977,006		6,977,006	0	6,977,006	41.00
43.00	04300	NURSERY	3,424,550		3,424,550	0	3,424,550	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,682,469		13,682,469	0	13,682,469	50.00
50.01	05001	ENDOSCOPY	3,714,439		3,714,439	0	3,714,439	50.01
51.00	05100	RECOVERY ROOM	2,637,105		2,637,105	0	2,637,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,287,229		5,287,229	0	5,287,229	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,959,328		8,959,328	0	8,959,328	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	2,793,582		2,793,582	0	2,793,582	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,931,201		2,931,201	0	2,931,201	55.00
56.00	05600	RADIOISOTOPE	3,036,498		3,036,498	0	3,036,498	56.00
57.00	05700	CT SCAN	4,433,617		4,433,617	0	4,433,617	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,478,746		1,478,746	0	1,478,746	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,126,240		6,126,240	0	6,126,240	59.00
60.00	06000	LABORATORY	15,984,089		15,984,089	0	15,984,089	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,234,232		2,234,232	0	2,234,232	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,966,049	0	4,966,049	0	4,966,049	65.00
66.00	06600	PHYSICAL THERAPY	2,983,580	0	2,983,580	0	2,983,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,460,216	0	2,460,216	0	2,460,216	67.00
68.00	06800	SPEECH PATHOLOGY	808,521	0	808,521	0	808,521	68.00
69.00	06900	ELECTROCARDIOLOGY	1,283,853		1,283,853	0	1,283,853	69.00
69.01	06901	CARDIAC REHAB	686,422		686,422	0	686,422	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,945,307		1,945,307	0	1,945,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,739,723		17,739,723	0	17,739,723	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,901,483		19,901,483	0	19,901,483	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,710,106		25,710,106	0	25,710,106	73.00
74.00	07400	RENAL DIALYSIS	3,027,310		3,027,310	0	3,027,310	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,676,806		10,676,806	0	10,676,806	90.00
91.00	09100	EMERGENCY	17,113,458		17,113,458	0	17,113,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	18,367,978		18,367,978	0	18,367,978	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,427,468		3,427,468	0	3,427,468	101.00
200.00		Subtotal (see instructions)	314,379,394	0	314,379,394	0	314,379,394	200.00
201.00		Less Observation Beds	18,367,978		18,367,978		18,367,978	201.00
202.00		Total (see instructions)	296,011,416	0	296,011,416	0	296,011,416	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:50 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,127,449		73,127,449		30.00
31.00	03100	INTENSIVE CARE UNIT	17,984,097		17,984,097		31.00
31.01	03101	NEONATAL ICU	5,499,376		5,499,376		31.01
40.00	04000	SUBPROVIDER - IPF	4,603,945		4,603,945		40.00
41.00	04100	SUBPROVIDER - IRF	7,610,408		7,610,408		41.00
43.00	04300	NURSERY	2,260,708		2,260,708		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,821,341	72,251,332	160,072,673	0.085477	50.00
50.01	05001	ENDOSCOPY	3,878,941	14,295,917	18,174,858	0.204372	50.01
51.00	05100	RECOVERY ROOM	4,964,850	5,856,271	10,821,121	0.243700	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,140,017	2,516,799	5,656,816	0.934665	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,081,252	30,002,936	40,084,188	0.223513	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,142,237	12,823,063	17,965,300	0.155499	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,281,684	13,785,048	15,066,732	0.194548	55.00
56.00	05600	RADIOISOTOPE	5,778,731	10,833,473	16,612,204	0.182787	56.00
57.00	05700	CT SCAN	45,358,468	79,046,292	124,404,760	0.035639	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,334,014	18,292,197	29,626,211	0.049913	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,543,932	42,040,870	74,584,802	0.082138	59.00
60.00	06000	LABORATORY	61,679,761	93,657,073	155,336,834	0.102900	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,995,105	1,965,101	8,960,206	0.249351	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	34,358,305	4,984,049	39,342,354	0.126227	65.00
66.00	06600	PHYSICAL THERAPY	7,315,249	553,989	7,869,238	0.379145	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,728,371	348,835	6,077,206	0.404827	67.00
68.00	06800	SPEECH PATHOLOGY	2,263,691	238,047	2,501,738	0.323184	68.00
69.00	06900	ELECTROCARDIOLOGY	11,553,118	11,618,460	23,171,578	0.055406	69.00
69.01	06901	CARDIAC REHAB	237,930	658,489	896,419	0.765738	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10,233,469	16,707,039	26,940,508	0.072208	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,233,796	27,938,676	53,172,472	0.333626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,192,155	14,267,645	32,459,800	0.613112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,225,990	50,569,773	153,795,763	0.167170	73.00
74.00	07400	RENAL DIALYSIS	8,009,959	929,575	8,939,534	0.338643	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	531,406	25,326,949	25,858,355	0.412896	90.00
91.00	09100	EMERGENCY	16,408,789	50,831,268	67,240,057	0.254513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,693,646	25,529,452	32,223,098	0.570025	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,831,746	3,831,746		101.00
200.00		Subtotal (see instructions)	641,072,190	631,700,364	1,272,772,554		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	641,072,190	631,700,364	1,272,772,554		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NEONATAL ICU				31.01
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	ENDOSCOPY	0.000000			50.01
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	05401	RADIOLOGY - ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	CARDIAC REHAB	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/28/2019 4:50 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,135,443	0	7,135,443	91,860	77.68	30.00
31.00	INTENSIVE CARE UNIT	551,130		551,130	8,249	66.81	31.00
31.01	NEONATAL ICU	77,194		77,194	2,601	29.68	31.01
40.00	SUBPROVIDER - IPF	106,427	0	106,427	2,936	36.25	40.00
41.00	SUBPROVIDER - IRF	689,952	0	689,952	8,648	79.78	41.00
43.00	NURSERY	501,399		501,399	2,869	174.76	43.00
200.00	Total (lines 30 through 199)	9,061,545		9,061,545	117,163		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	27,049	2,101,166				30.00
31.00	INTENSIVE CARE UNIT	3,227	215,596				31.00
31.01	NEONATAL ICU	0	0				31.01
40.00	SUBPROVIDER - IPF	1,267	45,929				40.00
41.00	SUBPROVIDER - IRF	5,226	416,930				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	36,769	2,779,621				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 4:50 pm
Title XVIII				Hospital		PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,378,468	160,072,673	0.008612	30,187,768	259,977	50.00
50.01 05001 ENDOSCOPY	42,027	18,174,858	0.002312	1,681,294	3,887	50.01
51.00 05100 RECOVERY ROOM	311,400	10,821,121	0.028777	1,451,355	41,766	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	207,213	5,656,816	0.036631	137,702	5,044	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,101,150	40,084,188	0.027471	4,341,322	119,260	54.00
54.01 05401 RADIOLOGY - ULTRASOUND	127,516	17,965,300	0.007098	2,353,624	16,706	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	282,823	15,066,732	0.018771	437,794	8,218	55.00
56.00 05600 RADIOISOTOPE	205,269	16,612,204	0.012357	2,585,367	31,947	56.00
57.00 05700 CT SCAN	269,914	124,404,760	0.002170	17,132,789	37,178	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	108,263	29,626,211	0.003654	4,332,094	15,829	58.00
59.00 05900 CARDIAC CATHETERIZATION	266,101	74,584,802	0.003568	11,737,605	41,880	59.00
60.00 06000 LABORATORY	673,167	155,336,834	0.004334	22,953,635	99,481	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	30,756	8,960,206	0.003433	2,935,208	10,077	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	209,178	39,342,354	0.005317	12,874,846	68,456	65.00
66.00 06600 PHYSICAL THERAPY	261,382	7,869,238	0.033216	1,731,948	57,528	66.00
67.00 06700 OCCUPATIONAL THERAPY	220,311	6,077,206	0.036252	1,082,863	39,256	67.00
68.00 06800 SPEECH PATHOLOGY	41,726	2,501,738	0.016679	841,565	14,036	68.00
69.00 06900 ELECTROCARDIOLOGY	25,893	23,171,578	0.001117	5,270,436	5,887	69.00
69.01 06901 CARDIAC REHAB	5,384	896,419	0.006006	269	2	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	29,107	26,940,508	0.001080	1,616,906	1,746	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	467,652	53,172,472	0.008795	10,618,191	93,387	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	514,458	32,459,800	0.015849	6,393,245	101,327	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	570,249	153,795,763	0.003708	38,390,964	142,354	73.00
74.00 07400 RENAL DIALYSIS	118,463	8,939,534	0.013252	3,878,924	51,404	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1,536,536	25,858,355	0.059421	129,753	7,710	90.00
91.00 09100 EMERGENCY	748,877	67,240,057	0.011137	6,566,119	73,127	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,612,506	32,223,098	0.050042	2,928,817	146,564	92.00
200.00 Total (lines 50 through 199)	11,365,789	1,157,854,825		194,592,403	1,494,034	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/28/2019 4:50 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	91,860	0.00	27,049	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	8,249	0.00	3,227	31.00		
31.01	03101	NEONATAL ICU		0	2,601	0.00	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	2,936	0.00	1,267	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	8,648	0.00	5,226	41.00		
43.00	04300	NURSERY		0	2,869	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	117,163		36,769	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
31.01	03101	NEONATAL ICU	0						31.01	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	978,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	978,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	160,072,673	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	18,174,858	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	10,821,121	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,656,816	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	40,084,188	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	17,965,300	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,066,732	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	16,612,204	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	124,404,760	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	29,626,211	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	74,584,802	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	155,336,834	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	8,960,206	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,342,354	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,869,238	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,077,206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,501,738	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,171,578	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	896,419	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	26,940,508	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	53,172,472	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,459,800	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	153,795,763	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,939,534	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	25,858,355	0.000000	90.00
91.00	09100	EMERGENCY	0	978,231	978,231	67,240,057	0.014548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	32,223,098	0.000000	92.00
200.00		Total (lines 50 through 199)	0	978,231	978,231	1,157,854,825		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 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	30,187,768	0	17,519,735	0	50.00
50.01	05001	ENDOSCOPY		0.000000	1,681,294	0	3,757,204	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	1,451,355	0	1,847,707	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	137,702	0	304,958	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	4,341,322	0	5,344,519	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND		0.000000	2,353,624	0	2,056,421	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	437,794	0	4,105,009	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	2,585,367	0	3,057,287	0	56.00
57.00	05700	CT SCAN		0.000000	17,132,789	0	16,236,772	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	4,332,094	0	3,961,436	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	11,737,605	0	15,382,145	0	59.00
60.00	06000	LABORATORY		0.000000	22,953,635	0	6,987,530	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	2,935,208	0	523,214	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	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	12,874,846	0	512,747	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,731,948	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,082,863	0	38,110	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	841,565	0	21,996	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	5,270,436	0	3,052,886	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	269	0	232,157	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,616,906	0	4,743,531	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	10,618,191	0	7,336,615	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	6,393,245	0	4,422,886	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	38,390,964	0	14,163,535	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	3,878,924	0	403,917	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	129,753	0	5,352,098	0	90.00
91.00	09100	EMERGENCY		0.014548	6,566,119	95,524	6,435,632	93,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	2,928,817	0	3,514,120	0	92.00
200.00		Total (lines 50 through 199)			194,592,403	95,524	131,314,167	93,626	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/28/2019 4:50 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	0.085477	17,519,735	0	0	1,497,534	50.00
50.01	05001	ENDOSCOPY	0.204372	3,757,204	0	0	767,867	50.01
51.00	05100	RECOVERY ROOM	0.243700	1,847,707	0	0	450,286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.934665	304,958	0	0	285,034	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223513	5,344,519	0	0	1,194,569	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.155499	2,056,421	0	0	319,771	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194548	4,105,009	0	0	798,621	55.00
56.00	05600	RADIOISOTOPE	0.182787	3,057,287	0	0	558,832	56.00
57.00	05700	CT SCAN	0.035639	16,236,772	0	0	578,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049913	3,961,436	0	0	197,727	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082138	15,382,145	0	0	1,263,459	59.00
60.00	06000	LABORATORY	0.102900	6,987,530	0	0	719,017	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	523,214	0	0	130,464	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.126227	512,747	0	0	64,723	65.00
66.00	06600	PHYSICAL THERAPY	0.379145	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.404827	38,110	0	0	15,428	67.00
68.00	06800	SPEECH PATHOLOGY	0.323184	21,996	0	0	7,109	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055406	3,052,886	0	0	169,148	69.00
69.01	06901	CARDIAC REHAB	0.765738	232,157	0	0	177,771	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072208	4,743,531	0	0	342,521	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	7,336,615	0	0	2,447,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613112	4,422,886	0	0	2,711,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167170	14,163,535	0	180,407	2,367,718	73.00
74.00	07400	RENAL DIALYSIS	0.338643	403,917	0	0	136,784	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.412896	5,352,098	0	0	2,209,860	90.00
91.00	09100	EMERGENCY	0.254513	6,435,632	0	0	1,637,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	3,514,120	0	0	2,003,136	92.00
200.00		Subtotal (see instructions)		131,314,167	0	180,407	23,053,403	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		131,314,167	0	180,407	23,053,403	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/28/2019 4:50 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					
50.01	05001	ENDOSCOPY	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	05401	RADIOLOGY - ULTRASOUND	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					
56.00	05600	RADIOISOTOPE	0	0					
57.00	05700	CT SCAN	0	0					
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
60.01	06001	BLOOD LABORATORY	0	0					
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0						
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					
64.00	06400	INTRAVENOUS THERAPY	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
69.01	06901	CARDIAC REHAB	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,159					
74.00	07400	RENAL DIALYSIS	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					
200.00		Subtotal (see instructions)	0	30,159					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	30,159					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 4:50 pm		
				Component CCN: 15-S002				
				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	1,378,468	160,072,673	0.008612	0	0	50.00
50.01	05001	ENDOSCOPY	42,027	18,174,858	0.002312	0	0	50.01
51.00	05100	RECOVERY ROOM	311,400	10,821,121	0.028777	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,213	5,656,816	0.036631	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,101,150	40,084,188	0.027471	21,144	581	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	127,516	17,965,300	0.007098	12,245	87	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	282,823	15,066,732	0.018771	0	0	55.00
56.00	05600	RADIOISOTOPE	205,269	16,612,204	0.012357	0	0	56.00
57.00	05700	CT SCAN	269,914	124,404,760	0.002170	67,865	147	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	108,263	29,626,211	0.003654	10,357	38	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,101	74,584,802	0.003568	23	0	59.00
60.00	06000	LABORATORY	673,167	155,336,834	0.004334	198,074	858	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	30,756	8,960,206	0.003433	22,817	78	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	209,178	39,342,354	0.005317	5,945	32	65.00
66.00	06600	PHYSICAL THERAPY	261,382	7,869,238	0.033216	6,153	204	66.00
67.00	06700	OCCUPATIONAL THERAPY	220,311	6,077,206	0.036252	4,191	152	67.00
68.00	06800	SPEECH PATHOLOGY	41,726	2,501,738	0.016679	929	15	68.00
69.00	06900	ELECTROCARDIOLOGY	25,893	23,171,578	0.001117	17,865	20	69.00
69.01	06901	CARDIAC REHAB	5,384	896,419	0.006006	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,107	26,940,508	0.001080	1,741	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	467,652	53,172,472	0.008795	7,172	63	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	514,458	32,459,800	0.015849	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	570,249	153,795,763	0.003708	469,527	1,741	73.00
74.00	07400	RENAL DIALYSIS	118,463	8,939,534	0.013252	10,819	143	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,536,536	25,858,355	0.059421	0	0	90.00
91.00	09100	EMERGENCY	748,877	67,240,057	0.011137	62,469	696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,223,098	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	9,753,283	1,157,854,825		919,336	4,857	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002 Component CCN: 15-S002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 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	ENDOSCOPY		0	0	0	0	0	50.01
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	05401	RADIOLOGY - ULTRASOUND		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	978,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	978,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002 Component CCN: 15-S002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	160,072,673	0.000000	50.00
50.01	05001	ENDOSCOPY		0	0	0	18,174,858	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	10,821,121	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,656,816	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	40,084,188	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND		0	0	0	17,965,300	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	15,066,732	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	16,612,204	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	124,404,760	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	29,626,211	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	74,584,802	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	155,336,834	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	8,960,206	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	39,342,354	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	7,869,238	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,077,206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,501,738	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	23,171,578	0.000000	69.00
69.01	06901	CARDIAC REHAB		0	0	0	896,419	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	26,940,508	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	53,172,472	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	32,459,800	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	153,795,763	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	8,939,534	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	25,858,355	0.000000	90.00
91.00	09100	EMERGENCY		0	978,231	978,231	67,240,057	0.014548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	32,223,098	0.000000	92.00
200.00		Total (lines 50 through 199)		0	978,231	978,231	1,157,854,825		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002 Component CCN: 15-S002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 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	50.00
50.01	05001	ENDOSCOPY		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	21,144	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND		0.000000	12,245	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	67,865	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	10,357	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	23	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	198,074	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	22,817	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	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	5,945	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	6,153	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	4,191	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	929	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	17,865	0	241	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,741	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	7,172	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	469,527	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	10,819	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.014548	62,469	909	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			919,336	909	241	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/28/2019 4:50 pm	
				Component CCN: 15-S002					
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.085477	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.204372	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.243700	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.934665	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	0.223513	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.155499	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194548	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.182787	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.035639	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049913	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082138	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.102900	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.126227	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.379145	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.404827	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.323184	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055406	241	0	0	0	13	69.00
69.01	06901	CARDIAC REHAB	0.765738	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072208	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613112	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167170	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.338643	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.412896	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.254513	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		241	0	0	0	13	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		241	0	0	0	13	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:15-0002		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 4:50 pm
			Component CCN:15-S002			
			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	ENDOSCOPY	0	0		50.01
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	05401	RADIOLOGY - ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 4:50 pm	
					Component CCN: 15-T002			
					Title XVIII	Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,378,468	160,072,673	0.008612	240,626	2,072	50.00
50.01	05001	ENDOSCOPY	42,027	18,174,858	0.002312	26,397	61	50.01
51.00	05100	RECOVERY ROOM	311,400	10,821,121	0.028777	9,291	267	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,213	5,656,816	0.036631	1,112	41	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,101,150	40,084,188	0.027471	116,836	3,210	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	127,516	17,965,300	0.007098	39,090	277	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	282,823	15,066,732	0.018771	104,858	1,968	55.00
56.00	05600	RADIOISOTOPE	205,269	16,612,204	0.012357	28,850	356	56.00
57.00	05700	CT SCAN	269,914	124,404,760	0.002170	270,184	586	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	108,263	29,626,211	0.003654	100,920	369	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,101	74,584,802	0.003568	121,277	433	59.00
60.00	06000	LABORATORY	673,167	155,336,834	0.004334	849,498	3,682	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	30,756	8,960,206	0.003433	35,283	121	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	209,178	39,342,354	0.005317	335,595	1,784	65.00
66.00	06600	PHYSICAL THERAPY	261,382	7,869,238	0.033216	2,163,670	71,868	66.00
67.00	06700	OCCUPATIONAL THERAPY	220,311	6,077,206	0.036252	1,965,413	71,250	67.00
68.00	06800	SPEECH PATHOLOGY	41,726	2,501,738	0.016679	229,752	3,832	68.00
69.00	06900	ELECTROCARDIOLOGY	25,893	23,171,578	0.001117	29,534	33	69.00
69.01	06901	CARDIAC REHAB	5,384	896,419	0.006006	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,107	26,940,508	0.001080	3,381	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	467,652	53,172,472	0.008795	129,608	1,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	514,458	32,459,800	0.015849	4,613	73	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	570,249	153,795,763	0.003708	3,428,575	12,713	73.00
74.00	07400	RENAL DIALYSIS	118,463	8,939,534	0.013252	313,202	4,151	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,536,536	25,858,355	0.059421	947	56	90.00
91.00	09100	EMERGENCY	748,877	67,240,057	0.011137	11	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,223,098	0.000000	900	0	92.00
200.00	Total (lines 50 through 199)		9,753,283	1,157,854,825		10,549,423	180,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002 Component CCN: 15-T002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 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	ENDOSCOPY		0	0	0	0	0	50.01
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	05401	RADIOLOGY - ULTRASOUND		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	978,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	978,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0002 Component CCN: 15-T002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	160,072,673	0.000000	50.00
50.01	05001	ENDOSCOPY		0	0	0	18,174,858	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	10,821,121	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,656,816	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	40,084,188	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND		0	0	0	17,965,300	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	15,066,732	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	16,612,204	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	124,404,760	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	29,626,211	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	74,584,802	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	155,336,834	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	8,960,206	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	39,342,354	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	7,869,238	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,077,206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,501,738	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	23,171,578	0.000000	69.00
69.01	06901	CARDIAC REHAB		0	0	0	896,419	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	26,940,508	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	53,172,472	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	32,459,800	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	153,795,763	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	8,939,534	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	25,858,355	0.000000	90.00
91.00	09100	EMERGENCY		0	978,231	978,231	67,240,057	0.014548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	32,223,098	0.000000	92.00
200.00		Total (lines 50 through 199)		0	978,231	978,231	1,157,854,825		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:15-0002 Component CCN:15-T002		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:50 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	240,626	0	0	0	50.00
50.01	05001	ENDOSCOPY		0.000000	26,397	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	9,291	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	1,112	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	116,836	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND		0.000000	39,090	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	104,858	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	28,850	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	270,184	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	100,920	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	121,277	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	849,498	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	35,283	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	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	335,595	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,163,670	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,965,413	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	229,752	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	29,534	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	3,381	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	129,608	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,613	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	3,428,575	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	313,202	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	947	0	0	0	90.00
91.00	09100	EMERGENCY		0.014548	11	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	900	0	0	0	92.00
200.00		Total (lines 50 through 199)			10,549,423	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 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)		91,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		91,860	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)		71,101	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)		27,049	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)		81,279,717	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)		81,279,717	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)		81,279,717	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)		884.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,933,496	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)		23,933,496	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 4:50 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,054,340	8,249	1,582.54	3,227	5,106,857
43.01	NEONATAL ICU	2,845,305	2,601	1,093.93	0	0
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)					32,174,233
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,214,586
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,316,762
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,589,558
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,906,320
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,308,266
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					20,759
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.82
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,367,978

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 4:50 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	7,135,443	81,279,717	0.087789	18,367,978	1,612,506	90.00
91.00 Nursing School cost	0	81,279,717	0.000000	18,367,978	0	91.00
92.00 Allied health cost	0	81,279,717	0.000000	18,367,978	0	92.00
93.00 All other Medical Education	0	81,279,717	0.000000	18,367,978	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Component CCN: 15-S002		Date/Time Prepared: 5/28/2019 4:50 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)		2,936	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,936	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)		2,936	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,267	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)		2,401,421	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)		2,401,421	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)		2,401,421	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)		817.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,036,305	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,036,305	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
				Component CCN: 15-S002		Date/Time Prepared: 5/28/2019 4:50 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01	NEONATAL ICU	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)					142,282
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,178,587
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					45,929
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,766
52.00	Total Program excludable cost (sum of lines 50 and 51)					51,695
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,126,892
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-S002		Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 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	106,427	2,401,421	0.044318	0	0	90.00
91.00 Nursing School cost	0	2,401,421	0.000000	0	0	91.00
92.00 Allied health cost	0	2,401,421	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,401,421	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,648	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,648	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,648	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,226	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)		6,977,006	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)		6,977,006	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)		6,977,006	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)		806.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,216,232	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)		4,216,232	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-T002		Date/Time Prepared: 5/28/2019 4:50 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	43.01
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)					2,668,654	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,884,886	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)					416,930	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					180,347	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					597,277	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,287,609	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-T002		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 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	689,952	6,977,006	0.098889	0	0	0	90.00
91.00 Nursing School cost	0	6,977,006	0.000000	0	0	0	91.00
92.00 Allied health cost	0	6,977,006	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	6,977,006	0.000000	0	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 pm
		Title XIX	Hospital	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		91,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		91,860	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)		71,101	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,931	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)		2,869	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)		81,279,717	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)		81,279,717	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)		81,279,717	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)		884.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,593,407	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,593,407	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 4:50 pm

		Title XIX		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	3,424,550	2,869	1,193.64	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,054,340	8,249	1,582.54	0	0
43.01	NEONATAL ICU	2,845,305	2,601	1,093.93	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)					2,065,783
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,659,190
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					20,759
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.82
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,367,978

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,135,443	81,279,717	0.087789	18,367,978	1,612,506	90.00
91.00	Nursing School cost	0	81,279,717	0.000000	18,367,978	0	91.00
92.00	Allied health cost	0	81,279,717	0.000000	18,367,978	0	92.00
93.00	All other Medical Education	0	81,279,717	0.000000	18,367,978	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Component CCN: 15-S002		Date/Time Prepared: 5/28/2019 4:50 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,936	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,936	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)		2,936	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)		24	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)		2,869	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)		2,401,421	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)		2,401,421	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)		2,401,421	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)		817.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,630	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)		19,630	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
				Component CCN: 15-S002		Date/Time Prepared: 5/28/2019 4:50 pm
				Title XIX	Subprovider - IPF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01	NEONATAL ICU	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)					24,183
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,813
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-S002		Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XIX		Subprovider - IPF	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	106,427	2,401,421	0.044318	0	0 90.00
91.00	Nursing School cost	0	2,401,421	0.000000	0	0 91.00
92.00	Allied health cost	0	2,401,421	0.000000	0	0 92.00
93.00	All other Medical Education	0	2,401,421	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Component CCN: 15-T002		Date/Time Prepared: 5/28/2019 4:50 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,648	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,648	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,648	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)		116	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)		2,869	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)		6,977,006	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)		6,977,006	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)		6,977,006	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)		806.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		93,586	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)		93,586	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
				Component CCN: 15-T002		Date/Time Prepared: 5/28/2019 4:50 pm
				Title XIX	Subprovider - IRF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01	NEONATAL ICU	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)					66,001
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					159,587
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0002 Component CCN: 15-T002		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	689,952	6,977,006	0.098889	0	0	90.00
91.00	Nursing School cost	0	6,977,006	0.000000	0	0	91.00
92.00	Allied health cost	0	6,977,006	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,977,006	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 4:50 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		26,500,505	30.00
31.00	03100	INTENSIVE CARE UNIT		6,979,235	31.00
31.01	03101	NEONATAL ICU		0	31.01
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	0.085477	30,187,768	50.00
50.01	05001	ENDOSCOPY	0.204372	1,681,294	50.01
51.00	05100	RECOVERY ROOM	0.243700	1,451,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.934665	137,702	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223513	4,341,322	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.155499	2,353,624	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194548	437,794	55.00
56.00	05600	RADIOISOTOPE	0.182787	2,585,367	56.00
57.00	05700	CT SCAN	0.035639	17,132,789	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049913	4,332,094	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082138	11,737,605	59.00
60.00	06000	LABORATORY	0.102900	22,953,635	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	2,935,208	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.126227	12,874,846	65.00
66.00	06600	PHYSICAL THERAPY	0.379145	1,731,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.404827	1,082,863	67.00
68.00	06800	SPEECH PATHOLOGY	0.323184	841,565	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055406	5,270,436	69.00
69.01	06901	CARDIAC REHAB	0.765738	269	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072208	1,616,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	10,618,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613112	6,393,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167170	38,390,964	73.00
74.00	07400	RENAL DIALYSIS	0.338643	3,878,924	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.412896	129,753	90.00
91.00	09100	EMERGENCY	0.254513	6,566,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	2,928,817	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		194,592,403	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)		194,592,403	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Component CCN: 15-S002		Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		1,985,801		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	0.085477	0	0	50.00
50.01	05001 ENDOSCOPY	0.204372	0	0	50.01
51.00	05100 RECOVERY ROOM	0.243700	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.934665	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223513	21,144	4,726	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.155499	12,245	1,904	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.194548	0	0	55.00
56.00	05600 RADIOISOTOPE	0.182787	0	0	56.00
57.00	05700 CT SCAN	0.035639	67,865	2,419	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049913	10,357	517	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082138	23	2	59.00
60.00	06000 LABORATORY	0.102900	198,074	20,382	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	22,817	5,689	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.126227	5,945	750	65.00
66.00	06600 PHYSICAL THERAPY	0.379145	6,153	2,333	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.404827	4,191	1,697	67.00
68.00	06800 SPEECH PATHOLOGY	0.323184	929	300	68.00
69.00	06900 ELECTROCARDIOLOGY	0.055406	17,865	990	69.00
69.01	06901 CARDIAC REHAB	0.765738	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.072208	1,741	126	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	7,172	2,393	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613112	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167170	469,527	78,491	73.00
74.00	07400 RENAL DIALYSIS	0.338643	10,819	3,664	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.412896	0	0	90.00
91.00	09100 EMERGENCY	0.254513	62,469	15,899	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		919,336	142,282	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)		919,336		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Component CCN: 15-T002		Date/Time Prepared: 5/28/2019 4:50 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		51		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,586,713		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.085477	240,626	20,568	50.00
50.01	05001 ENDOSCOPY	0.204372	26,397	5,395	50.01
51.00	05100 RECOVERY ROOM	0.243700	9,291	2,264	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.934665	1,112	1,039	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223513	116,836	26,114	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.155499	39,090	6,078	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.194548	104,858	20,400	55.00
56.00	05600 RADIOISOTOPE	0.182787	28,850	5,273	56.00
57.00	05700 CT SCAN	0.035639	270,184	9,629	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049913	100,920	5,037	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082138	121,277	9,961	59.00
60.00	06000 LABORATORY	0.102900	849,498	87,413	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	35,283	8,798	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.126227	335,595	42,361	65.00
66.00	06600 PHYSICAL THERAPY	0.379145	2,163,670	820,345	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.404827	1,965,413	795,652	67.00
68.00	06800 SPEECH PATHOLOGY	0.323184	229,752	74,252	68.00
69.00	06900 ELECTROCARDIOLOGY	0.055406	29,534	1,636	69.00
69.01	06901 CARDIAC REHAB	0.765738	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.072208	3,381	244	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	129,608	43,241	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613112	4,613	2,828	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167170	3,428,575	573,155	73.00
74.00	07400 RENAL DIALYSIS	0.338643	313,202	106,064	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.412896	947	391	90.00
91.00	09100 EMERGENCY	0.254513	11	3	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	900	513	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,549,423	2,668,654	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)		10,549,423		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 4:50 pm
			Title XIX	Hospital	Cost
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		2,078,748	30.00
31.00	03100	INTENSIVE CARE UNIT		462,616	31.00
31.01	03101	NEONATAL ICU		527,914	31.01
40.00	04000	SUBPROVIDER - IPF		104,734	40.00
41.00	04100	SUBPROVIDER - IRF		103,194	41.00
43.00	04300	NURSERY		217,509	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.085477	3,196,151	273,197 50.00
50.01	05001	ENDOSCOPY	0.204372	93,259	19,060 50.01
51.00	05100	RECOVERY ROOM	0.243700	170,057	41,443 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.934665	401,170	374,960 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223513	250,012	55,881 54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.155499	154,315	23,996 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.194548	42,558	8,280 55.00
56.00	05600	RADIOISOTOPE	0.182787	107,959	19,734 56.00
57.00	05700	CT SCAN	0.035639	1,109,325	39,535 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049913	228,349	11,398 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082138	787,756	64,705 59.00
60.00	06000	LABORATORY	0.102900	1,935,253	199,138 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	35,362	8,818 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.126227	1,045,460	131,965 65.00
66.00	06600	PHYSICAL THERAPY	0.379145	118,321	44,861 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.404827	86,849	35,159 67.00
68.00	06800	SPEECH PATHOLOGY	0.323184	39,093	12,634 68.00
69.00	06900	ELECTROCARDIOLOGY	0.055406	248,253	13,755 69.00
69.01	06901	CARDIAC REHAB	0.765738	3,779	2,894 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072208	239,396	17,286 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613112	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167170	2,730,514	456,460 73.00
74.00	07400	RENAL DIALYSIS	0.338643	143,622	48,637 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.412896	8,949	3,695 90.00
91.00	09100	EMERGENCY	0.254513	621,942	158,292 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,797,704	2,065,783 200.00
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)		13,797,704	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 4:50 pm	
		Component CCN:15-S002			
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		185,774		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.085477	0	0	50.00
50.01	05001 ENDOSCOPY	0.204372	0	0	50.01
51.00	05100 RECOVERY ROOM	0.243700	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.934665	50	47	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223513	1,668	373	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.155499	1,277	199	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.194548	0	0	55.00
56.00	05600 RADIOISOTOPE	0.182787	1,157	211	56.00
57.00	05700 CT SCAN	0.035639	4,318	154	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049913	1,198	60	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082138	0	0	59.00
60.00	06000 LABORATORY	0.102900	22,021	2,266	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.126227	361	46	65.00
66.00	06600 PHYSICAL THERAPY	0.379145	210	80	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.404827	133	54	67.00
68.00	06800 SPEECH PATHOLOGY	0.323184	51	16	68.00
69.00	06900 ELECTROCARDIOLOGY	0.055406	608	34	69.00
69.01	06901 CARDIAC REHAB	0.765738	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.072208	558	40	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	31	10	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613112	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167170	53,692	8,976	73.00
74.00	07400 RENAL DIALYSIS	0.338643	30,135	10,205	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.412896	0	0	90.00
91.00	09100 EMERGENCY	0.254513	5,549	1,412	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		123,017	24,183	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)		123,017		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 4:50 pm	
		Component CCN: 15-T002			
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		104,710		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.085477	1,004	86	50.00
50.01	05001 ENDOSCOPY	0.204372	0	0	50.01
51.00	05100 RECOVERY ROOM	0.243700	178	43	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.934665	2,388	2,232	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223513	3,278	733	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.155499	464	72	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.194548	0	0	55.00
56.00	05600 RADIOISOTOPE	0.182787	367	67	56.00
57.00	05700 CT SCAN	0.035639	12,524	446	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049913	2,222	111	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082138	0	0	59.00
60.00	06000 LABORATORY	0.102900	16,127	1,659	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.249351	195	49	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.126227	13,362	1,687	65.00
66.00	06600 PHYSICAL THERAPY	0.379145	49,210	18,658	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.404827	43,793	17,729	67.00
68.00	06800 SPEECH PATHOLOGY	0.323184	7,427	2,400	68.00
69.00	06900 ELECTROCARDIOLOGY	0.055406	566	31	69.00
69.01	06901 CARDIAC REHAB	0.765738	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.072208	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333626	1,959	654	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613112	832	510	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167170	98,867	16,528	73.00
74.00	07400 RENAL DIALYSIS	0.338643	5,240	1,774	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.412896	1,289	532	90.00
91.00	09100 EMERGENCY	0.254513	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570025	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		261,292	66,001	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)		261,292		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 4:50 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)		32,957,632	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,917,573	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,281,430	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		18,517,834	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		398.55	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)		8.53	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.53	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.00	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)		3.00	12.00
13.00	Total allowable FTE count for the prior year.		2.93	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.		2.93	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.95	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		2.95	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.007402	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.007430	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007402	21.00
22.00	IME payment adjustment (see instructions)		173,130	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		74,775	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)		-5.53	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)		173,130	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		74,775	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.36	31.00
32.00	Sum of lines 30 and 31		40.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.77	33.00
34.00	Disproportionate share adjustment (see instructions)		2,440,671	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 4:50 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447
35.01	Factor 3 (see instructions)		0.000831454	0.000669062
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		5,626,195	5,535,062
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,208,084	1,395,140
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,603,224	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		52,373,660	
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)		52,448,435	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,824,393	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).		86,297	52.00
53.00	Nursing and Allied Health Managed Care payment		19,259	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		95,524	58.00
59.00	Total (sum of amounts on lines 49 through 58)		56,473,908	59.00
60.00	Primary payer payments		21,804	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		56,452,104	61.00
62.00	Deductibles billed to program beneficiaries		4,281,584	62.00
63.00	Coinurance billed to program beneficiaries		593,912	63.00
64.00	Allowable bad debts (see instructions)		1,136,719	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		738,867	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,410	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,315,475	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		10,704	70.93
70.94	HRR adjustment amount (see instructions)		-832,618	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		51,493,561	71.00	
71.01	Sequestration adjustment (see instructions)		1,029,871	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		49,903,256	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)		560,434	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,283,338	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 4:50 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,957,632	0	32,957,632		32,957,632
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,917,573	0		9,917,573	9,917,573
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	1,281,430	0	1,017,514	263,916	1,281,430
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	18,517,834	0	13,850,321	4,667,513	18,517,834
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007402	0.007402	0.007402	0.007402	
6.00	IME payment adjustment (see instructions)	22.00	173,130	0	133,083	40,047	173,130
6.01	IME payment adjustment for managed care (see instructions)	22.01	74,775	0	74,775	0	74,775
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	173,130	0	133,083	40,047	173,130
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	74,775	0	74,775	0	74,775
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2277	0.2277	0.2277	0.2277	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,440,671	0	1,876,113	564,558	2,440,671
11.01	Uncompensated care payments	36.00	5,603,224	0	4,208,084	1,395,140	5,603,224
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	52,373,660	0	40,192,426	12,181,234	52,373,660
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	52,448,435	0	40,267,201	12,181,234	52,448,435
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,824,393	0	2,929,934	894,459	3,824,393
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 4:50 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	43,197,135	13,075,693	56,272,828
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	3,491,628	0	2,684,711	806,917	3,491,628
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	19,915	0	4,673	15,242	19,915
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0037	0.0037	0.0037	0.0037	
23.00	Indirect medical education adjustment (see instructions)	6.00	12,919	0	9,933	2,986	12,919
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0859	0.0859	0.0859	0.0859	
25.00	Disproportionate share adjustment (see instructions)	11.00	299,931	0	230,617	69,314	299,931
26.00	Total prospective capital payments (see instructions)	12.00	3,824,393	0	2,929,934	894,459	3,824,393
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 4:50 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,957,632	32,957,632		32,957,632	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,917,573		9,917,573	9,917,573	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,281,430	1,017,514	263,916	1,281,430	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	18,517,834	14,291,268	4,226,567	18,517,835	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007402	0.007402	0.007402		5.00
6.00	IME payment adjustment (see instructions)	22.00	173,130	133,083	40,047	173,130	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	74,775	57,708	17,067	74,775	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	173,130	133,083	40,047	173,130	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	74,775	57,708	17,067	74,775	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2277	0.2277	0.2277		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,440,671	1,876,113	564,558	2,440,671	11.00
11.01	Uncompensated care payments	36.00	5,603,224	4,208,084	1,395,140	5,603,224	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	52,373,660	40,192,426	12,181,234	52,373,660	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	52,448,435	40,250,134	12,198,301	52,448,435	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,824,393	2,929,934	894,459	3,824,393	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			43,180,068	13,092,760	56,272,828	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 4:50 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,491,628	2,684,711	806,917	3,491,628	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	19,915	4,673	15,242	19,915	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0037	0.0037	0.0037		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	12,919	9,933	2,986	12,919	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0859	0.0859	0.0859		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	299,931	230,617	69,314	299,931	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,824,393	2,929,934	894,459	3,824,393	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	10,704	6,425	4,279	10,704	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-832,618	-688,814	-143,804	-832,618	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 4:50 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,159	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,959,777	2.00
3.00	OPPS payments		20,932,725	3.00
4.00	Outlier payment (see instructions)		216,193	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		93,626	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,159	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		180,407	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)		180,407	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)		180,407	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		150,248	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)		30,159	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)		21,242,544	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,667,380	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)		17,605,323	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		28,761	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)		17,634,084	30.00
31.00	Primary payer payments		2,295	31.00
32.00	Subtotal (line 30 minus line 31)		17,631,789	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,257,456	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		817,346	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		766,688	36.00
37.00	Subtotal (see instructions)		18,449,135	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-106	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)		18,449,241	40.00
40.01	Sequestration adjustment (see instructions)		368,985	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		18,171,181	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-90,925	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:15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 4:50 pm
		Component CCN:15-S002		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13	2.00
3.00	OPPS payments		55	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		55	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11	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)		44	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)		44	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		44	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)		44	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)		44	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		43	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 4:50 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		48,675,335		17,132,484	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2018	1,152,921	12/31/2018	965,997	3.01
3.02		07/25/2018	75,000	07/25/2018	72,700	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)		1,227,921		1,038,697	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)		49,903,256		18,171,181	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		560,434		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		90,925	6.02
7.00	Total Medicare program liability (see instructions)		50,463,690		18,080,256	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: 15-0002 Component CCN: 15-S002		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/28/2019 4:50 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		950,365		43	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		950,365		43	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		33,997		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		984,362		43	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0002

Period:

Worksheet E-1

Component CCN: 15-T002

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/28/2019 4:50 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		7,128,095		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,128,095		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		10,645		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,138,740		0	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: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 4:50 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: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/28/2019 4:50 pm
		Component CCN: 15-S002		
		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)		1,068,250	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.043836	9.00
10.00	Teaching Adjustment Factor {(1 + (line 8/line 9)) raised to the power of .5150 -1}.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,068,250	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,068,250	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,068,250	18.00
19.00	Deductibles		58,960	19.00
20.00	Subtotal (line 18 minus line 19)		1,009,290	20.00
21.00	Coinsurance		39,530	21.00
22.00	Subtotal (line 20 minus line 21)		969,760	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		51,973	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		33,782	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-6,911	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,003,542	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		909	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,004,451	31.00
31.01	Sequestration adjustment (see instructions)		20,089	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		950,365	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		33,997	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/28/2019 4:50 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	6,573,025 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.1005 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	426,589 3.00		
4.00	Outlier Payments	337,150 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	23.693151 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)	7,336,764 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)	7,336,764 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	7,336,764 19.00		
20.00	Deductibles	21,416 20.00		
21.00	Subtotal (line 19 minus line 20)	7,315,348 21.00		
22.00	Coinsurance	53,265 22.00		
23.00	Subtotal (line 21 minus line 22)	7,262,083 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	34,379 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	22,346 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	25,745 26.00		
27.00	Subtotal (sum of lines 23 and 25)	7,284,429 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)	0 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)	7,284,429 32.00		
32.01	Sequestration adjustment (see instructions)	145,689 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	7,128,095 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	10,645 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	337,150 50.00		
51.00	Outlier reconciliation adjustment amount (see instructions)	0 51.00		
52.00	The rate used to calculate the Time Value of Money	0.00 52.00		
53.00	Time Value of Money (see instructions)	0 53.00		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,659,190		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,659,190	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,659,190	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		3,494,716		8.00
9.00	Ancillary service charges		13,797,704	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		17,292,420	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		17,292,420	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		12,633,230	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		4,659,190	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		4,659,190	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,659,190	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,659,190	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		4,659,190	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,659,190	0	40.00
41.00	Interim payments		5,754,642	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-1,095,452		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2019 4:50 pm	
		Component CCN: 15-S002			
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		43,813		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		43,813	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		43,813	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		185,774		8.00
9.00	Ancillary service charges		123,017	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		308,791	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		308,791	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		264,978	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		43,813	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		43,813	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		43,813	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		43,813	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		43,813	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		43,813	0	40.00
41.00	Interim payments		102,760	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-58,947	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2019 4:50 pm
		Title XIX	Subprovider - IRF	Cost
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	159,587		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	159,587	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	159,587	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	104,710		8.00
9.00	Ancillary service charges	261,292	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	366,002	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	366,002	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	206,415	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	159,587	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	159,587	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	159,587	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	159,587	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	159,587	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	159,587	0	40.00
41.00	Interim payments	121,800	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	37,787	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			10.83	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.00	6.00
7.00	Enter the lesser of line 5 or line 6			3.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	2.50	2.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	2.50	2.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	2.50		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.44		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.53		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.49		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	2.49		17.00
18.00	Per resident amount	0.00	85,504.35		18.00
19.00	Approved amount for resident costs	0	212,906	212,906	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			212,906	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	36,769	16,107		26.00
27.00	Total Inpatient Days (see instructions)	93,631	93,631		27.00
28.00	Ratio of inpatient days to total inpatient days	0.392701	0.172026		28.00
29.00	Program direct GME amount	83,608	36,625		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		5,175		30.00
31.00	Net Program direct GME amount			115,058	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 4:50 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			8,939,534	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			69,278,059	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			21,804	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			69,256,255	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			23,083,575	42.00
43.00	Primary payer payments (see instructions)			2,295	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			23,081,280	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			92,337,535	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.750034	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.249966	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			115,058	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			86,297	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			28,761	50.00

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

Provider CCN: 15-0002

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

Worksheet G

Date/Time Prepared:
5/28/2019 4:50 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	28,184,406	0	0	0	1.00
2.00	Temporary investments	585,543	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,562,847	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	12,465,746	0	0	0	7.00
8.00	Prepaid expenses	4,997,131	0	0	0	8.00
9.00	Other current assets	17,065,974	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	109,861,647	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,373,674	0	0	0	12.00
13.00	Land improvements	6,708,539	0	0	0	13.00
14.00	Accumulated depreciation	-347,944,732	0	0	0	14.00
15.00	Buildings	267,945,909	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,584,534	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	203,218,657	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	137,886,581	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	112,040,119	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	112,040,119	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	359,788,347	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,448,040	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)	2,552,245	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	20,696,804	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,697,089	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	58,689,196	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	13,140,240	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	71,829,436	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	111,526,525	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	248,261,822				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	248,261,822	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	359,788,347	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0002

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 4:50 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		248,080,028		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		181,794				2.00
3.00	Total (sum of line 1 and line 2)		248,261,822		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		248,261,822		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)		248,261,822		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			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: 15-0002

Period:
From 01/01/2018
To 12/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 4:50 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	75,388,157		75,388,157	1.00
2.00	SUBPROVIDER - IPF	4,603,945		4,603,945	2.00
3.00	SUBPROVIDER - IRF	7,610,408		7,610,408	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)	87,602,510		87,602,510	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,483,473		23,483,473	11.00
11.01	NEONATAL ICU	0		0	11.01
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)	23,483,473		23,483,473	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	111,085,983		111,085,983	17.00
18.00	Ancillary services	506,352,367	526,180,950	1,032,533,317	18.00
19.00	Outpatient services	23,633,841	101,687,669	125,321,510	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		3,831,746	3,831,746	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				26.00
27.00	PRO FEES	549,632	56,099,888	56,649,520	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	641,621,823	687,800,253	1,329,422,076	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		349,658,717		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)		349,658,717		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0002

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 4:50 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,329,422,076	1.00
2.00	Less contractual allowances and discounts on patients' accounts	989,134,467	2.00
3.00	Net patient revenues (line 1 minus line 2)	340,287,609	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	349,658,717	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,371,108	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,504,946	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	-103	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	5,231,653	24.00
24.01	NON OPERATING INCOME	35,000	24.01
24.02	CHANGE IN UNREALIZED GAIN/LOSS	-12,951,589	24.02
24.03	REALIZED GAIN/LOSS ON INVESTMENT SAL	13,852,558	24.03
24.04	GAIN/LOSS ON ASSET DISPOSAL	94,712	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	OTHER (SPECIFY)	0	24.06
25.00	Total other income (sum of lines 6-24)	9,767,177	25.00
26.00	Total (line 5 plus line 25)	396,069	26.00
27.00	LOSS ON SALE OF EQUIPMENT	214,275	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	214,275	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	181,794	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0002

Period:

Worksheet H

HHA CCN: 15-7536

From 01/01/2018

Date/Time Prepared:

To 12/31/2018

5/28/2019 4:50 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	478,229	0	0	0	379,627	857,856	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,006,702	0	0	0	0	1,006,702	6.00
7.00 Physical Therapy	477,840	0	0	0	0	477,840	7.00
8.00 Occupational Therapy	110,407	0	0	0	0	110,407	8.00
9.00 Speech Pathology	44,952	0	0	0	0	44,952	9.00
10.00 Medical Social Services	4,361	0	0	0	0	4,361	10.00
11.00 Home Health Aide	84,204	0	0	0	0	84,204	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	2,206,695	0	0	0	379,627	2,586,322	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	-15,060	842,796	0	842,796			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	1,006,702	0	1,006,702			6.00
7.00 Physical Therapy	0	477,840	0	477,840			7.00
8.00 Occupational Therapy	0	110,407	0	110,407			8.00
9.00 Speech Pathology	0	44,952	0	44,952			9.00
10.00 Medical Social Services	0	4,361	0	4,361			10.00
11.00 Home Health Aide	0	84,204	0	84,204			11.00
12.00 Supplies (see instructions)	0	0	0	0			12.00
13.00 Drugs	0	0	0	0			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-15,060	2,571,262	0	2,571,262			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: 15-0002

Period:

Worksheet H-1

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/28/2019 4:50 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	842,796	0	0	0	0	842,796	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,006,702	0	0	0	0	1,006,702	6.00
7.00	Physical Therapy	477,840	0	0	0	0	477,840	7.00
8.00	Occupational Therapy	110,407	0	0	0	0	110,407	8.00
9.00	Speech Pathology	44,952	0	0	0	0	44,952	9.00
10.00	Medical Social Services	4,361	0	0	0	0	4,361	10.00
11.00	Home Health Aide	84,204	0	0	0	0	84,204	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,571,262	0	0	0	0	2,571,262	24.00
		Administrativ e & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	842,796						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	490,865	1,497,567					6.00
7.00	Physical Therapy	232,994	710,834					7.00
8.00	Occupational Therapy	53,834	164,241					8.00
9.00	Speech Pathology	21,919	66,871					9.00
10.00	Medical Social Services	2,126	6,487					10.00
11.00	Home Health Aide	41,058	125,262					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		2,571,262					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0002

Period:

Worksheet H-1

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/28/2019 4:50 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-842,796	1,728,466	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,006,702	6.00
7.00	Physical Therapy	0	0	0	0	0	477,840	7.00
8.00	Occupational Therapy	0	0	0	0	0	110,407	8.00
9.00	Speech Pathology	0	0	0	0	0	44,952	9.00
10.00	Medical Social Services	0	0	0	0	0	4,361	10.00
11.00	Home Health Aide	0	0	0	0	0	84,204	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-842,796	1,728,466	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		842,796	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.487598	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002

Period:

Worksheet H-2

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/28/2019 4:50 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			BLDG & FIXT					
		0	1.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	0	0	496,704	0	8,361	9,231	1.00
2.00	Skilled Nursing Care	1,497,567	0	0	0	0	0	2.00
3.00	Physical Therapy	710,834	0	0	0	0	0	3.00
4.00	Occupational Therapy	164,241	0	0	0	0	0	4.00
5.00	Speech Pathology	66,871	0	0	0	0	0	5.00
6.00	Medical Social Services	6,487	0	0	0	0	0	6.00
7.00	Home Health Aide	125,262	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)	2,571,262	0	496,704	0	8,361	9,231	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
Cost Center Description		CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATIO N	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5A.04	5.05	5.06	7.00	8.00	
1.00	Administrative and General	22,335	536,631	50,083	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,497,567	139,765	0	0	0	2.00
3.00	Physical Therapy	0	710,834	66,341	0	0	0	3.00
4.00	Occupational Therapy	0	164,241	15,328	0	0	0	4.00
5.00	Speech Pathology	0	66,871	6,241	0	0	0	5.00
6.00	Medical Social Services	0	6,487	605	0	0	0	6.00
7.00	Home Health Aide	0	125,262	11,690	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)	22,335	3,107,893	290,053	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002

Period:

Worksheet H-2

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/28/2019 4:50 pmHome Health
Agency I

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	9,961	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	9,961	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		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
		16.00	17.00	17.01	17.02	21.00	22.00	
1.00	Administrative and General	12,530	0	7,031	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)	12,530	0	7,031	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002

Period:

Worksheet H-2

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/28/2019 4:50 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	616,236	0	616,236			1.00
2.00	Skilled Nursing Care	0	1,637,332	0	1,637,332	358,910	1,996,242	2.00
3.00	Physical Therapy	0	777,175	0	777,175	170,361	947,536	3.00
4.00	Occupational Therapy	0	179,569	0	179,569	39,362	218,931	4.00
5.00	Speech Pathology	0	73,112	0	73,112	16,027	89,139	5.00
6.00	Medical Social Services	0	7,092	0	7,092	1,555	8,647	6.00
7.00	Home Health Aide	0	136,952	0	136,952	30,021	166,973	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	3,427,468	0	3,427,468	616,236	3,427,468	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.					0.219205		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: 15-0002

Period:

Worksheet H-2

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/28/2019 4:50 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)						
		1.00	4.00	5.01	5.02	5.03	5.04	
1.00	Administrative and General	0	2,203,254	0	96,622	3,831,746	3,831,746	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	2,203,254	0	96,622	3,831,746	3,831,746	20.00
21.00	Total cost to be allocated	0	496,704	0	8,361	9,231	22,335	21.00
22.00	Unit cost multiplier	0.000000	0.225441	0.000000	0.086533	0.002409	0.005829	22.00
Cost Center Description		Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.05	5.05	5.06	7.00	8.00	9.00	
1.00	Administrative and General	0	536,631	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,497,567	0	0	0	0	2.00
3.00	Physical Therapy	0	710,834	0	0	0	0	3.00
4.00	Occupational Therapy	0	164,241	0	0	0	0	4.00
5.00	Speech Pathology	0	66,871	0	0	0	0	5.00
6.00	Medical Social Services	0	6,487	0	0	0	0	6.00
7.00	Home Health Aide	0	125,262	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)		3,107,893	0	0	0	0	20.00
21.00	Total cost to be allocated		290,053	0	0	0	0	21.00
22.00	Unit cost multiplier		0.093328	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0002

Period:

Worksheet H-2

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/28/2019 4:50 pm

						Home Health Agency I	PPS	
Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	23,729	3,831,746	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	23,729	3,831,746	20.00
21.00	Total cost to be allocated	0	0	0	0	9,961	12,530	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.419782	0.003270	22.00
Cost Center Description		SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PROGRAM (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)		
		17.00	17.01	17.02	21.00	22.00	23.00	
1.00	Administrative and General	0	1,128	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	1,128	0	0	0	0	20.00
21.00	Total cost to be allocated	0	7,031	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	6.233156	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0002

Period:

Worksheet H-3

HHA CCN: 15-7536

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/28/2019 4:50 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	1,996,242		1,996,242	13,174	151.53
2.00	Physical Therapy	3.00	947,536	0	947,536	5,329	177.81
3.00	Occupational Therapy	4.00	218,931	0	218,931	1,138	192.38
4.00	Speech Pathology	5.00	89,139	0	89,139	219	407.03
5.00	Medical Social Services	6.00	8,647		8,647	60	144.12
6.00	Home Health Aide	7.00	166,973		166,973	2,611	63.95
7.00	Total (sum of lines 1-6)		3,427,468	0	3,427,468	22,531	
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	23844	4,585	0			8.00
9.00	Physical Therapy	23844	2,032	0			9.00
10.00	Occupational Therapy	23844	331	0			10.00
11.00	Speech Pathology	23844	75	0			11.00
12.00	Medical Social Services	23844	32	0			12.00
13.00	Home Health Aide	23844	996	0			13.00
14.00	Total (sum of lines 8-13)		8,051	0			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	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00
Program Visits							
Cost of Services							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles & Coinsurance							
6.00 7.00 8.00 9.00 10.00 11.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	4,585	0		694,765	0	1.00
2.00	Physical Therapy	2,032	0		361,310	0	2.00
3.00	Occupational Therapy	331	0		63,678	0	3.00
4.00	Speech Pathology	75	0		30,527	0	4.00
5.00	Medical Social Services	32	0		4,612	0	5.00
6.00	Home Health Aide	996	0		63,694	0	6.00
7.00	Total (sum of lines 1-6)	8,051	0		1,218,586	0	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0002

Period:

Worksheet H-3

HHA CCN: 15-7536

From 01/01/2018

Part I

To 12/31/2018

Date/Time Prepared:

5/28/2019 4:50 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B			Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	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	694,765						1.00	
2.00	Physical Therapy	361,310						2.00	
3.00	Occupational Therapy	63,678						3.00	
4.00	Speech Pathology	30,527						4.00	
5.00	Medical Social Services	4,612						5.00	
6.00	Home Health Aide	63,694						6.00	
7.00	Total (sum of lines 1-6)	1,218,586						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0002

Period:

Worksheet H-3

HHA CCN: 15-7536

From 01/01/2018

Part II

To 12/31/2018

Date/Time Prepared:

5/28/2019 4:50 pm

Title XVIII

Home Health

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	0.379145	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.404827	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.323184	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.333626	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.167170	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0002 HHA CCN: 15-7536	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2019 4:50 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,032,234	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	59,295	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	19,119	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	26,586	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	36,699	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	1,672	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	1,175,605	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,175,605	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	1,175,605	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,175,605	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	1,175,605	31.00
31.01	Sequestration adjustment (see instructions)	0	23,512	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	1,152,092	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 15-0002 HHA CCN: 15-7536		Period: From 01/01/2018 To 12/31/2018		Worksheet H-5 Date/Time Prepared: 5/28/2019 4:50 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		1,152,092	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		1,152,092	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01			0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50			0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		1	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		1,152,093	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0002	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 4:50 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,491,628	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		19,915	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)		224.79	3.00
4.00	Number of interns & residents (see instructions)		2.95	4.00
5.00	Indirect medical education percentage (see instructions)		0.37	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)		12,919	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.36	8.00
9.00	Sum of lines 7 and 8		40.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.59	10.00
11.00	Disproportionate share adjustment (see instructions)		299,931	11.00
12.00	Total prospective capital payments (see instructions)		3,824,393	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