

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet S Parts I-III Date/Time Prepared: 1/30/2019 2:04 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 1/30/2019	Time: 2:04 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 BAPTIST HEALTH PADUCAH (18-0104) for the cost reporting period beginning 09/01/2017 and ending 08/31/2018 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) STEPHEN SCANNELL

Officer or Administrator of Provider(s)

VICE PRESIDENT FINANCE

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	375,542	-32,198	0	524,272	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	375,542	-32,198	0	524,272	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: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 2:04 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2501 KENTUCKY AVENUE			PO Box:				1.00	
2.00	City: PADUCAH			State: KY		Zip Code: 42003-		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			BAPTIST HEALTH PADUCAH	180104	99918	1	01/04/1966	N
4.00	Subprovider - IPF							P	T
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2017	08/31/2018	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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	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.			320	363	529	544	9,307	193

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-2
Part I
Date/Time Prepared:
1/30/2019 2:04 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.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		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.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (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)					Y	Y	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	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
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.							
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-2
Part I
Date/Time Prepared:
1/30/2019 2:04 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: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	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)					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.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	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	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 2:04 pm	
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	760,387	986,472	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		18H001	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 2:04 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: BAPTIST HEALTH		Contractor's Name: CIGNA		Contractor's Number: 15101		141.00		
142.00	Street: 2701 EASTPOINT PARKWAY		PO Box:				142.00		
143.00	City: LOUISVILLE		State: KY		Zip Code: 40223		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.							N	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.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
161.10	CORF				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2017	09/30/2018		170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N			0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-2
Part II
Date/Time Prepared:
1/30/2019 2:04 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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		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		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	12/21/2015	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

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Date/Time Prepared:
1/30/2019 2:04 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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		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.		N		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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		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.		N		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.	BETH	WHEELER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036	BWHEELER@BHSI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-2
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Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part I
Date/Time Prepared:
1/30/2019 2:04 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	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		271				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part I
Date/Time Prepared:
1/30/2019 2:04 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)	15,113	238	33,105			1.00
2.00	HMO and other (see instructions)	5,290	10,743				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,113	238	33,105			7.00
8.00	INTENSIVE CARE UNIT	1,575	23	3,245			8.00
9.00	CORONARY CARE UNIT	1,477	21	2,901			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		38	5,336			13.00
14.00	Total (see instructions)	18,165	320	44,587	0.00	1,246.35	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	12			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,246.35	27.00
28.00	Observation Bed Days		0	3,610			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	193	367			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: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,215	82	10,291	1.00
2.00 HMO and other (see instructions)			1,062	2,054		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,215	82	10,291	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	71,420,128	0	71,420,128	2,539,827.00	28.12
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		784,754	909,712	1,694,466	52,591.00	32.22
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,512,670	0	1,512,670	25,919.00	58.36
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		352,179	0	352,179	2,598.00	135.56
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		17,286,975	0	17,286,975	455,480.00	37.95
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,154,633	0	20,154,633		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		443,562	0	443,562		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,691,263	0	3,691,263		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,545,642	-753,209	792,433	34,992.00	22.65
27.00	Administrative & General	5.00	5,537,042	0	5,537,042	213,301.00	25.96

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,742,581	0	1,742,581	71,408.00	24.40	30.00
31.00	Laundry & Linen Service	8.00	105,452	0	105,452	6,419.00	16.43	31.00
32.00	Housekeeping	9.00	1,678,501	0	1,678,501	117,935.00	14.23	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,754,265	-1,619,501	134,764	18,489.00	7.29	34.00
35.00	Dietary under contract (see instructions)		397,159	0	397,159	8,343.00	47.60	35.00
36.00	Cafeteria	11.00	0	1,619,501	1,619,501	101,643.00	15.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,129,820	0	1,129,820	25,423.00	44.44	38.00
39.00	Central Services and Supply	14.00	662,132	0	662,132	41,393.00	16.00	39.00
40.00	Pharmacy	15.00	3,816,345	-156,503	3,659,842	86,711.00	42.21	40.00
41.00	Medical Records & Medical Records Library	16.00	780,197	0	780,197	24,122.00	32.34	41.00
42.00	Social Service	17.00	1,263,711	0	1,263,711	44,489.00	28.41	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part III
Date/Time Prepared:
1/30/2019 2:04 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	71,817,287	0	71,817,287	2,548,170.00	28.18	1.00
2.00	Excluded area salaries (see instructions)	784,754	909,712	1,694,466	52,591.00	32.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	71,032,533	-909,712	70,122,821	2,495,579.00	28.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,151,824	0	19,151,824	483,997.00	39.57	4.00
5.00	Subtotal wage-related costs (see inst.)	23,845,896	0	23,845,896	0.00	34.01	5.00
6.00	Total (sum of lines 3 thru 5)	114,030,253	-909,712	113,120,541	2,979,576.00	37.97	6.00
7.00	Total overhead cost (see instructions)	20,412,847	-909,712	19,503,135	794,668.00	24.54	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part IV
Date/Time Prepared:
1/30/2019 2:04 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,304,807	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	60,868	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)	11,875,933	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	51,022	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)	154,182	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,109,738	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	5,491,410	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	152,228	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	398,007	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,598,195	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: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet S-3
Part V
Date/Time Prepared:
1/30/2019 2:04 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	1,512,670	20,598,195	1.00
2.00	Hospital	1,512,670	20,129,192	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	469,003	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-7

Date/Time Prepared:
1/30/2019 2:04 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-7

Date/Time Prepared:
1/30/2019 2:04 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-10

Date/Time Prepared:
1/30/2019 2:04 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)			0.139719	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			40,781,113	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			278,112,491	6.00
7.00	Medicaid cost (line 1 times line 6)			38,857,599	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
				1.00	2.00
				Total (col. 1 + col. 2)	
				3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			1,611,369	2,108,474
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			225,139	2,108,474
22.00	Payments received from patients for amounts previously written off as charity care			258,813	281,473
23.00	Cost of charity care (line 21 minus line 22)			0	1,827,001
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			9,945,167	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,241,145	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,909,454	
28.00	Non-Medicare bad debt expense (see instructions)			8,035,713	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,791,051	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,618,052	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,618,052	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		13,668,253	13,668,253	-5,167,444	8,500,809	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,167,444	5,167,444	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,545,642	1,423,459	2,969,101	-1,445,191	1,523,910	4.00
5.01	00540	NONPATIENT TELEPHONES	155,211	66,662	221,873	127,624	349,497	5.01
5.02	00550	DATA PROCESSING	330,179	129,150	459,329	0	459,329	5.02
5.03	00580	PURCHASING, REC, STORES	0	26,288	26,288	0	26,288	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,051,652	54,575,401	59,627,053	-128,535	59,498,518	5.06
7.00	00700	OPERATION OF PLANT	1,742,581	7,084,715	8,827,296	-72	8,827,224	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	105,452	807,575	913,027	0	913,027	8.00
9.00	00900	HOUSEKEEPING	1,678,501	992,790	2,671,291	0	2,671,291	9.00
10.00	01000	DIETARY	1,754,265	2,555,294	4,309,559	-3,658,588	650,971	10.00
11.00	01100	CAFETERIA	0	28	28	3,658,588	3,658,616	11.00
13.00	01300	NURSING ADMINISTRATION	1,129,820	460,731	1,590,551	-11	1,590,540	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	662,132	1,534,901	2,197,033	-44,574	2,152,459	14.00
15.00	01500	PHARMACY	3,816,345	19,724,052	23,540,397	-17,810,363	5,730,034	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	780,197	303,185	1,083,382	0	1,083,382	16.00
17.00	01700	SOCIAL SERVICE	1,263,711	691,653	1,955,364	-9,411	1,945,953	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,520,998	4,329,851	15,850,849	-276,293	15,574,556	30.00
31.00	03100	INTENSIVE CARE UNIT	2,258,008	1,004,345	3,262,353	-91,131	3,171,222	31.00
32.00	03200	CORONARY CARE UNIT	1,941,303	845,714	2,787,017	-64,129	2,722,888	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,682,307	1,114,640	2,796,947	-14,727	2,782,220	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,721,522	34,547,337	42,268,859	-21,445,478	20,823,381	50.00
51.00	05100	RECOVERY ROOM	1,208,592	342,553	1,551,145	-14,333	1,536,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,492,532	1,263,210	3,755,742	-279,002	3,476,740	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,077,655	4,172,099	8,249,754	-736,900	7,512,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,432,988	950,862	2,383,850	-2,753	2,381,097	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	604,896	427,345	1,032,241	-49,482	982,759	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	192,154	330,703	522,857	-8,039	514,818	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,668,746	6,074,475	7,743,221	-4,486,617	3,256,604	59.00
60.00	06000	LABORATORY	3,058,921	4,643,599	7,702,520	-13,428	7,689,092	60.00
60.01	06001	PATHOLOGY	635,721	1,507,625	2,143,346	0	2,143,346	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,269,793	1,269,793	-880,474	389,319	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,820,350	1,034,628	2,854,978	-1,963	2,853,015	65.00
66.00	06600	PHYSICAL THERAPY	1,666,501	615,980	2,282,481	-11,091	2,271,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,150	170,523	650,673	-886	649,787	67.00
68.00	06800	SPEECH PATHOLOGY	536,667	180,537	717,204	-15,869	701,335	68.00
69.00	06900	ELECTROCARDIOLOGY	1,083,638	464,251	1,547,889	-1,509	1,546,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	373,597	144,691	518,288	-27	518,261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,022,557	10,022,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,573,373	18,573,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,110,496	16,110,496	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	215,431	92,121	307,552	-95	307,457	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,236,311	1,884,689	5,121,000	-79,285	5,041,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	710,698	355,500	1,066,198	-66,094	1,000,104	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,635,374	171,811,208	242,446,582	-3,143,712	239,302,870	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	90,277	217,029	307,306	0	307,306	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	694,477	778,030	1,472,507	0	1,472,507	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	1,445,177	1,445,177	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	1,698,535	1,698,535	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	71,420,128	172,806,267	244,226,395	0	244,226,395	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-820,417	7,680,392	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-55,408	5,112,036	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,145	1,521,765	4.00
5.01	00540	NONPATIENT TELEPHONES	-85,137	264,360	5.01
5.02	00550	DATA PROCESSING	611,735	1,071,064	5.02
5.03	00580	PURCHASING, REC, STORES	1,494,556	1,520,844	5.03
5.04	00570	ADMITTING	1,539,947	1,539,947	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-19,060,317	40,438,201	5.06
7.00	00700	OPERATION OF PLANT	-103,304	8,723,920	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-25,827	887,200	8.00
9.00	00900	HOUSEKEEPING	-72,899	2,598,392	9.00
10.00	01000	DIETARY	-125,769	525,202	10.00
11.00	01100	CAFETERIA	-1,030,153	2,628,463	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,590,540	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-48,875	2,103,584	14.00
15.00	01500	PHARMACY	-888,329	4,841,705	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,621,435	7,704,817	16.00
17.00	01700	SOCIAL SERVICE	0	1,945,953	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-58,088	15,516,468	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,171,222	31.00
32.00	03200	CORONARY CARE UNIT	0	2,722,888	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-138,576	2,643,644	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,660,186	17,163,195	50.00
51.00	05100	RECOVERY ROOM	0	1,536,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,141	3,472,599	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-140,605	7,372,249	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,489	2,379,608	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-19,809	962,950	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-1,213	513,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	-9,330	3,247,274	59.00
60.00	06000	LABORATORY	-224,725	7,464,367	60.00
60.01	06001	PATHOLOGY	0	2,143,346	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.	-19,861	369,458	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-89,909	2,763,106	65.00
66.00	06600	PHYSICAL THERAPY	-140,200	2,131,190	66.00
67.00	06700	OCCUPATIONAL THERAPY	-71,372	578,415	67.00
68.00	06800	SPEECH PATHOLOGY	-39,666	661,669	68.00
69.00	06900	ELECTROCARDIOLOGY	-23,074	1,523,306	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,001	517,260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-817,801	9,204,756	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,573,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,110,496	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	307,457	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	5,041,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	1,000,104	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,511,953	221,790,917	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	307,306	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,472,507	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NAUTILUS	0	0	194.00
194.01	07951	PR/MARKETING	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	1,445,177	194.02
194.03	07952	RETAIL PHARMACY	0	1,698,535	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,511,953	226,714,442	200.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet A-6
Date/Time Prepared:
1/30/2019 2:04 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,110,496	1.00	
	0		0	16,110,496		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28,595,930	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	
	0		0	28,595,930		
	C - TELEPHONE EXPENSES					
1.00	NONPATIENT TELEPHONES	5.01	0	127,624	1.00	
	0		0	127,624		
	D - DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,167,444	1.00	
	0		0	5,167,444		
	E - RECLASS OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	18,573,373	1.00	
	0		0	18,573,373		
	F - NON PATIENT RELATED DAY CARE COSTS					
1.00	OTHER NONREIMBURSABLE	194.02	753,209	691,968	1.00	
	0		753,209	691,968		
	G - DIETARY/CAFE					
1.00	CAFETERIA	11.00	1,619,501	2,039,087	1.00	
	0		1,619,501	2,039,087		
	H - RETAIL PHARMACY					
1.00	RETAIL PHARMACY	194.03	156,503	1,542,032	1.00	
	TOTALS		156,503	1,542,032		
500.00	Grand Total: Increases		2,529,213	72,847,954	500.00	

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet A-6
Date/Time Prepared:
1/30/2019 2:04 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY _____	15.00	0	16,110,496	0		1.00
	0		0	16,110,496			
	B - CHARGEABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	911	0		2.00
3.00	OPERATION OF PLANT	7.00	0	72	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	11	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	44,574	0		5.00
6.00	PHARMACY	15.00	0	1,332	0		6.00
7.00	SOCIAL SERVICE	17.00	0	9,411	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	276,293	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	91,131	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	64,129	0		10.00
11.00	NURSERY	43.00	0	14,727	0		11.00
12.00	OPERATING ROOM	50.00	0	21,445,478	0		12.00
13.00	RECOVERY ROOM	51.00	0	14,333	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	279,002	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	736,900	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,753	0		16.00
17.00	CT SCAN	57.00	0	49,482	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,039	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	4,486,617	0		19.00
20.00	LABORATORY	60.00	0	13,428	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	880,474	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	1,963	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	11,091	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	886	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	15,869	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	1,509	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	27	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	95	0		28.00
29.00	EMERGENCY	91.00	0	79,285	0		29.00
30.00	ONCOLOGY INFUSION _____	93.00	0	66,094	0		30.00
	0		0	28,595,930			
	C - TELEPHONE EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL _____	5.06	0	127,624	0		1.00
	0		0	127,624			
	D - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT _____	1.00	0	5,167,444	9		1.00
	0		0	5,167,444			
	E - RECLASS OF IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS _____	71.00	0	18,573,373	0		1.00
	0		0	18,573,373			
	F - NON PATIENT RELATED DAY CARE COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	753,209	691,968	0		1.00
	0		753,209	691,968			
	G - DIETARY/CAFE						
1.00	DIETARY _____	10.00	1,619,501	2,039,087	0		1.00
	0		1,619,501	2,039,087			
	H - RETAIL PHARMACY						
1.00	PHARMACY _____	15.00	156,503	1,542,032	0		1.00
	TOTALS		156,503	1,542,032			
500.00	Grand Total: Decreases		2,529,213	72,847,954			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet A-7
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,344,004	0	0	0	0	1.00	
2.00	Land Improvements	7,477,816	235,819	0	235,819	0	2.00	
3.00	Buildings and Fixtures	0	0	0	0	0	3.00	
4.00	Building Improvements	233,078,110	6,613,450	0	6,613,450	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	131,893,821	0	0	0	7,553,980	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	380,793,751	6,849,269	0	6,849,269	7,553,980	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	380,793,751	6,849,269	0	6,849,269	7,553,980	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,344,004	0				1.00	
2.00	Land Improvements	7,713,635	0				2.00	
3.00	Buildings and Fixtures	0	0				3.00	
4.00	Building Improvements	239,691,560	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	124,339,841	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	380,089,040	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	380,089,040	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet A-7
Part II
Date/Time Prepared:
1/30/2019 2:04 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	NEW CAP REL COSTS-BLDG & FIXT	13,668,253	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,668,253	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	NEW CAP REL COSTS-BLDG & FIXT	0	13,668,253				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,668,253				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet A-7
Part III
Date/Time Prepared:
1/30/2019 2:04 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	NEW CAP REL COSTS-BLDG & FIXT	255,749,199	0	255,749,199	0.672867	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	124,339,841	0	124,339,841	0.327133	0	2.00
3.00	Total (sum of lines 1-2)	380,089,040	0	380,089,040	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,345,577	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,163,544	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,509,121	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	NEW CAP REL COSTS-BLDG & FIXT	-665,185	0	0	0	7,680,392	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-51,508	0	0	0	5,112,036	2.00
3.00	Total (sum of lines 1-2)	-716,693	0	0	0	12,792,428	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/30/2019 2:04 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		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-665,185	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-8,013,156			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	-3,730,224			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,030,153	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/30/2019 2:04 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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONE - COST OFFSET	A	-17,522	NONPATIENT TELEPHONES	5.01	0	33.00
34.00	PATIENT PHONE - OPERATOR OFFSET	A	-19,518	NONPATIENT TELEPHONES	5.01	0	34.00
35.00	PATIENT PHONE - BENEFIT OFFSET	A	-1,800	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00	LIFELINE EXPENSES	A	-217,582	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	LIFELINE DEPRECIATION	A	-3,900	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00	CABLE TV COSTS	A	-48,097	NONPATIENT TELEPHONES	5.01	0	38.00
39.00	CHANGE IN USEFUL LIFE	A	21,805	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
42.00	EDUCATION CLASS	B	-7,942	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00	BASIC LIFE SUPPORT	B	-87,111	RESPIRATORY THERAPY	65.00	0	43.00
45.00	MEDICAL CALL	B	-9,150	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01	NICU OTHER REVENUE	B	-913	NURSERY	43.00	0	45.01
45.02	MISCELLANEOUS	B	-566,611	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.02
45.03	NET ASSETS RELEASED	B	-51,508	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	45.03
45.04	QUALITY RESOURCES	B	-1,100	MEDICAL RECORDS & LIBRARY	16.00	0	45.04
45.05	CONTRIBUTIONS	A	-371,228	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.10	OCCUPATIONAL THERAPY	B	-400	OCCUPATIONAL THERAPY	67.00	0	45.10
45.12	BIOMED ENGINEERING	B	-1,197	OCCUPATIONAL THERAPY	67.00	0	45.12
45.13	RESEARCH FUNDS	B	-142,028	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.13
45.14	PRODUCT SALES	B	-10	CENTRAL SERVICES & SUPPLY	14.00	0	45.14
45.15	RENTAL INCOME	B	-177,037	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.15
45.16	MEDICAL STAFF OFFICE REVENUE	B	-2,500	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.16
45.17	COMMUNITY BENEFIT REVENUE	B	-2,500	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.17
45.18	LTACH	B	-345	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.18
46.00	LTACH	B	-79,379	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.00
46.01	LTACH	B	-103,304	OPERATION OF PLANT	7.00	0	46.01
46.02	LTACH	B	-25,827	LAUNDRY & LINEN SERVICE	8.00	0	46.02
46.03	LTACH	B	-72,899	HOUSEKEEPING	9.00	0	46.03
46.04	LTACH	B	-125,769	DIETARY	10.00	0	46.04
46.05	LTACH	B	-47,925	CENTRAL SERVICES & SUPPLY	14.00	0	46.05
46.06	LTACH	B	-888,329	PHARMACY	15.00	0	46.06
46.07	LTACH	B	-58,088	ADULTS & PEDIATRICS	30.00	0	46.07
46.08	LTACH	B	-284,265	OPERATING ROOM	50.00	0	46.08
46.09	LTACH	B	-129,113	RADIOLOGY-DIAGNOSTIC	54.00	0	46.09
46.10	LTACH	B	-1,489	RADIOLOGY-THERAPEUTIC	55.00	0	46.10
46.11	LTACH	B	-19,809	CT SCAN	57.00	0	46.11
46.12	LTACH	B	-1,213	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	46.12
46.13	LTACH	B	-9,330	CARDIAC CATHETERIZATION	59.00	0	46.13
46.14	LTACH	B	-224,725	LABORATORY	60.00	0	46.14
46.15	LTACH	B	-19,861	BLOOD STORING, PROCESSING & TRANS.	63.00	0	46.15
46.16	LTACH	B	-140,200	PHYSICAL THERAPY	66.00	0	46.16
46.17	LTACH	B	-69,775	OCCUPATIONAL THERAPY	67.00	0	46.17
46.18	LTACH	B	-39,666	SPEECH PATHOLOGY	68.00	0	46.18
46.19	LTACH	B	-23,074	ELECTROCARDIOLOGY	69.00	0	46.19
46.20	LTACH	B	-1,001	ELECTROENCEPHALOGRAPHY	70.00	0	46.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,511,953				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/30/2019 2:04 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	

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:
1/30/2019 2:04 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.02	DATA PROCESSING	IT	611,735	0	1.00
2.00	5.03	PURCHASING, REC, STORES	MAT MGT	1,494,556	0	2.00
3.00	5.04	ADMITTING	PATIENT ACCESS	1,539,947	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	FIN COUNSEL	95,737	40,072,270	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	FINANCE + MALPRACTICE	26,795,337	0	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HIM	6,622,535	0	4.02
4.03	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLIES	-817,801	0	4.03
5.00	0		0	36,342,046	40,072,270	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B	BAPTIST HC SYS	100.00	SUPPORT SERVICES	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:
1/30/2019 2:04 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	611,735	0		1.00
2.00	1,494,556	0		2.00
3.00	1,539,947	0		3.00
4.00	-39,976,533	0		4.00
4.01	26,795,337	0		4.01
4.02	6,622,535	0		4.02
4.03	-817,801	0		4.03
5.00	-3,730,224			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-2

Date/Time Prepared:
1/30/2019 2:04 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	43.00	DR. A	158,000	133,000	25,000	211,500	200	1.00
2.00	50.00	DR. B	3,371,932	3,371,932	0	0	0	2.00
3.00	50.00	DR. C	22,706	0	22,706	246,400	158	3.00
4.00	52.00	DR. D	17,250	0	17,250	237,100	115	4.00
5.00	60.00	DR. E	100,000	0	100,000	260,300	800	5.00
6.00	54.00	DR. F	89,925	0	89,925	271,900	600	6.00
7.00	65.00	DR. G	15,000	0	15,000	211,500	120	7.00
8.00	14.00	DR. H	4,906	0	4,906	211,500	39	8.00
9.00	5.06	DR. I	9,448	0	9,448	211,500	67	9.00
10.00	5.06	DR. J	3,881,208	3,869,714	11,494	211,500	80	10.00
11.00	5.06	DR. K	647,200	590,750	56,450	211,500	420	11.00
200.00			8,317,575	7,965,396	352,179		2,599	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	43.00	DR. A	20,337	1,017	0	0	0	1.00
2.00	50.00	DR. B	0	0	0	0	0	2.00
3.00	50.00	DR. C	18,717	936	0	0	0	3.00
4.00	52.00	DR. D	13,109	655	0	0	0	4.00
5.00	60.00	DR. E	100,115	5,006	0	0	0	5.00
6.00	54.00	DR. F	78,433	3,922	0	0	0	6.00
7.00	65.00	DR. G	12,202	610	0	0	0	7.00
8.00	14.00	DR. H	3,966	198	0	0	0	8.00
9.00	5.06	DR. I	6,813	341	0	0	0	9.00
10.00	5.06	DR. J	8,135	407	0	0	0	10.00
11.00	5.06	DR. K	42,707	2,135	0	0	0	11.00
200.00			304,534	15,227	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	43.00	DR. A	0	20,337	4,663	137,663		1.00
2.00	50.00	DR. B	0	0	0	3,371,932		2.00
3.00	50.00	DR. C	0	18,717	3,989	3,989		3.00
4.00	52.00	DR. D	0	13,109	4,141	4,141		4.00
5.00	60.00	DR. E	0	100,115	0	0		5.00
6.00	54.00	DR. F	0	78,433	11,492	11,492		6.00
7.00	65.00	DR. G	0	12,202	2,798	2,798		7.00
8.00	14.00	DR. H	0	3,966	940	940		8.00
9.00	5.06	DR. I	0	6,813	2,635	2,635		9.00
10.00	5.06	DR. J	0	8,135	3,359	3,873,073		10.00
11.00	5.06	DR. K	0	42,707	13,743	604,493		11.00
200.00			0	304,534	47,760	8,013,156		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	7,680,392	7,680,392			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	5,112,036	5,112,036			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,521,765	164,348	6,657	1,692,770	4.00
5.01	00540	NONPATIENT TELEPHONES	264,360	640	0	3,282	5.01
5.02	00550	DATA PROCESSING	1,071,064	0	4,218	7,986	5.02
5.03	00580	PURCHASING, REC, STORES	1,520,844	32,389	0	0	5.03
5.04	00570	ADMITTING	1,539,947	21,430	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	40,438,201	93,813	326,586	124,412	5.06
7.00	00700	OPERATION OF PLANT	8,723,920	2,552,994	111,651	42,146	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	887,200	28,787	1,747	2,550	8.00
9.00	00900	HOUSEKEEPING	2,598,392	12,999	17,179	40,596	9.00
10.00	01000	DIETARY	525,202	45,931	30,920	6,530	10.00
11.00	01100	CAFETERIA	2,628,463	30,796	0	35,899	11.00
13.00	01300	NURSING ADMINISTRATION	1,590,540	21,725	127,381	27,326	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,103,584	77,654	165,802	16,014	14.00
15.00	01500	PHARMACY	4,841,705	27,540	103,905	92,302	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,704,817	17,144	5,060	18,870	16.00
17.00	01700	SOCIAL SERVICE	1,945,953	8,316	92	30,564	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,516,468	687,816	79,098	278,646	30.00
31.00	03100	INTENSIVE CARE UNIT	3,171,222	93,973	51,881	54,612	31.00
32.00	03200	CORONARY CARE UNIT	2,722,888	59,493	2,069	46,952	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,643,644	17,848	130,561	40,688	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,163,195	388,214	1,398,159	186,753	50.00
51.00	05100	RECOVERY ROOM	1,536,812	41,063	605	29,231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,472,599	61,962	121,267	60,284	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,372,249	131,326	615,894	98,622	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,379,608	73,400	450,796	34,658	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	962,950	6,653	71,074	14,630	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	513,605	0	485,168	4,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,247,274	97,492	150,952	40,360	59.00
60.00	06000	LABORATORY	7,464,367	40,782	96,895	73,983	60.00
60.01	06001	PATHOLOGY	2,143,346	15,097	40,695	15,376	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	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	369,458	5,521	558	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,763,106	25,672	51,415	44,027	65.00
66.00	06600	PHYSICAL THERAPY	2,131,190	18,999	5,527	40,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	578,415	0	3,552	11,613	67.00
68.00	06800	SPEECH PATHOLOGY	661,669	0	1,715	12,980	68.00
69.00	06900	ELECTROCARDIOLOGY	1,523,306	90,090	244,827	26,209	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	517,260	39,195	21,581	9,036	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,204,756	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,573,373	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,110,496	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	307,457	19,959	1,241	5,210	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	5,041,715	107,273	48,237	78,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,000,104	230,296	133,187	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,790,917	5,388,630	5,108,152	1,655,573	268,282
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	307,306	4,990	408	2,183	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,472,507	2,286,772	3,476	16,797	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	1,445,177	0	0	18,217	194.02
194.03	07952	RETAIL PHARMACY	1,698,535	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	226,714,442	7,680,392	5,112,036	1,692,770	268,282

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,087,435					5.02
5.03	00580	PURCHASING, REC, STORES	14,777	1,572,177				5.03
5.04	00570	ADMITTING	125,897	2,919	1,696,283			5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	38,102	0	0	41,039,705	41,039,705	5.06
7.00	00700	OPERATION OF PLANT	0	13,316	0	11,452,361	2,531,315	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	921,246	203,623	8.00
9.00	00900	HOUSEKEEPING	8,113	8,440	0	2,687,001	593,908	9.00
10.00	01000	DIETARY	3,042	57,950	0	673,742	148,917	10.00
11.00	01100	CAFETERIA	0	0	0	2,695,479	595,782	11.00
13.00	01300	NURSING ADMINISTRATION	0	502	0	1,775,167	392,365	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,473	16,922	0	2,395,052	529,378	14.00
15.00	01500	PHARMACY	27,092	10,514	0	5,109,789	1,129,417	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65,339	196	0	7,818,798	1,728,189	16.00
17.00	01700	SOCIAL SERVICE	290	519	0	1,991,504	440,182	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	381,168	45,927	175,832	17,255,982	3,814,090	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,159	46,352	3,435,930	759,444	31.00
32.00	03200	CORONARY CARE UNIT	0	8,391	42,323	2,886,283	637,955	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,389	54,242	2,891,372	639,080	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,484	944,127	303,458	20,467,019	4,523,843	50.00
51.00	05100	RECOVERY ROOM	0	1,629	16,559	1,625,899	359,372	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,288	29,876	3,767,276	832,681	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,756	35,443	46,121	8,354,886	1,846,680	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,775	8,098	2,953,463	652,804	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	2,765	70,810	1,128,882	249,517	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	900	11,942	1,016,262	224,624	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	183,881	130,855	3,856,263	852,350	59.00
60.00	06000	LABORATORY	165,737	89,699	73,747	8,010,980	1,770,667	60.00
60.01	06001	PATHOLOGY	0	15,733	6,160	2,240,574	495,234	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	33,426	16,647	425,931	94,144	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,049	12,553	28,601	2,951,987	652,478	65.00
66.00	06600	PHYSICAL THERAPY	20,572	1,856	17,030	2,238,685	494,817	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	108	8,677	602,365	133,141	67.00
68.00	06800	SPEECH PATHOLOGY	0	785	7,749	686,180	151,666	68.00
69.00	06900	ELECTROCARDIOLOGY	13,329	1,533	56,746	1,965,015	434,327	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,159	1,299	2,990	593,482	131,177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	79,698	9,284,454	2,052,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	298,788	18,872,161	4,171,314	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	126,007	16,236,503	3,588,754	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	151	0	334,018	73,828	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	86,056	27,205	36,679	5,437,618	1,201,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	6,250	296	1,370,133	302,840	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
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Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,087,435	1,563,550	1,696,283	219,449,447	39,433,923	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,109	0	320,996	70,950	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,518	0	3,782,070	835,951	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	1,463,394	323,454	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	1,698,535	375,427	194.03
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)	1,087,435	1,572,177	1,696,283	226,714,442	41,039,705	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	13,983,676					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	83,607	1,208,476				8.00
9.00	00900	HOUSEKEEPING	37,753	53,590	3,372,252			9.00
10.00	01000	DIETARY	133,399	26,284	0	982,342		10.00
11.00	01100	CAFETERIA	89,441	0	0	0	3,380,702	11.00
13.00	01300	NURSING ADMINISTRATION	63,095	0	0	0	42,391	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	225,534	12,426	63,840	0	69,023	14.00
15.00	01500	PHARMACY	79,984	0	322,955	0	150,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,792	0	63,840	0	40,223	16.00
17.00	01700	SOCIAL SERVICE	24,153	0	0	0	74,185	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,997,641	685,656	1,171,653	905,913	702,729	30.00
31.00	03100	INTENSIVE CARE UNIT	272,929	76,018	184,009	40,308	123,793	31.00
32.00	03200	CORONARY CARE UNIT	172,787	77,722	146,456	36,121	102,039	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	51,836	17,733	75,106	0	81,779	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,127,501	162,262	443,124	0	423,815	50.00
51.00	05100	RECOVERY ROOM	119,260	0	75,106	0	51,319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	179,959	10,815	108,903	0	124,169	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	381,414	14,605	210,296	0	237,322	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	213,178	0	108,903	0	53,935	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	19,322	0	0	0	25,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	8,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	283,148	0	0	0	78,446	59.00
60.00	06000	LABORATORY	118,443	0	71,351	18	213,143	60.00
60.01	06001	PATHOLOGY	43,847	0	18,776	0	42,033	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,034	0	7,511	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	74,559	0	26,287	0	100,977	65.00
66.00	06600	PHYSICAL THERAPY	55,180	0	0	0	87,487	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	29,148	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	26,126	68.00
69.00	06900	ELECTROCARDIOLOGY	261,652	0	93,882	0	55,149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,835	0	15,021	0	25,571	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	57,967	0	0	0	10,008	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	311,556	71,365	165,233	0	193,743	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	668,853	0	0	0	35,589	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,327,659	1,208,476	3,372,252	982,342	3,208,943	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,492	0	0	0	5,528	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,641,525	0	0	0	78,536	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	87,695	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	0	194.03
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)	13,983,676	1,208,476	3,372,252	982,342	3,380,702	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			NURSING ADMINISTRATION	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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						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	2,273,018					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,295,253				14.00
15.00	01500	PHARMACY	0	113,266	6,906,071			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	9,700,842		16.00
17.00	01700	SOCIAL SERVICE	0	443	0	0	2,530,467	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,580,966	366,640	0	2,613,652	1,884,327	30.00
31.00	03100	INTENSIVE CARE UNIT	278,505	91,041	0	479,231	182,637	31.00
32.00	03200	CORONARY CARE UNIT	229,564	70,240	0	450,834	163,241	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	183,983	43,254	0	430,482	300,262	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,625,854	0	1,765,231	0	50.00
51.00	05100	RECOVERY ROOM	0	10,161	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	128,564	0	42,834	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,546	0	843,684	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,763	0	61,294	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	11,042	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,216	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	180,112	0	0	0	59.00
60.00	06000	LABORATORY	0	47,238	0	745,709	0	60.00
60.01	06001	PATHOLOGY	0	955	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,095	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	155,668	0	13,726	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,081	0	6,388	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	894	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,978	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,741	0	141,048	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,875	0	37,393	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 PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,906,071	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	464	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	266,947	0	2,069,336	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	32,317	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,273,018	3,293,395	6,906,071	9,700,842	2,530,467	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	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	1,858	0	0	0	194.03
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)	2,273,018	3,295,253	6,906,071	9,700,842	2,530,467	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 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	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,979,249	0	32,979,249	30.00
31.00	03100	INTENSIVE CARE UNIT	5,923,845	0	5,923,845	31.00
32.00	03200	CORONARY CARE UNIT	4,973,242	0	4,973,242	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	4,714,887	0	4,714,887	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,538,649	0	30,538,649	50.00
51.00	05100	RECOVERY ROOM	2,241,117	0	2,241,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,195,201	0	5,195,201	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,966,433	0	11,966,433	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,059,340	0	4,059,340	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,434,718	0	1,434,718	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256,288	0	1,256,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,250,319	0	5,250,319	59.00
60.00	06000	LABORATORY	10,977,531	0	10,977,531	60.00
60.01	06001	PATHOLOGY	2,841,419	0	2,841,419	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	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	545,715	0	545,715	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,975,682	0	3,975,682	65.00
66.00	06600	PHYSICAL THERAPY	2,894,638	0	2,894,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,548	0	765,548	67.00
68.00	06800	SPEECH PATHOLOGY	865,950	0	865,950	68.00
69.00	06900	ELECTROCARDIOLOGY	2,967,814	0	2,967,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	931,354	0	931,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,336,597	0	11,336,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,043,475	0	23,043,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,731,328	0	26,731,328	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	476,285	0	476,285	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	9,717,675	0	9,717,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	2,409,732	0	2,409,732	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	211,014,031	0	211,014,031		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	411,966	0	411,966		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,338,082	0	11,338,082		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	1,874,543	0	1,874,543		194.02
194.03	07952	RETAIL PHARMACY	2,075,820	0	2,075,820		194.03
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)	226,714,442	0	226,714,442		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	164,348	6,657	171,005	4.00
5.01	00540	NONPATIENT TELEPHONES	0	640	0	640	5.01
5.02	00550	DATA PROCESSING	5,606,484	0	4,218	5,610,702	5.02
5.03	00580	PURCHASING, REC, STORES	0	32,389	0	32,389	5.03
5.04	00570	ADMITTING	0	21,430	0	21,430	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,155,882	93,813	326,586	1,576,281	5.06
7.00	00700	OPERATION OF PLANT	0	2,552,994	111,651	2,664,645	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	28,787	1,747	30,534	8.00
9.00	00900	HOUSEKEEPING	0	12,999	17,179	30,178	9.00
10.00	01000	DIETARY	0	45,931	30,920	76,851	10.00
11.00	01100	CAFETERIA	0	30,796	0	30,796	11.00
13.00	01300	NURSING ADMINISTRATION	0	21,725	127,381	149,106	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	77,654	165,802	243,456	14.00
15.00	01500	PHARMACY	0	27,540	103,905	131,445	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,144	5,060	22,204	16.00
17.00	01700	SOCIAL SERVICE	0	8,316	92	8,408	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	687,816	79,098	766,914	30.00
31.00	03100	INTENSIVE CARE UNIT	0	93,973	51,881	145,854	31.00
32.00	03200	CORONARY CARE UNIT	0	59,493	2,069	61,562	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	17,848	130,561	148,409	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	388,214	1,398,159	1,786,373	50.00
51.00	05100	RECOVERY ROOM	0	41,063	605	41,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	61,962	121,267	183,229	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	131,326	615,894	747,220	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	73,400	450,796	524,196	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	6,653	71,074	77,727	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	485,168	485,168	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	97,492	150,952	248,444	59.00
60.00	06000	LABORATORY	0	40,782	96,895	137,677	60.00
60.01	06001	PATHOLOGY	0	15,097	40,695	55,792	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	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,521	558	6,079	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	25,672	51,415	77,087	65.00
66.00	06600	PHYSICAL THERAPY	0	18,999	5,527	24,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,552	3,552	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,715	1,715	68.00
69.00	06900	ELECTROCARDIOLOGY	0	90,090	244,827	334,917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	39,195	21,581	60,776	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	19,959	1,241	21,200	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	107,273	48,237	155,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	230,296	133,187	363,483	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,762,366	5,388,630	5,108,152	17,259,148	167,247
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,990	408	5,398	221
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,286,772	3,476	2,290,248	1,697
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	1,840
194.03	07952	RETAIL PHARMACY	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,762,366	7,680,392	5,112,036	19,554,794	171,005

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	971					5.01
5.02	00550	DATA PROCESSING	15	5,611,524				5.02
5.03	00580	PURCHASING, REC, STORES	15	76,256	108,660			5.03
5.04	00570	ADMITTING	22	649,669	202	671,323		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	67	196,620	0	0	1,785,535	5.06
7.00	00700	OPERATION OF PLANT	30	0	920	0	110,126	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3	0	0	0	8,859	8.00
9.00	00900	HOUSEKEEPING	5	41,866	583	0	25,838	9.00
10.00	01000	DIETARY	15	15,700	4,005	0	6,479	10.00
11.00	01100	CAFETERIA	1	0	0	0	25,920	11.00
13.00	01300	NURSING ADMINISTRATION	28	0	35	0	17,070	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6	69,527	1,170	0	23,031	14.00
15.00	01500	PHARMACY	24	139,802	727	0	49,136	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27	337,170	14	0	75,186	16.00
17.00	01700	SOCIAL SERVICE	21	1,495	36	0	19,150	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	330	1,966,949	3,174	69,576	165,934	30.00
31.00	03100	INTENSIVE CARE UNIT	24	0	771	18,341	33,040	31.00
32.00	03200	CORONARY CARE UNIT	15	0	580	16,747	27,754	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	303	21,463	27,803	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64	337,918	65,256	120,193	196,897	50.00
51.00	05100	RECOVERY ROOM	0	0	113	6,552	15,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,471	11,822	36,226	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78	174,192	2,449	18,250	80,341	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19	0	123	3,204	28,401	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	191	28,019	10,855	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	62	4,725	9,772	58.00
59.00	05900	CARDIAC CATHETERIZATION	20	0	12,708	51,778	37,082	59.00
60.00	06000	LABORATORY	21	855,260	6,199	29,181	77,034	60.00
60.01	06001	PATHOLOGY	15	0	1,087	2,437	21,545	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	2,310	6,587	4,096	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9	124,102	868	11,317	28,386	65.00
66.00	06600	PHYSICAL THERAPY	12	106,160	128	6,739	21,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7	3,434	5,792	67.00
68.00	06800	SPEECH PATHOLOGY	5	0	54	3,066	6,598	68.00
69.00	06900	ELECTROCARDIOLOGY	32	68,780	106	22,454	18,896	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	5,981	90	1,183	5,707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,536	89,279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	118,228	181,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	49,860	156,130	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	10	0	3,212	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	44	444,077	1,880	14,514	52,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	432	117	13,175	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	971	5,611,524	108,064	671,323	1,715,675	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	422	0	3,087	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	174	0	36,368	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	14,072	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	16,333	194.03
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)	971	5,611,524	108,660	671,323	1,785,535	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
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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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	2,779,978					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,621	56,275				8.00
9.00	00900	HOUSEKEEPING	7,505	2,496	112,572			9.00
10.00	01000	DIETARY	26,520	1,224	0	131,454		10.00
11.00	01100	CAFETERIA	17,781	0	0	0	78,124	11.00
13.00	01300	NURSING ADMINISTRATION	12,543	0	0	0	980	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,836	579	2,131	0	1,595	14.00
15.00	01500	PHARMACY	15,901	0	10,781	0	3,482	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,899	0	2,131	0	930	16.00
17.00	01700	SOCIAL SERVICE	4,802	0	0	0	1,714	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	397,134	31,928	39,112	121,226	16,239	30.00
31.00	03100	INTENSIVE CARE UNIT	54,259	3,540	6,143	5,394	2,861	31.00
32.00	03200	CORONARY CARE UNIT	34,350	3,619	4,889	4,834	2,358	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,305	826	2,507	0	1,890	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	224,149	7,556	14,792	0	9,794	50.00
51.00	05100	RECOVERY ROOM	23,709	0	2,507	0	1,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,776	504	3,635	0	2,869	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,826	680	7,020	0	5,484	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	42,380	0	3,635	0	1,246	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,841	0	0	0	600	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	189	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,290	0	0	0	1,813	59.00
60.00	06000	LABORATORY	23,547	0	2,382	0	4,925	60.00
60.01	06001	PATHOLOGY	8,717	0	627	0	971	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,188	0	251	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,822	0	878	0	2,333	65.00
66.00	06600	PHYSICAL THERAPY	10,970	0	0	0	2,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	674	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	604	68.00
69.00	06900	ELECTROCARDIOLOGY	52,017	0	3,134	0	1,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,631	0	501	0	591	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,524	0	0	0	231	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	61,938	3,323	5,516	0	4,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	132,969	0	0	0	822	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
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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	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,456,750	56,275	112,572	131,454	74,154	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,881	0	0	0	128	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,320,347	0	0	0	1,815	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	2,027	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	0	194.03
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)	2,779,978	56,275	112,572	131,454	78,124	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
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Cost Center Description			NURSING ADMINISTRATION	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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						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	182,522					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	387,949				14.00
15.00	01500	PHARMACY	0	13,335	373,956			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	449,467		16.00
17.00	01700	SOCIAL SERVICE	0	52	0	0	38,765	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,950	43,164	0	121,099	28,866	30.00
31.00	03100	INTENSIVE CARE UNIT	22,364	10,718	0	22,204	2,798	31.00
32.00	03200	CORONARY CARE UNIT	18,434	8,269	0	20,888	2,501	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,774	5,092	0	19,945	4,600	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	191,413	0	81,788	0	50.00
51.00	05100	RECOVERY ROOM	0	1,196	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,136	0	1,985	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,129	0	39,090	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,856	0	2,840	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,300	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	850	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,204	0	0	0	59.00
60.00	06000	LABORATORY	0	5,561	0	34,551	0	60.00
60.01	06001	PATHOLOGY	0	112	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	247	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,327	0	636	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,422	0	296	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	105	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	233	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,971	0	6,535	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,751	0	1,732	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 PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	373,956	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	55	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	31,427	0	95,878	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	3,805	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	182,522	387,730	373,956	449,467	38,765	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	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	219	0	0	0	194.03
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)	182,522	387,949	373,956	449,467	38,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part II
Date/Time Prepared:
1/30/2019 2:04 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	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,926,759	0	3,926,759	30.00
31.00	03100	INTENSIVE CARE UNIT	333,827	0	333,827	31.00
32.00	03200	CORONARY CARE UNIT	211,543	0	211,543	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	262,027	0	262,027	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,055,057	0	3,055,057	50.00
51.00	05100	RECOVERY ROOM	95,519	0	95,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	298,742	0	298,742	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,169,721	0	1,169,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	611,401	0	611,401	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	124,011	0	124,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	501,235	0	501,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	433,416	0	433,416	59.00
60.00	06000	LABORATORY	1,183,811	0	1,183,811	60.00
60.01	06001	PATHOLOGY	92,856	0	92,856	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	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,759	0	22,759	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	283,212	0	283,212	65.00
66.00	06600	PHYSICAL THERAPY	177,873	0	177,873	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,737	0	14,737	67.00
68.00	06800	SPEECH PATHOLOGY	13,586	0	13,586	68.00
69.00	06900	ELECTROCARDIOLOGY	512,763	0	512,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,859	0	101,859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	120,815	0	120,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	299,703	0	299,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	579,946	0	579,946	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	36,758	0	36,758	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	878,778	0	878,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	514,803	0	514,803	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet B
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,857,517	0	15,857,517		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,137	0	12,137		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,650,649	0	3,650,649		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	17,939	0	17,939		194.02
194.03	07952	RETAIL PHARMACY	16,552	0	16,552		194.03
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)	19,554,794	0	19,554,794		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,200,605					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,129,829				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	6,680	69,989,799			4.00
5.01	00540	NONPATIENT TELEPHONES	100	0	135,693	837		5.01
5.02	00550	DATA PROCESSING	0	4,233	330,179	13	7,506	5.02
5.03	00580	PURCHASING, REC, STORES	5,063	0	0	13	102	5.03
5.04	00570	ADMITTING	3,350	0	0	19	869	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,665	327,723	5,143,972	58	263	5.06
7.00	00700	OPERATION OF PLANT	399,086	112,040	1,742,581	26	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,500	1,753	105,452	3	0	8.00
9.00	00900	HOUSEKEEPING	2,032	17,239	1,678,501	4	56	9.00
10.00	01000	DIETARY	7,180	31,028	269,997	13	21	10.00
11.00	01100	CAFETERIA	4,814	0	1,484,268	1	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,396	127,824	1,129,820	24	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,139	166,379	662,132	5	93	14.00
15.00	01500	PHARMACY	4,305	104,267	3,816,345	21	187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,680	5,078	780,197	23	451	16.00
17.00	01700	SOCIAL SERVICE	1,300	92	1,263,711	18	2	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,520	79,373	11,520,998	284	2,631	30.00
31.00	03100	INTENSIVE CARE UNIT	14,690	52,062	2,258,008	21	0	31.00
32.00	03200	CORONARY CARE UNIT	9,300	2,076	1,941,303	13	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,790	131,015	1,682,307	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,686	1,403,026	7,721,522	55	452	50.00
51.00	05100	RECOVERY ROOM	6,419	607	1,208,592	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,686	121,689	2,492,532	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	618,038	4,077,655	67	233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,474	452,365	1,432,988	16	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,040	71,321	604,896	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	486,857	192,154	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,240	151,477	1,668,746	17	0	59.00
60.00	06000	LABORATORY	6,375	97,232	3,058,921	18	1,144	60.00
60.01	06001	PATHOLOGY	2,360	40,837	635,721	13	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	863	560	0	1	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,013	51,594	1,820,350	8	166	65.00
66.00	06600	PHYSICAL THERAPY	2,970	5,546	1,666,501	10	142	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,564	480,150	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,721	536,667	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,083	245,679	1,083,638	28	92	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,127	21,656	373,597	3	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,120	1,245	215,431	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	16,769	48,405	3,236,311	38	594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	36,000	133,651	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	842,355	5,125,932	68,451,836	837	7,506
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	409	90,277	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	357,470	3,488	694,477	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	753,209	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,680,392	5,112,036	1,692,770	268,282	1,087,435
203.00		Unit cost multiplier (Wkst. B, Part I)	6.397101	0.996531	0.024186	320.528076	144.875433
204.00		Cost to be allocated (per Wkst. B, Part II)			171,005	971	5,611,524
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002443	1.160096	747.605116
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			PURCHASING, REC, STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES	41,693,173					5.03
5.04	00570	ADMITTING	77,404	570,790,576				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	-41,039,705	185,674,737		5.06
7.00	00700	OPERATION OF PLANT	353,139	0	0	11,452,361	752,650	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	921,246	4,500	8.00
9.00	00900	HOUSEKEEPING	223,831	0	0	2,687,001	2,032	9.00
10.00	01000	DIETARY	1,536,802	0	0	673,742	7,180	10.00
11.00	01100	CAFETERIA	0	0	0	2,695,479	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	13,304	0	0	1,775,167	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	448,776	0	0	2,395,052	12,139	14.00
15.00	01500	PHARMACY	278,837	0	0	5,109,789	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,199	0	0	7,818,798	2,680	16.00
17.00	01700	SOCIAL SERVICE	13,760	0	0	1,991,504	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,217,964	59,162,854	0	17,255,982	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	295,931	15,596,314	0	3,435,930	14,690	31.00
32.00	03200	CORONARY CARE UNIT	222,526	14,240,496	0	2,886,283	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	116,402	18,251,052	0	2,891,372	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,037,514	102,141,387	0	20,467,019	60,686	50.00
51.00	05100	RECOVERY ROOM	43,212	5,571,733	0	1,625,899	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	564,550	10,052,582	0	3,767,276	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	939,930	15,518,559	0	8,354,886	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47,065	2,724,710	0	2,953,463	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	73,335	23,825,564	0	1,128,882	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,879	4,018,165	0	1,016,262	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,876,455	44,029,252	0	3,856,263	15,240	59.00
60.00	06000	LABORATORY	2,378,786	24,813,875	0	8,010,980	6,375	60.00
60.01	06001	PATHOLOGY	417,220	2,072,572	0	2,240,574	2,360	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	886,431	5,601,317	0	425,931	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	332,904	9,623,425	0	2,951,987	4,013	65.00
66.00	06600	PHYSICAL THERAPY	49,224	5,730,216	0	2,238,685	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,852	2,919,700	0	602,365	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,809	2,607,428	0	686,180	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,663	19,093,575	0	1,965,015	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,461	1,006,052	0	593,482	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,816,381	0	9,284,454	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	100,534,172	0	18,872,161	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,398,093	0	16,236,503	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,017	0	0	334,018	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	721,458	12,341,490	0	5,437,618	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	165,743	99,612	0	1,370,133	36,000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			PURCHASING, REC, STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,464,383	570,790,576	-41,039,705	178,409,742	394,400	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	162,012	0	0	320,996	780	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	66,778	0	0	3,782,070	357,470	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	1,463,394	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	1,698,535	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,572,177	1,696,283		41,039,705	13,983,676	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.037708	0.002972		0.221030	18.579255	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	108,660	671,323		1,785,535	2,779,978	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002606	0.001176		0.009616	3.693587	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: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,415,869					8.00
9.00	00900	HOUSEKEEPING	62,787	898				9.00
10.00	01000	DIETARY	30,795	0	137,719			10.00
11.00	01100	CAFETERIA	0	0	0	2,027,409		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	25,422	605,901	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,558	17	0	41,393	0	14.00
15.00	01500	PHARMACY	0	86	0	90,351	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17	0	24,122	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	44,489	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	803,325	312	127,004	421,426	421,426	30.00
31.00	03100	INTENSIVE CARE UNIT	89,064	49	5,651	74,239	74,239	31.00
32.00	03200	CORONARY CARE UNIT	91,060	39	5,064	61,193	61,193	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,776	20	0	49,043	49,043	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	190,109	118	0	254,162	0	50.00
51.00	05100	RECOVERY ROOM	0	20	0	30,776	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,671	29	0	74,464	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,112	56	0	142,322	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	32,345	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	15,565	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,909	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	47,044	0	59.00
60.00	06000	LABORATORY	0	19	0	127,822	0	60.00
60.01	06001	PATHOLOGY	0	5	0	25,207	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	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	60,556	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	52,466	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	17,480	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	15,668	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25	0	33,073	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	15,335	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 PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6,002	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	83,612	44	0	116,188	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	21,343	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,415,869	898	137,719	1,924,405	605,901	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,315	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	47,098	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	52,591	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,208,476	3,372,252	982,342	3,380,702	2,273,018	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.853522	3,755.291759	7.132945	1.667499	3.751468	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	56,275	112,572	131,454	78,124	182,522	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.039746	125.358575	0.954509	0.038534	0.301241	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: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					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	6,724,929				14.00
15.00	01500	PHARMACY	231,153	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,686,425		16.00
17.00	01700	SOCIAL SERVICE	905	0	0	44,489	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	748,235	0	723,791	33,129	30.00
31.00	03100	INTENSIVE CARE UNIT	185,796	0	132,712	3,211	31.00
32.00	03200	CORONARY CARE UNIT	143,346	0	124,848	2,870	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	88,272	0	119,212	5,279	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,318,037	0	488,840	0	50.00
51.00	05100	RECOVERY ROOM	20,737	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	262,372	0	11,862	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,255	0	233,639	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	32,168	0	16,974	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	22,535	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,726	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	367,572	0	0	0	59.00
60.00	06000	LABORATORY	96,403	0	206,507	0	60.00
60.01	06001	PATHOLOGY	1,948	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	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,276	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	317,685	0	3,801	0	65.00
66.00	06600	PHYSICAL THERAPY	24,655	0	1,769	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,824	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,036	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,164	0	39,060	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,356	0	10,355	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	946	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	544,784	0	573,055	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	65,952	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
			14.00	15.00	16.00	17.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,721,138	100	2,686,425	44,489		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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0		194.02
194.03	07952	RETAIL PHARMACY	3,791	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,295,253	6,906,071	9,700,842	2,530,467		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.490006	69,060.710000	3.611060	56.878487		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	387,949	373,956	449,467	38,765		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.057688	3,739.560000	0.167310	0.871339		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,979,249		32,979,249	0	32,979,249	30.00
31.00	03100	INTENSIVE CARE UNIT	5,923,845		5,923,845	0	5,923,845	31.00
32.00	03200	CORONARY CARE UNIT	4,973,242		4,973,242	0	4,973,242	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,714,887		4,714,887	4,663	4,719,550	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,538,649		30,538,649	3,989	30,542,638	50.00
51.00	05100	RECOVERY ROOM	2,241,117		2,241,117	0	2,241,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,195,201		5,195,201	4,141	5,199,342	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,966,433		11,966,433	11,492	11,977,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,059,340		4,059,340	0	4,059,340	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,434,718		1,434,718	0	1,434,718	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256,288		1,256,288	0	1,256,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,250,319		5,250,319	0	5,250,319	59.00
60.00	06000	LABORATORY	10,977,531		10,977,531	0	10,977,531	60.00
60.01	06001	PATHOLOGY	2,841,419		2,841,419	0	2,841,419	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	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	545,715		545,715	0	545,715	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,975,682	0	3,975,682	2,798	3,978,480	65.00
66.00	06600	PHYSICAL THERAPY	2,894,638	0	2,894,638	0	2,894,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,548	0	765,548	0	765,548	67.00
68.00	06800	SPEECH PATHOLOGY	865,950	0	865,950	0	865,950	68.00
69.00	06900	ELECTROCARDIOLOGY	2,967,814		2,967,814	0	2,967,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	931,354		931,354	0	931,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,336,597		11,336,597	0	11,336,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,043,475		23,043,475	0	23,043,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,731,328		26,731,328	0	26,731,328	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	476,285		476,285	0	476,285	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	9,717,675		9,717,675	0	9,717,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,242,683		3,242,683	0	3,242,683	92.00
93.00	04040	ONCOLOGY INFUSION	2,409,732		2,409,732	0	2,409,732	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

				Title XVIII		Hospital		PPS	
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance	Total Costs	
1.00				2.00	3.00	4.00	5.00		
116.00	11600	HOSPICE	0		0		0	116.00	
200.00		Subtotal (see instructions)	214,256,714	0	214,256,714	27,083	214,283,797	200.00	
201.00		Less Observation Beds	3,242,683		3,242,683		3,242,683	201.00	
202.00		Total (see instructions)	211,014,031	0	211,014,031	27,083	211,041,114	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	59,162,854		59,162,854		30.00
31.00	03100	INTENSIVE CARE UNIT	15,596,314		15,596,314		31.00
32.00	03200	CORONARY CARE UNIT	14,240,496		14,240,496		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	18,260,766		18,260,766		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	102,141,387	144,618,878	246,760,265	0.123758	0.000000
51.00	05100	RECOVERY ROOM	5,571,733	31,988,964	37,560,697	0.059667	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,049,343	3,239	10,052,582	0.516803	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,518,559	99,966,261	115,484,820	0.103619	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,724,710	88,893,951	91,618,661	0.044307	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	23,825,464	50,463,155	74,288,619	0.019313	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,018,165	10,315,929	14,334,094	0.087643	0.000000
59.00	05900	CARDIAC CATHETERIZATION	44,029,252	38,475,088	82,504,340	0.063637	0.000000
60.00	06000	LABORATORY	24,813,875	34,210,245	59,024,120	0.185984	0.000000
60.01	06001	PATHOLOGY	2,072,572	10,200,975	12,273,547	0.231508	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	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,601,317	1,278,313	6,879,630	0.079323	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	9,623,425	2,150,339	11,773,764	0.337673	0.000000
66.00	06600	PHYSICAL THERAPY	5,730,216	9,249,561	14,979,777	0.193236	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,919,700	1,894,878	4,814,578	0.159006	0.000000
68.00	06800	SPEECH PATHOLOGY	2,607,428	2,604,644	5,212,072	0.166143	0.000000
69.00	06900	ELECTROCARDIOLOGY	19,093,575	44,670,721	63,764,296	0.046544	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,006,052	8,699,986	9,706,038	0.095956	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,816,381	30,911,989	57,728,370	0.196378	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	100,534,172	56,435,277	156,969,449	0.146802	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	42,398,093	177,956,028	220,354,121	0.121311	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	0	916,697	916,697	0.519566	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	12,341,490	57,957,755	70,299,245	0.138233	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,118,094	19,033,203	21,151,297	0.153309	0.000000
93.00	04040	ONCOLOGY INFUSION	99,612	14,464,165	14,563,777	0.165461	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 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		10.00	
200.00		Subtotal (see instructions)	572,915,045	937,360,241	1,510,275,286			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	572,915,045	937,360,241	1,510,275,286			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 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
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.123775			50.00
51.00	05100	RECOVERY ROOM	0.059667			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517215			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103719			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044307			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.019313			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087643			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063637			59.00
60.00	06000	LABORATORY	0.185984			60.00
60.01	06001	PATHOLOGY	0.231508			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.	0.079323			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.337911			65.00
66.00	06600	PHYSICAL THERAPY	0.193236			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159006			67.00
68.00	06800	SPEECH PATHOLOGY	0.166143			68.00
69.00	06900	ELECTROCARDIOLOGY	0.046544			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.095956			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.196378			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.146802			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121311			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.519566			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.138233			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.153309			92.00
93.00	04040	ONCOLOGY INFUSION	0.165461			93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00

MCRIF32 - 15.2.166.3

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XIX		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,979,249		32,979,249	0	32,979,249	30.00
31.00	03100	INTENSIVE CARE UNIT	5,923,845		5,923,845	0	5,923,845	31.00
32.00	03200	CORONARY CARE UNIT	4,973,242		4,973,242	0	4,973,242	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,714,887		4,714,887	4,663	4,719,550	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,538,649		30,538,649	3,989	30,542,638	50.00
51.00	05100	RECOVERY ROOM	2,241,117		2,241,117	0	2,241,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,195,201		5,195,201	4,141	5,199,342	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,966,433		11,966,433	11,492	11,977,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,059,340		4,059,340	0	4,059,340	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,434,718		1,434,718	0	1,434,718	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256,288		1,256,288	0	1,256,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,250,319		5,250,319	0	5,250,319	59.00
60.00	06000	LABORATORY	10,977,531		10,977,531	0	10,977,531	60.00
60.01	06001	PATHOLOGY	2,841,419		2,841,419	0	2,841,419	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	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	545,715		545,715	0	545,715	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,975,682	0	3,975,682	2,798	3,978,480	65.00
66.00	06600	PHYSICAL THERAPY	2,894,638	0	2,894,638	0	2,894,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,548	0	765,548	0	765,548	67.00
68.00	06800	SPEECH PATHOLOGY	865,950	0	865,950	0	865,950	68.00
69.00	06900	ELECTROCARDIOLOGY	2,967,814		2,967,814	0	2,967,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	931,354		931,354	0	931,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,336,597		11,336,597	0	11,336,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,043,475		23,043,475	0	23,043,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,731,328		26,731,328	0	26,731,328	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	476,285		476,285	0	476,285	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	9,717,675		9,717,675	0	9,717,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,242,683		3,242,683	0	3,242,683	92.00
93.00	04040	ONCOLOGY INFUSION	2,409,732		2,409,732	0	2,409,732	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

					Title XIX		Hospital		TEFRA		
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
							Total Costs	RCE Disallowance	Total Costs		
1.00					2.00	3.00	4.00	5.00			
116.00	11600	HOSPICE		0		0		0	116.00		
200.00		Subtotal (see instructions)	214,256,714	0		214,256,714	27,083	214,283,797	200.00		
201.00		Less Observation Beds	3,242,683			3,242,683		3,242,683	201.00		
202.00		Total (see instructions)	211,014,031	0		211,014,031	27,083	211,041,114	202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XIX			Hospital		TEFRA	
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	59,162,854		59,162,854			30.00	
31.00	03100	INTENSIVE CARE UNIT	15,596,314		15,596,314			31.00	
32.00	03200	CORONARY CARE UNIT	14,240,496		14,240,496			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	18,260,766		18,260,766			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
46.00	04600	OTHER LONG TERM CARE	0		0			46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	102,141,387	144,618,878	246,760,265	0.123758	0.123758	50.00	
51.00	05100	RECOVERY ROOM	5,571,733	31,988,964	37,560,697	0.059667	0.059667	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,049,343	3,239	10,052,582	0.516803	0.516803	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,518,559	99,966,261	115,484,820	0.103619	0.103619	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,724,710	88,893,951	91,618,661	0.044307	0.044307	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	23,825,464	50,463,155	74,288,619	0.019313	0.019313	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,018,165	10,315,929	14,334,094	0.087643	0.087643	58.00	
59.00	05900	CARDIAC CATHETERIZATION	44,029,252	38,475,088	82,504,340	0.063637	0.063637	59.00	
60.00	06000	LABORATORY	24,813,875	34,210,245	59,024,120	0.185984	0.185984	60.00	
60.01	06001	PATHOLOGY	2,072,572	10,200,975	12,273,547	0.231508	0.231508	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,601,317	1,278,313	6,879,630	0.079323	0.079323	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	9,623,425	2,150,339	11,773,764	0.337673	0.337673	65.00	
66.00	06600	PHYSICAL THERAPY	5,730,216	9,249,561	14,979,777	0.193236	0.193236	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,919,700	1,894,878	4,814,578	0.159006	0.159006	67.00	
68.00	06800	SPEECH PATHOLOGY	2,607,428	2,604,644	5,212,072	0.166143	0.166143	68.00	
69.00	06900	ELECTROCARDIOLOGY	19,093,575	44,670,721	63,764,296	0.046544	0.046544	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,006,052	8,699,986	9,706,038	0.095956	0.095956	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,816,381	30,911,989	57,728,370	0.196378	0.196378	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	100,534,172	56,435,277	156,969,449	0.146802	0.146802	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	42,398,093	177,956,028	220,354,121	0.121311	0.121311	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	916,697	916,697	0.519566	0.519566	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	12,341,490	57,957,755	70,299,245	0.138233	0.138233	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,118,094	19,033,203	21,151,297	0.153309	0.153309	92.00	
93.00	04040	ONCOLOGY INFUSION	99,612	14,464,165	14,563,777	0.165461	0.165461	93.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00	
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE	0	0	0			113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XIX			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
200.00		Subtotal (see instructions)	572,915,045	937,360,241	1,510,275,286			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	572,915,045	937,360,241	1,510,275,286			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	TEFRA
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	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	PATHOLOGY	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
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 PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
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
93.00	04040	ONCOLOGY INFUSION	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00

MCRIF32 - 15.2.166.3

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Title XIX		Hospital	TEFRA	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,538,649	3,055,057	27,483,592	0	0
51.00	05100	RECOVERY ROOM	2,241,117	95,519	2,145,598	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,195,201	298,742	4,896,459	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,966,433	1,169,721	10,796,712	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,059,340	611,401	3,447,939	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,434,718	124,011	1,310,707	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256,288	501,235	755,053	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,250,319	433,416	4,816,903	0	0
60.00	06000	LABORATORY	10,977,531	1,183,811	9,793,720	0	0
60.01	06001	PATHOLOGY	2,841,419	92,856	2,748,563	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	545,715	22,759	522,956	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,975,682	283,212	3,692,470	0	0
66.00	06600	PHYSICAL THERAPY	2,894,638	177,873	2,716,765	0	0
67.00	06700	OCCUPATIONAL THERAPY	765,548	14,737	750,811	0	0
68.00	06800	SPEECH PATHOLOGY	865,950	13,586	852,364	0	0
69.00	06900	ELECTROCARDIOLOGY	2,967,814	512,763	2,455,051	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	931,354	101,859	829,495	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,336,597	120,815	11,215,782	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,043,475	299,703	22,743,772	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	26,731,328	579,946	26,151,382	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	476,285	36,758	439,527	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	9,717,675	878,778	8,838,897	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,242,683	386,100	2,856,583	0	0
93.00	04040	ONCOLOGY INFUSION	2,409,732	514,803	1,894,929	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	165,665,491	11,509,461	154,156,030	0	0
201.00		Less Observation Beds	3,242,683	386,100	2,856,583	0	0
202.00		Total (line 200 minus line 201)	162,422,808	11,123,361	151,299,447	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet C
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description			Title XIX		Hospital	TEFRA
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,538,649	246,760,265	0.123758	50.00
51.00	05100	RECOVERY ROOM	2,241,117	37,560,697	0.059667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,195,201	10,052,582	0.516803	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,966,433	115,484,820	0.103619	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,059,340	91,618,661	0.044307	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700	CT SCAN	1,434,718	74,288,619	0.019313	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256,288	14,334,094	0.087643	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,250,319	82,504,340	0.063637	59.00
60.00	06000	LABORATORY	10,977,531	59,024,120	0.185984	60.00
60.01	06001	PATHOLOGY	2,841,419	12,273,547	0.231508	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	545,715	6,879,630	0.079323	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,975,682	11,773,764	0.337673	65.00
66.00	06600	PHYSICAL THERAPY	2,894,638	14,979,777	0.193236	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,548	4,814,578	0.159006	67.00
68.00	06800	SPEECH PATHOLOGY	865,950	5,212,072	0.166143	68.00
69.00	06900	ELECTROCARDIOLOGY	2,967,814	63,764,296	0.046544	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	931,354	9,706,038	0.095956	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,336,597	57,728,370	0.196378	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,043,475	156,969,449	0.146802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,731,328	220,354,121	0.121311	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	476,285	916,697	0.519566	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	90.00
91.00	09100	EMERGENCY	9,717,675	70,299,245	0.138233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,242,683	21,151,297	0.153309	92.00
93.00	04040	ONCOLOGY INFUSION	2,409,732	14,563,777	0.165461	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE	0	0	0.000000	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
200.00		Subtotal (sum of lines 50 thru 199)	165,665,491	1,403,014,856		200.00
201.00		Less Observation Beds	3,242,683	0		201.00
202.00		Total (line 200 minus line 201)	162,422,808	1,403,014,856		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part I
Date/Time Prepared:
1/30/2019 2:04 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	3,926,759	0	3,926,759	36,715	106.95	30.00	
31.00	INTENSIVE CARE UNIT	333,827		333,827	3,245	102.87	31.00	
32.00	CORONARY CARE UNIT	211,543		211,543	2,901	72.92	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	262,027		262,027	5,336	49.11	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	4,734,156		4,734,156	48,197		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	15,113	1,616,335					30.00
31.00	INTENSIVE CARE UNIT	1,575	162,020					31.00
32.00	CORONARY CARE UNIT	1,477	107,703					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	18,165	1,886,058					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,055,057	246,760,265	0.012381	43,143,035	534,154	50.00
51.00	05100 RECOVERY ROOM	95,519	37,560,697	0.002543	1,965,217	4,998	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	298,742	10,052,582	0.029718	13,700	407	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,169,721	115,484,820	0.010129	6,682,062	67,683	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	611,401	91,618,661	0.006673	1,199,529	8,004	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	124,011	74,288,619	0.001669	11,660,880	19,462	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	501,235	14,334,094	0.034968	1,837,897	64,268	58.00
59.00	05900 CARDIAC CATHETERIZATION	433,416	82,504,340	0.005253	16,605,728	87,230	59.00
60.00	06000 LABORATORY	1,183,811	59,024,120	0.020056	12,281,715	246,322	60.00
60.01	06001 PATHOLOGY	92,856	12,273,547	0.007566	714,174	5,403	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	22,759	6,879,630	0.003308	5,273,502	17,445	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	283,212	11,773,764	0.024054	3,734,813	89,837	65.00
66.00	06600 PHYSICAL THERAPY	177,873	14,979,777	0.011874	3,185,821	37,828	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,737	4,814,578	0.003061	1,241,736	3,801	67.00
68.00	06800 SPEECH PATHOLOGY	13,586	5,212,072	0.002607	1,425,457	3,716	68.00
69.00	06900 ELECTROCARDIOLOGY	512,763	63,764,296	0.008042	11,095,556	89,230	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	101,859	9,706,038	0.010494	470,175	4,934	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	120,815	57,728,370	0.002093	10,484,090	21,943	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	299,703	156,969,449	0.001909	41,856,508	79,904	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	579,946	220,354,121	0.002632	18,767,405	49,396	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	36,758	916,697	0.040098	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	878,778	70,299,245	0.012501	6,279,573	78,501	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	386,100	21,151,297	0.018254	2,118,094	38,664	92.00
93.00	04040 ONCOLOGY INFUSION	514,803	14,563,777	0.035348	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	11,509,461	1,403,014,856		202,036,667	1,553,130	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part III
Date/Time Prepared:
1/30/2019 2:04 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
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	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
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	36,715	0.00	15,113	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,245	0.00	1,575	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	2,901	0.00	1,477	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	0	42.00	
43.00	04300	NURSERY	0	0	5,336	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	48,197		18,165	0	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
32.00	03200	CORONARY CARE UNIT	0							32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
45.00	04500	NURSING FACILITY	0							45.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part IV Date/Time Prepared: 1/30/2019 2:04 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	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	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	PATHOLOGY		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	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
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 PATIENT		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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION		0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part IV Date/Time Prepared: 1/30/2019 2:04 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	0	246,760,265	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	37,560,697	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	10,052,582	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	115,484,820	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	91,618,661	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	74,288,619	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	14,334,094	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	82,504,340	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	59,024,120	0.000000	60.00
60.01	06001	PATHOLOGY	0	0	0	0	12,273,547	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,879,630	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	11,773,764	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	14,979,777	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,814,578	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	5,212,072	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	63,764,296	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	9,706,038	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	57,728,370	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	156,969,449	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	220,354,121	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	916,697	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	70,299,245	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	21,151,297	0.000000	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	14,563,777	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,403,014,856		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part IV Date/Time Prepared: 1/30/2019 2:04 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		43,143,035	0	46,759,300	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		1,965,217	0	10,082,988	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		13,700	0	3,239	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		6,682,062	0	17,460,508	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		1,199,529	0	43,862,509	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		11,660,880	0	22,607,991	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		1,837,897	0	5,095,455	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		16,605,728	0	15,370,428	0	59.00
60.00	06000	LABORATORY	0.000000		12,281,715	0	4,282,573	0	60.00
60.01	06001	PATHOLOGY	0.000000		714,174	0	2,061,964	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	0.000000		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		5,273,502	0	1,136,448	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		3,734,813	0	1,614,369	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		3,185,821	0	113,419	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,241,736	0	61,411	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		1,425,457	0	36,639	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		11,095,556	0	20,073,225	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		470,175	0	981,706	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		10,484,090	0	5,995,316	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		41,856,508	0	22,152,346	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		18,767,405	0	66,552,139	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	401,207	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		6,279,573	0	9,347,297	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		2,118,094	0	4,679,225	0	92.00
93.00	04040	ONCOLOGY INFUSION	0.000000		0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
200.00		Total (lines 50 through 199)			202,036,667	0	300,731,702	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part V
Date/Time Prepared:
1/30/2019 2:04 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	0.123758	46,759,300	0	0	5,786,837	50.00
51.00	05100	RECOVERY ROOM	0.059667	10,082,988	0	0	601,622	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.516803	3,239	0	0	1,674	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103619	17,460,508	0	0	1,809,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044307	43,862,509	0	0	1,943,416	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.019313	22,607,991	0	0	436,628	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087643	5,095,455	0	0	446,581	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063637	15,370,428	81,616	0	978,128	59.00
60.00	06000	LABORATORY	0.185984	4,282,573	0	0	796,490	60.00
60.01	06001	PATHOLOGY	0.231508	2,061,964	0	0	477,361	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	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.079323	1,136,448	0	0	90,146	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.337673	1,614,369	0	0	545,129	65.00
66.00	06600	PHYSICAL THERAPY	0.193236	113,419	0	0	21,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159006	61,411	0	0	9,765	67.00
68.00	06800	SPEECH PATHOLOGY	0.166143	36,639	0	0	6,087	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046544	20,073,225	0	0	934,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.095956	981,706	0	0	94,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.196378	5,995,316	0	0	1,177,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.146802	22,152,346	0	0	3,252,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121311	66,552,139	0	144,039	8,073,507	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.519566	401,207	0	0	208,454	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.138233	9,347,297	0	0	1,292,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.153309	4,679,225	0	0	717,367	92.00
93.00	04040	ONCOLOGY INFUSION	0.165461	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		300,731,702	81,616	144,039	29,700,300	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		300,731,702	81,616	144,039	29,700,300	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part V Date/Time Prepared: 1/30/2019 2:04 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
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	5,194	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	PATHOLOGY	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	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
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 PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,474					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
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
93.00	04040	ONCOLOGY INFUSION	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
95.00	09500	AMBULANCE SERVICES	0						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
200.00		Subtotal (see instructions)	5,194	17,474					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	5,194	17,474					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part I
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XIX		Hospital	TEFRA	
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	3,926,759	0	3,926,759	36,715	106.95	30.00
31.00	INTENSIVE CARE UNIT	333,827		333,827	3,245	102.87	31.00
32.00	CORONARY CARE UNIT	211,543		211,543	2,901	72.92	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	262,027		262,027	5,336	49.11	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	4,734,156		4,734,156	48,197		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	238	25,454				30.00
31.00	INTENSIVE CARE UNIT	23	2,366				31.00
32.00	CORONARY CARE UNIT	21	1,531				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	38	1,866				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	320	31,217				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	TEFRA
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,055,057	246,760,265	0.012381	646,939	8,010	50.00
51.00	05100 RECOVERY ROOM	95,519	37,560,697	0.002543	31,080	79	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	298,742	10,052,582	0.029718	19,245	572	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,169,721	115,484,820	0.010129	99,848	1,011	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	611,401	91,618,661	0.006673	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	124,011	74,288,619	0.001669	134,816	225	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	501,235	14,334,094	0.034968	22,261	778	58.00
59.00	05900 CARDIAC CATHETERIZATION	433,416	82,504,340	0.005253	0	0	59.00
60.00	06000 LABORATORY	1,183,811	59,024,120	0.020056	222,780	4,468	60.00
60.01	06001 PATHOLOGY	92,856	12,273,547	0.007566	19,868	150	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	22,759	6,879,630	0.003308	155,508	514	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	283,212	11,773,764	0.024054	0	0	65.00
66.00	06600 PHYSICAL THERAPY	177,873	14,979,777	0.011874	32,787	389	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,737	4,814,578	0.003061	5,558	17	67.00
68.00	06800 SPEECH PATHOLOGY	13,586	5,212,072	0.002607	12,672	33	68.00
69.00	06900 ELECTROCARDIOLOGY	512,763	63,764,296	0.008042	455,365	3,662	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	101,859	9,706,038	0.010494	32,099	337	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	120,815	57,728,370	0.002093	61,991	130	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	299,703	156,969,449	0.001909	537,441	1,026	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	579,946	220,354,121	0.002632	324,979	855	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	36,758	916,697	0.040098	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	878,778	70,299,245	0.012501	99,086	1,239	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	386,100	21,151,297	0.018254	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	514,803	14,563,777	0.035348	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	11,509,461	1,403,014,856		2,914,323	23,495	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part III Date/Time Prepared: 1/30/2019 2:04 pm		
					Title XIX		Hospital		TEFRA		
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		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00		
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		
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00		
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	36,715	0.00	238		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,245	0.00	23		31.00		
32.00	03200	CORONARY CARE UNIT	0	0	2,901	0.00	21		32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0		33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0		34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00		
43.00	04300	NURSERY	0	0	5,336	0.00	38		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0		45.00		
200.00		Total (lines 30 through 199)	0	0	48,197	0.00	320		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
32.00	03200	CORONARY CARE UNIT	0								32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0								33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
42.00	04200	SUBPROVIDER	0								42.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
45.00	04500	NURSING FACILITY	0								45.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part IV
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XIX		Hospital	TEFRA	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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	PATHOLOGY	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	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
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 PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part IV
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XIX		Hospital	TEFRA		
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	246,760,265	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,560,697	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,052,582	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	115,484,820	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	91,618,661	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	74,288,619	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,334,094	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	82,504,340	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	59,024,120	0.000000	60.00
60.01	06001	PATHOLOGY	0	0	0	12,273,547	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	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6,879,630	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	11,773,764	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,979,777	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,814,578	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,212,072	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	63,764,296	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,706,038	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,728,370	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	156,969,449	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	220,354,121	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	916,697	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	70,299,245	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	21,151,297	0.000000	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	14,563,777	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	1,403,014,856		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part IV Date/Time Prepared: 1/30/2019 2:04 pm	
				Title XIX		Hospital		TEFRA	
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		646,939	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		31,080	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		19,245	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		99,848	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		134,816	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		22,261	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		222,780	0	0	0	60.00
60.01	06001	PATHOLOGY	0.000000		19,868	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	0.000000		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		155,508	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		0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		32,787	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		5,558	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		12,672	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		455,365	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		32,099	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		61,991	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		537,441	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		324,979	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		99,086	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0.000000		0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
200.00		Total (lines 50 through 199)			2,914,323	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet D
Part V
Date/Time Prepared:
1/30/2019 2:04 pm

			Title XIX		Hospital	TEFRA	
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	0.123758	0	0	666,394	0
51.00	05100	RECOVERY ROOM	0.059667	0	0	46,416	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.516803	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103619	0	0	126,015	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044307	0	0	496,145	0
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0
57.00	05700	CT SCAN	0.019313	0	0	257,947	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087643	0	0	29,809	0
59.00	05900	CARDIAC CATHETERIZATION	0.063637	0	0	0	0
60.00	06000	LABORATORY	0.185984	0	0	134,745	0
60.01	06001	PATHOLOGY	0.231508	0	0	9,236	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.079323	0	0	19,665	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.337673	0	0	77,379	0
66.00	06600	PHYSICAL THERAPY	0.193236	0	0	61,388	0
67.00	06700	OCCUPATIONAL THERAPY	0.159006	0	0	27,503	0
68.00	06800	SPEECH PATHOLOGY	0.166143	0	0	97,644	0
69.00	06900	ELECTROCARDIOLOGY	0.046544	0	0	122,138	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.095956	0	0	7,333	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.196378	0	0	10,059	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.146802	0	0	285,102	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121311	0	0	1,319,607	0
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.519566	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00	09000	CLINIC	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.138233	0	0	266,402	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.153309	0	0	47,032	0
93.00	04040	ONCOLOGY INFUSION	0.165461	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00		Subtotal (see instructions)		0	0	4,107,959	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	4,107,959	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part V Date/Time Prepared: 1/30/2019 2:04 pm	
				Title XIX		Hospital		TEFRA	
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	82,472					50.00
51.00	05100	RECOVERY ROOM	0	2,770					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	13,058					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,983					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	4,982					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,613					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	25,060					60.00
60.01	06001	PATHOLOGY	0	2,138					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,560					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	26,129					65.00
66.00	06600	PHYSICAL THERAPY	0	11,862					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,373					67.00
68.00	06800	SPEECH PATHOLOGY	0	16,223					68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,685					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	704					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,975					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	41,854					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	160,083					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	36,826					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,210					92.00
93.00	04040	ONCOLOGY INFUSION	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
95.00	09500	AMBULANCE SERVICES	0						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
200.00		Subtotal (see instructions)	0	469,560					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	469,560					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/30/2019 2:04 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,715	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,715	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)		33,105	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)		15,113	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)		32,979,249	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)		32,979,249	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)		32,979,249	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)		898.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,575,252	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)		13,575,252	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet D-1

Date/Time Prepared:
1/30/2019 2:04 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,923,845	3,245	1,825.53	1,575	2,875,210
44.00	CORONARY CARE UNIT	4,973,242	2,901	1,714.32	1,477	2,532,051
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					25,067,847
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,050,360
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,886,058
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,553,130
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,439,188
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,611,172
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)					3,610
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					898.25
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,242,683

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet D-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	3,926,759	32,979,249	0.119068	3,242,683	386,100
91.00	Nursing School cost	0	32,979,249	0.000000	3,242,683	0
92.00	Allied health cost	0	32,979,249	0.000000	3,242,683	0
93.00	All other Medical Education	0	32,979,249	0.000000	3,242,683	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet D-1

Date/Time Prepared:
1/30/2019 2:04 pm

Title XIX		Hospital	TEFRA
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)	36,715	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	36,715	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)	33,105	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)	238	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)	5,336	15.00
16.00	Nursery days (title V or XIX only)	38	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)	32,979,249	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)	32,979,249	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)	32,979,249	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)	898.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	213,784	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)	213,784	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet D-1

Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Title XIX			Hospital	TEFRA	
		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)	4,714,887	5,336	883.60	38	33,577	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,923,845	3,245	1,825.53	23	41,987	43.00
44.00	CORONARY CARE UNIT	4,973,242	2,901	1,714.32	21	36,001	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					342,926	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					668,275	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)					31,217	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,495	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					54,712	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					613,563	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					82	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)					-613,563	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)					54,712	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,610	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					898.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,242,683	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0104		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/30/2019 2:04 pm	
				Title XIX		Hospital		TEFRA	
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
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	3,926,759	32,979,249	0.119068	3,242,683	386,100	90.00		
91.00	Nursing School cost	0	32,979,249	0.000000	3,242,683	0	91.00		
92.00	Allied health cost	0	32,979,249	0.000000	3,242,683	0	92.00		
93.00	All other Medical Education	0	32,979,249	0.000000	3,242,683	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/30/2019 2:04 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		23,432,269	30.00
31.00	03100	INTENSIVE CARE UNIT		7,723,674	31.00
32.00	03200	CORONARY CARE UNIT		7,237,504	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.123775	43,143,035	5,340,029 50.00
51.00	05100	RECOVERY ROOM	0.059667	1,965,217	117,259 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517215	13,700	7,086 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103719	6,682,062	693,057 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044307	1,199,529	53,148 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.019313	11,660,880	225,207 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087643	1,837,897	161,079 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063637	16,605,728	1,056,739 59.00
60.00	06000	LABORATORY	0.185984	12,281,715	2,284,202 60.00
60.01	06001	PATHOLOGY	0.231508	714,174	165,337 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	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.079323	5,273,502	418,310 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.337911	3,734,813	1,262,034 65.00
66.00	06600	PHYSICAL THERAPY	0.193236	3,185,821	615,615 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159006	1,241,736	197,443 67.00
68.00	06800	SPEECH PATHOLOGY	0.166143	1,425,457	236,830 68.00
69.00	06900	ELECTROCARDIOLOGY	0.046544	11,095,556	516,432 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.095956	470,175	45,116 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.196378	10,484,090	2,058,845 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.146802	41,856,508	6,144,619 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121311	18,767,405	2,276,693 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.519566	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.138233	6,279,573	868,044 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.153309	2,118,094	324,723 92.00
93.00	04040	ONCOLOGY INFUSION	0.165461	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		202,036,667	25,067,847 200.00
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)		202,036,667	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/30/2019 2:04 pm
			Title XIX	Hospital	TEFRA
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		316,876	30.00
31.00	03100	INTENSIVE CARE UNIT		177,867	31.00
32.00	03200	CORONARY CARE UNIT		276,683	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.123758	646,939	80,064 50.00
51.00	05100	RECOVERY ROOM	0.059667	31,080	1,854 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.516803	19,245	9,946 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103619	99,848	10,346 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044307	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.019313	134,816	2,604 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087643	22,261	1,951 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063637	0	0 59.00
60.00	06000	LABORATORY	0.185984	222,780	41,434 60.00
60.01	06001	PATHOLOGY	0.231508	19,868	4,600 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	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.079323	155,508	12,335 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.337673	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.193236	32,787	6,336 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159006	5,558	884 67.00
68.00	06800	SPEECH PATHOLOGY	0.166143	12,672	2,105 68.00
69.00	06900	ELECTROCARDIOLOGY	0.046544	455,365	21,195 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.095956	32,099	3,080 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.196378	61,991	12,174 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.146802	537,441	78,897 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121311	324,979	39,424 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.519566	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.138233	99,086	13,697 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.153309	0	0 92.00
93.00	04040	ONCOLOGY INFUSION	0.165461	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,914,323	342,926 200.00
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)		2,914,323	342,926 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet E
Part A
Date/Time Prepared:
1/30/2019 2:04 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)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			35,192,315	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)			2,410,310	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			261.08	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.75	30.00
31.00	Percentage of Medicaid patient days (see instructions)			25.04	31.00
32.00	Sum of lines 30 and 31			30.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.62	33.00
34.00	Disproportionate share adjustment (see instructions)			1,286,279	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 2:04 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000344616	0.000249426	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,059,935	1,687,791	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		169,310	1,549,068	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,718,378		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		40,607,282		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			40,607,282	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,961,905	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			5,250	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,574,437	59.00
60.00	Primary payer payments			93,556	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,480,881	61.00
62.00	Deductibles billed to program beneficiaries			4,073,048	62.00
63.00	Coinsurance billed to program beneficiaries			99,271	63.00
64.00	Allowable bad debts (see instructions)			996,983	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			648,039	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			310,132	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,956,601	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	MSP PASS THROUGH			13	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)			-280,342	70.93
70.94	HRR adjustment amount (see instructions)			-181,697	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 2:04 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)		427,927	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,066,648	71.00	
71.01	Sequestration adjustment (see instructions)		781,333	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		37,909,773	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)		375,542	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,240,725	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	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	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	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part B Date/Time Prepared: 1/30/2019 2:04 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,668	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,700,300	2.00
3.00	OPPS payments		27,311,722	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)		0.833	5.00
6.00	Line 2 times line 5		24,740,350	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)		22,668	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		225,655	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)		225,655	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)		225,655	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		202,987	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)		22,668	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		27,311,722	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		16,399	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,194,424	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		22,123,567	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		22,123,567	30.00
31.00	Primary payer payments		12,629	31.00
32.00	Subtotal (line 30 minus line 31)		22,110,938	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)		912,471	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		593,106	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		218,289	36.00
37.00	Subtotal (see instructions)		22,704,044	37.00
38.00	MSP-LCC reconciliation amount from PS&R		479	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)		22,703,565	40.00
40.01	Sequestration adjustment (see instructions)		454,071	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		22,281,692	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-32,198	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,288,715	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: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet E-1
Part I
Date/Time Prepared:
1/30/2019 2:04 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		37,692,905		22,077,482	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	03/15/2018	276,055	03/15/2018	202,185	3.01
3.02			0	08/23/2018	2,025	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	08/23/2018	59,187		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)		216,868		204,210	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)		37,909,773		22,281,692	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		375,542		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		32,198	6.02
7.00	Total Medicare program liability (see instructions)		38,285,315		22,249,494	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: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet E-1 Part II Date/Time Prepared: 1/30/2019 2:04 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: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet E-3
Part VII
Date/Time Prepared:
1/30/2019 2:04 pm

		Title XIX	Hospital	TEFRA	
			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		54,712		1.00
2.00	Medical and other services			469,560	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		54,712	469,560	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)		54,712	469,560	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		2,914,323	4,107,959	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)		2,914,323	4,107,959	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)		2,914,323	4,107,959	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,859,611	3,638,399	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)		54,712	469,560	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		54,712	469,560	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)		54,712	469,560	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		54,712	469,560	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		54,712	469,560	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)		54,712	469,560	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		54,712	469,560	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet G

Date/Time Prepared:
1/30/2019 2:04 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	2,002,925	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,304,089	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	7,644,800	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	16,421,906	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)	70,373,720	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,344,004	0	0	0	12.00
13.00	Land improvements	7,713,635	0	0	0	13.00
14.00	Accumulated depreciation	-6,577,229	0	0	0	14.00
15.00	Buildings	188,203,542	0	0	0	15.00
16.00	Accumulated depreciation	-102,320,369	0	0	0	16.00
17.00	Leasehold improvements	51,488,018	0	0	0	17.00
18.00	Accumulated depreciation	-34,984,736	0	0	0	18.00
19.00	Fixed equipment	13,970,179	0	0	0	19.00
20.00	Accumulated depreciation	-13,353,584	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	109,081,699	0	0	0	23.00
24.00	Accumulated depreciation	-92,106,240	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)	129,458,919	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,681,860	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,681,860	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	202,514,499	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,167,059	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-27,633	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	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	8,997,410	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,136,836	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	16,242,481	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,242,481	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	30,379,317	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	172,135,182				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)	172,135,182	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	202,514,499	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet G-1

Date/Time Prepared:
1/30/2019 2:04 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		157,636,549		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		17,044,308				2.00
3.00	Total (sum of line 1 and line 2)		174,680,857		0		3.00
4.00	ASSETS RELEASED	4,022,803		0		0	4.00
5.00	RESTRICTED FUND	5,263		0		0	5.00
6.00	OTHER MARKET EXPENSES	11,894,427		0		0	6.00
7.00	TO BALANCE	3,289		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)		15,925,782		0		10.00
11.00	Subtotal (line 3 plus line 10)		190,606,639		0		11.00
12.00	TRANSFERS	18,471,457		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)		18,471,457		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		172,135,182		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	ASSETS RELEASED		0				4.00
5.00	RESTRICTED FUND		0				5.00
6.00	OTHER MARKET EXPENSES		0				6.00
7.00	TO BALANCE		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	TRANSFERS		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: 18-0104

Period:
From 09/01/2017
To 08/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2019 2:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,013,158		54,013,158	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	54,013,158		54,013,158	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,596,314		15,596,314	11.00
12.00	CORONARY CARE UNIT	14,240,496		14,240,496	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	29,836,810		29,836,810	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	83,849,968		83,849,968	17.00
18.00	Ancillary services	468,689,556	845,911,593	1,314,601,149	18.00
19.00	Outpatient services	0	93,573,217	93,573,217	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	18,251,052	0	18,251,052	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	570,790,576	939,484,810	1,510,275,386	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,226,395		29.00
30.00	OTHER MARKET EXPENSES	11,894,427			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)		11,894,427		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)		256,120,822		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2017
To 08/31/2018

Worksheet G-3

Date/Time Prepared:
1/30/2019 2:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,510,275,386	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,247,920,541	2.00
3.00	Net patient revenues (line 1 minus line 2)	262,354,845	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	256,120,822	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,234,023	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	547,469	6.00
7.00	Income from investments	630,175	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,030,154	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	333,721	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,173,310	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	6,095,456	24.00
25.00	Total other income (sum of lines 6-24)	10,810,285	25.00
26.00	Total (line 5 plus line 25)	17,044,308	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,044,308	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0104	Period: From 09/01/2017 To 08/31/2018	Worksheet L Parts I-III Date/Time Prepared: 1/30/2019 2:04 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,818,630	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		143,275	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)		108.54	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,961,905	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