

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 09/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 10/10/2019 3:29 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 10/10/2019	Time: 3:29 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 09/01/2018 and ending 08/31/2019 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	-66,200	-162,661	0	0	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	-66,200	-162,661	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 18-0104		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/10/2019 3:29 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)						09/01/2018	08/31/2019	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.			405	855	613	0	8,239	305

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	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)							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	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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To 08/31/2019Worksheet 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	
			1.00	2.00	
			Speech	Respiratory	
			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	109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0104	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 10/10/2019 3:29 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 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/10/2019 3:29 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
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				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
				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
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99
						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)					10/01/2018	09/30/2019		170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0104		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part II Date/Time Prepared: 10/10/2019 3:29 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				
		1.00	2.00				
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				
		1.00	2.00				
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	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/21/2015	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		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
10/10/2019 3:29 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 09/01/2018 To 08/31/2019	Worksheet S-2 Part II Date/Time Prepared: 10/10/2019 3:29 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/10/2019 3:29 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 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/10/2019 3:29 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)	13,938	327	31,084			1.00
2.00	HMO and other (see instructions)	5,344	9,707				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)	13,938	327	31,084			7.00
8.00	INTENSIVE CARE UNIT	1,458	31	3,146			8.00
9.00	CORONARY CARE UNIT	1,343	41	2,839			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		6	5,376			13.00
14.00	Total (see instructions)	16,739	405	42,445	0.00	1,236.21	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			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	1,236.21	27.00
28.00	Observation Bed Days		0	4,177			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	305	646			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 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/10/2019 3:29 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	4,103	97	10,829	1.00
2.00 HMO and other (see instructions)			1,125	2,252		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	4,103	97	10,829	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 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
10/10/2019 3:29 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	73,301,781	0	73,301,781	2,571,314.00	28.51
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)		1,200,170	740,708	1,940,878	133,943.00	14.49
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,650,426	0	2,650,426	38,726.54	68.44
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		245,881	0	245,881	1,875.00	131.14
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		17,137,079	0	17,137,079	454,565.00	37.70
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)		18,804,342	0	18,804,342		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		511,442	0	511,442		
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)		3,535,936	0	3,535,936		
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	1,631,862	-740,708	891,154	14,271.00	62.45
27.00	Administrative & General	5.00	5,729,144	0	5,729,144	212,952.00	26.90

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
10/10/2019 3:29 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.)	123,462	0	123,462	393.45	313.79	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,783,814	0	1,783,814	70,722.00	25.22	30.00
31.00	Laundry & Linen Service	127,989	0	127,989	8,339.00	15.35	31.00
32.00	Housekeeping	1,780,051	0	1,780,051	121,272.00	14.68	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,912,279	-1,635,215	277,064	17,465.00	15.86	34.00
35.00	Dietary under contract (see instructions)	398,169	0	398,169	8,343.00	47.72	35.00
36.00	Cafeteria	0	1,635,215	1,635,215	103,077.00	15.86	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,182,684	0	1,182,684	25,784.00	45.87	38.00
39.00	Central Services and Supply	627,469	0	627,469	36,686.00	17.10	39.00
40.00	Pharmacy	3,807,372	0	3,807,372	87,269.00	43.63	40.00
41.00	Medical Records & Medical Records Library	790,292	0	790,292	23,797.00	33.21	41.00
42.00	Social Service	1,294,290	0	1,294,290	43,392.00	29.83	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part III
Date/Time Prepared:
10/10/2019 3:29 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)	73,823,412	0	73,823,412	2,580,050.45	28.61	1.00
2.00	Excluded area salaries (see instructions)	1,200,170	740,708	1,940,878	133,943.00	14.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,623,242	-740,708	71,882,534	2,446,107.45	29.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,033,386	0	20,033,386	495,166.54	40.46	4.00
5.00	Subtotal wage-related costs (see inst.)	22,340,278	0	22,340,278	0.00	31.08	5.00
6.00	Total (sum of lines 3 thru 5)	114,996,906	-740,708	114,256,198	2,941,273.99	38.85	6.00
7.00	Total overhead cost (see instructions)	21,188,877	-740,708	20,448,169	773,762.45	26.43	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
10/10/2019 3:29 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,311,319	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	75,664	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)	11,069,668	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)	63,235	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)	164,992	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,057,436	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	5,211,941	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	62,203	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	299,326	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,315,784	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 09/01/2018
To 08/31/2019Worksheet S-3
Part V
Date/Time Prepared:
10/10/2019 3:29 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	2,650,426	19,315,784	1.00
2.00	Hospital	2,650,426	18,804,342	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	511,442	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet S-10

Date/Time Prepared:
10/10/2019 3:29 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)			0.133856	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			41,794,619	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			279,218,949	6.00
7.00	Medicaid cost (line 1 times line 6)			37,375,132	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
	Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,758,256	1,025,077	3,783,333	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	369,209	1,025,077	1,394,286	21.00
22.00	Payments received from patients for amounts previously written off as charity care	53,970	51,517	105,487	22.00
23.00	Cost of charity care (line 21 minus line 22)	315,239	973,560	1,288,799	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			9,762,909	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			861,847	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,325,919	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,436,990	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,593,414	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,882,213	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,882,213	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
10/10/2019 3:29 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	8,174,621	8,174,621	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,866,141	4,866,141	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,631,862	1,182,614	2,814,476	-1,626,994	1,187,482	4.00
5.01	00540	NONPATIENT TELEPHONES	184,625	55,701	240,326	99,335	339,661	5.01
5.02	00550	DATA PROCESSING	349,048	93,590	442,638	0	442,638	5.02
5.03	00580	PURCHASING, REC, STORES	0	71,829	71,829	-10,635	61,194	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,195,471	71,762,160	76,957,631	-12,570,873	64,386,758	5.06
7.00	00700	OPERATION OF PLANT	1,783,814	7,254,141	9,037,955	-10,516	9,027,439	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,989	864,164	992,153	0	992,153	8.00
9.00	00900	HOUSEKEEPING	1,780,051	932,991	2,713,042	-10	2,713,032	9.00
10.00	01000	DIETARY	1,912,279	2,636,907	4,549,186	-3,890,069	659,117	10.00
11.00	01100	CAFETERIA	0	0	0	3,890,069	3,890,069	11.00
13.00	01300	NURSING ADMINISTRATION	1,182,684	336,415	1,519,099	-10,093	1,509,006	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	627,469	1,534,845	2,162,314	-58,003	2,104,311	14.00
15.00	01500	PHARMACY	3,807,372	19,950,128	23,757,500	-18,651,953	5,105,547	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	790,292	254,558	1,044,850	0	1,044,850	16.00
17.00	01700	SOCIAL SERVICE	1,294,290	691,585	1,985,875	-12,800	1,973,075	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,650,815	4,629,566	16,280,381	-2,517,417	13,762,964	30.00
31.00	03100	INTENSIVE CARE UNIT	2,305,136	1,489,637	3,794,773	-117,674	3,677,099	31.00
32.00	03200	CORONARY CARE UNIT	1,847,819	799,914	2,647,733	-110,814	2,536,919	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	1,804,386	1,179,662	2,984,048	658,593	3,642,641	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	7,794,462	37,061,664	44,856,126	-24,039,163	20,816,963	50.00
51.00	05100	RECOVERY ROOM	1,246,700	364,258	1,610,958	1,242,685	2,853,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,499,697	1,436,890	3,936,587	-219,333	3,717,254	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,980,005	3,854,816	7,834,821	-733,271	7,101,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,438,430	934,728	2,373,158	-3,765	2,369,393	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	527,823	496,352	1,024,175	-54,499	969,676	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	170,202	366,932	537,134	-903	536,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,700,800	6,431,096	8,131,896	-4,494,061	3,637,835	59.00
60.00	06000	LABORATORY	3,019,282	4,917,377	7,936,659	34,549	7,971,208	60.00
60.01	06001	PATHOLOGY	618,629	1,528,719	2,147,348	15	2,147,363	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	1,049,907	1,049,907	-992,467	57,440	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,946,662	987,177	2,933,839	18,345	2,952,184	65.00
66.00	06600	PHYSICAL THERAPY	1,814,780	570,023	2,384,803	-12,756	2,372,047	66.00
67.00	06700	OCCUPATIONAL THERAPY	586,202	181,534	767,736	-920	766,816	67.00
68.00	06800	SPEECH PATHOLOGY	593,629	173,164	766,793	-15,720	751,073	68.00
69.00	06900	ELECTROCARDIOLOGY	1,119,723	508,389	1,628,112	-259	1,627,853	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	353,159	250,458	603,617	-1,866	601,751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,846,443	8,846,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	22,238,094	22,238,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,642,327	18,642,327	73.00
74.00	07400	RENAL DIALYSIS	0	472,237	472,237	-3,097	469,140	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	1,252,598	1,252,598	-41,988	1,210,610	76.00
76.97	07697	CARDIAC REHABILITATION	243,155	87,371	330,526	-10	330,516	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	3,313,072	1,724,094	5,037,166	-44,907	4,992,259	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	859,797	481,659	1,341,456	-80,810	1,260,646	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 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
10/10/2019 3:29 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)	72,101,611	180,851,850	252,953,461	-1,616,429	251,337,032	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	94,761	239,585	334,346	0	334,346	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	759,962	697,424	1,457,386	0	1,457,386	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	1,616,429	1,616,429	194.02
194.03	07952	RETAIL PHARMACY	345,447	3,930,956	4,276,403	0	4,276,403	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	73,301,781	185,719,815	259,021,596	0	259,021,596	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
10/10/2019 3:29 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	-347,167	7,827,454	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-65,547	4,800,594	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-8,630	1,178,852	4.00
5.01	00540	NONPATIENT TELEPHONES	-83,726	255,935	5.01
5.02	00550	DATA PROCESSING	675,294	1,117,932	5.02
5.03	00580	PURCHASING, REC, STORES	1,649,841	1,711,035	5.03
5.04	00570	ADMITTING	1,699,947	1,699,947	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-20,223,834	44,162,924	5.06
7.00	00700	OPERATION OF PLANT	-106,645	8,920,794	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-25,264	966,889	8.00
9.00	00900	HOUSEKEEPING	-74,173	2,638,859	9.00
10.00	01000	DIETARY	-123,698	535,419	10.00
11.00	01100	CAFETERIA	-1,138,149	2,751,920	11.00
13.00	01300	NURSING ADMINISTRATION	-250	1,508,756	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,104,311	14.00
15.00	01500	PHARMACY	-639,010	4,466,537	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,308,349	8,353,199	16.00
17.00	01700	SOCIAL SERVICE	0	1,973,075	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-38,785	13,724,179	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,677,099	31.00
32.00	03200	CORONARY CARE UNIT	0	2,536,919	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	-170,867	3,471,774	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	-2,681,962	18,135,001	50.00
51.00	05100	RECOVERY ROOM	0	2,853,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,717,254	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-149,479	6,952,071	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,369,393	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-26,517	943,159	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-3,162	533,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	-38,904	3,598,931	59.00
60.00	06000	LABORATORY	-280,556	7,690,652	60.00
60.01	06001	PATHOLOGY	0	2,147,363	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.	-36,095	21,345	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-91,312	2,860,872	65.00
66.00	06600	PHYSICAL THERAPY	-206,661	2,165,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	-101,701	665,115	67.00
68.00	06800	SPEECH PATHOLOGY	-49,292	701,781	68.00
69.00	06900	ELECTROCARDIOLOGY	-25,727	1,602,126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-3,351	598,400	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-902,771	7,943,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,238,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,642,327	73.00
74.00	07400	RENAL DIALYSIS	0	469,140	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	1,210,610	76.00
76.97	07697	CARDIAC REHABILITATION	0	330,516	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	4,992,259	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	1,260,646	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 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
10/10/2019 3:29 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)	-16,309,804	235,027,228	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	334,346	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,457,386	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	1,616,429	194.02
194.03	07952	RETAIL PHARMACY	0	4,276,403	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-16,309,804	242,711,792	200.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
10/10/2019 3:29 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	18,642,327		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	18,642,327		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,084,537		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	831		2.00
3.00	PATHOLOGY	60.01	0	15		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
	0		0	31,085,383		
	C - TELEPHONE EXPENSES					
1.00	NONPATIENT TELEPHONES	5.01	0	99,335		1.00
	0		0	99,335		
	D - DEPRECIATION MME					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,445,897		1.00
	0		0	4,445,897		
	E - RECLASS OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	22,238,094		1.00
	0		0	22,238,094		
	F - NON PATIENT RELATED DAY CARE COSTS					
1.00	OTHER NONREIMBURSABLE	194.02	740,708	875,721		1.00
	0		740,708	875,721		
	G - DIETARY/CAFE					
1.00	CAFETERIA	11.00	1,635,215	2,254,854		1.00
	0		1,635,215	2,254,854		
	H - DEPRECIATION B&F					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,980,104		1.00
	0		0	7,980,104		
	I - RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	194,517		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	420,244		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
	0		0	614,761		

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-6

Date/Time Prepared:
10/10/2019 3:29 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - NURSERY & ANCILLARY COST					
1.00	NURSERY	43.00	519,680	141,151	1.00	
2.00	OPERATING ROOM	50.00	137,519	37,342	2.00	
3.00	RECOVERY ROOM	51.00	986,956	268,031	3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00	25,624	6,960	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	1,805	490	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	23,010	6,250	6.00	
7.00	LABORATORY	60.00	27,722	7,529	7.00	
8.00	BLOOD STORING, PROCESSING & TRANS.	63.00	45,171	12,269	8.00	
9.00	RESPIRATORY THERAPY	65.00	19,486	5,292	9.00	
10.00	ELECTROCARDIOLOGY	69.00	152	41	10.00	
11.00	ELECTROENCEPHALOGRAPHY	70.00	1,023	278	11.00	
12.00	WOUND CARE CENTER	76.00	1,053	286	12.00	
13.00	EMERGENCY	91.00	37,325	10,138	13.00	
14.00	ONCOLOGY INFUSION	93.00	2,232	606	14.00	
	0		1,828,758	496,663		
500.00	Grand Total: Increases		4,204,681	88,733,139	500.00	

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
10/10/2019 3:29 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	18,638,606	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	882	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,839	0		3.00
	0		0	18,642,327			
	B - CHARGEABLE MEDICAL SUPPLIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,087	0		1.00
2.00	HOUSEKEEPING	9.00	0	10	0		2.00
3.00	PHARMACY	15.00	0	2,581	0		3.00
4.00	SOCIAL SERVICE	17.00	0	6,400	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	197,221	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	116,006	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	106,375	0		7.00
8.00	NURSERY	43.00	0	2,238	0		8.00
9.00	OPERATING ROOM	50.00	0	23,946,459	0		9.00
10.00	RECOVERY ROOM	51.00	0	12,302	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	251,917	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	553,172	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,765	0		13.00
14.00	CT SCAN	57.00	0	54,499	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	903	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	4,523,321	0		16.00
17.00	LABORATORY	60.00	0	702	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,049,907	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	4,041	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	12,756	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	920	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	15,720	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	452	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	177	0		24.00
25.00	RENAL DIALYSIS	74.00	0	3,097	0		25.00
26.00	WOUND CARE CENTER	76.00	0	43,327	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	10	0		27.00
28.00	EMERGENCY	91.00	0	92,370	0		28.00
29.00	ONCOLOGY INFUSION	93.00	0	83,648	0		29.00
	0		0	31,085,383			
	C - TELEPHONE EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	99,335	0		1.00
	0		0	99,335			
	D - DEPRECIATION MME						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,445,897	9		1.00
	0		0	4,445,897			
	E - RECLASS OF IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,238,094	0		1.00
	0		0	22,238,094			
	F - NON PATIENT RELATED DAY CARE COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	740,708	875,721	0		1.00
	0		740,708	875,721			
	G - DIETARY/CAFE						
1.00	DIETARY	10.00	1,635,215	2,254,854	0		1.00
	0		1,635,215	2,254,854			
	H - DEPRECIATION B&F						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,980,104	9		1.00
	0		0	7,980,104			
	I - RENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,565	9		1.00
2.00	PURCHASING, REC, STORES	5.03	0	10,635	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44,450	0		3.00
4.00	OPERATION OF PLANT	7.00	0	10,516	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	10,093	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	58,834	0		6.00
7.00	PHARMACY	15.00	0	10,766	0		7.00
8.00	SOCIAL SERVICE	17.00	0	6,400	0		8.00
9.00	OPERATING ROOM	50.00	0	267,565	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	179,555	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	2,392	0		11.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-6

Date/Time Prepared:
10/10/2019 3:29 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,990	0	12.00
	0		0	614,761		
J - NURSERY & ANCILLARY COST						
1.00	ADULTS & PEDIATRICS	30.00	1,823,918	495,396	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	1,321	347	0	2.00
3.00	CORONARY CARE UNIT	32.00	3,519	920	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	0		1,828,758	496,663		
500.00	Grand Total: Decreases		4,204,681	88,733,139		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part I
Date/Time Prepared:
10/10/2019 3:29 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 09/01/2018
To 08/31/2019Worksheet A-7
Part II
Date/Time Prepared:
10/10/2019 3:29 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	0	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)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part III
Date/Time Prepared:
10/10/2019 3:29 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	8,058,335	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,861,453	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,919,788	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	-230,881	0	0	0	7,827,454	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-60,859	0	0	0	4,800,594	2.00
3.00	Total (sum of lines 1-2)	-291,740	0	0	0	12,628,048	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
10/10/2019 3:29 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		B	-230,881	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	-6,591,706			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	-4,119,773			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,138,149	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 09/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
10/10/2019 3:29 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00	PATIENT PHONE - COST OFFSET	A		-11,013	NONPATIENT TELEPHONES	5.01	0 33.00
34.00	PATIENT PHONE - OPERATOR OFFSET	A		-22,298	NONPATIENT TELEPHONES	5.01	0 34.00
35.00	PATIENT PHONE - BENEFIT OFFSET	A		-5,927	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.00
36.00	LIFELINE EXPENSES	A		-177,262	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00	LIFELINE DEPRECIATION AND RENT	A		-4,688	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 37.00
38.00	CABLE TV COSTS	A		-50,415	NONPATIENT TELEPHONES	5.01	0 38.00
39.00	CHANGE IN USEFUL LIFE	A		75,531	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 39.00
40.00	CHANGE IN USEFUL LIFE PEDIATRIC BLDG	A		-9,468	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 40.00
41.00	NURSING RESOURCE SPEC RESEARCH FUNDS	B		-250	NURSING ADMINISTRATION	13.00	0 41.00
42.00	EDUCATION CLASS	B		-7,370	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 42.00
43.00	BASIC LIFE SUPPORT	B		-90,612	RESPIRATORY THERAPY	65.00	0 43.00
45.00	MEDICAL CALL	B		-8,197	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.00
45.01	NICU OTHER REVENUE	B		-1,287	NURSERY	43.00	0 45.01
45.02	OTHER INCOME	B		-295,615	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.02
45.03	NET ASSETS RELEASED	B		-60,859	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11 45.03
45.04	QUALITY RESOURCES	B		-200	MEDICAL RECORDS & LIBRARY	16.00	0 45.04
45.05	CONTRIBUTIONS	A		-563,024	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.05
45.10	OCCUPATIONAL THERAPY	B		0		0.00	0 45.10
45.12	BIOMED ENGINEERING	B		-2,608	OPERATION OF PLANT	7.00	0 45.12
45.13	RESEARCH FUNDS	B		-116,724	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.13
45.14	PRODUCT SALES	B		0		0.00	0 45.14
45.15	RENTAL INCOME	B		-182,349	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		-180	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.18
46.00	LTACH	B		-636,226	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.00
46.01	LTACH	B		-104,037	OPERATION OF PLANT	7.00	0 46.01
46.02	LTACH	B		-25,264	LAUNDRY & LINEN SERVICE	8.00	0 46.02
46.03	LTACH	B		-74,173	HOUSEKEEPING	9.00	0 46.03
46.04	LTACH	B		-123,698	DIETARY	10.00	0 46.04
46.05	LTACH	B		0		0.00	0 46.05
46.06	LTACH	B		-639,010	PHARMACY	15.00	0 46.06
46.07	LTACH	B		-38,785	ADULTS & PEDIATRICS	30.00	0 46.07
46.08	LTACH	B		-126,842	OPERATING ROOM	50.00	0 46.08
46.09	LTACH	B		-149,479	RADIOLOGY-DIAGNOSTIC	54.00	0 46.09
46.10	LTACH	B		0		0.00	0 46.10
46.11	LTACH	B		-26,517	CT SCAN	57.00	0 46.11
46.12	LTACH	B		-3,162	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 46.12
46.13	LTACH	B		-38,904	CARDIAC CATHETERIZATION	59.00	0 46.13
46.14	LTACH	B		-280,556	LABORATORY	60.00	0 46.14
46.15	LTACH	B		-36,095	BLOOD STORING, PROCESSING & TRANS.	63.00	0 46.15
46.16	LTACH	B		-206,661	PHYSICAL THERAPY	66.00	0 46.16
46.17	LTACH	B		-101,701	OCCUPATIONAL THERAPY	67.00	0 46.17
46.18	LTACH	B		-49,292	SPEECH PATHOLOGY	68.00	0 46.18
46.19	LTACH	B		-25,727	ELECTROCARDIOLOGY	69.00	0 46.19
46.20	LTACH	B		-3,351	ELECTROENCEPHALOGRAPHY	70.00	0 46.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-16,309,804			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
10/10/2019 3:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:
10/10/2019 3:29 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	675,294	0	1.00
2.00	5.03	PURCHASING, REC, STORES	MAT MGT	1,649,841	0	2.00
3.00	5.04	ADMITTING	PATIENT ACCESS	1,699,947	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	FIN COUNSEL	105,684	0	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	FINANCE + MALPRACTICE	29,579,373	44,237,758	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HIM	7,310,617	0	4.02
4.03	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLIES	-902,771	0	4.03
5.00	0		0	40,117,985	44,237,758	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 09/01/2018
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:
10/10/2019 3:29 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	675,294	0		1.00
2.00	1,649,841	0		2.00
3.00	1,699,947	0		3.00
4.00	105,684	0		4.00
4.01	-14,658,385	0		4.01
4.02	7,310,617	0		4.02
4.03	-902,771	0		4.03
5.00	-4,119,773			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 09/01/2018
To 08/31/2019

Worksheet A-8-2

Date/Time Prepared:
10/10/2019 3:29 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	AGGREGATE-NURSERY	189,917	164,917	25,000	211,500	200	1.00
2.00	50.00	AGGREGATE-OPERATING ROOM	2,549,329	2,549,329	0	246,400	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	32,800	0	32,800	246,400	228	3.00
4.00	60.00	AGGREGATE-LABORATORY	100,000	0	100,000	260,300	800	4.00
5.00	65.00	AGGREGATE-RESPIRATORY THERAPY	3,750	0	3,750	211,500	30	5.00
6.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	7,356	0	7,356	211,500	52	6.00
7.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	9,031	0	9,031	211,500	64	7.00
8.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	3,017,182	3,005,688	11,494	211,500	80	8.00
9.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	895,375	838,925	56,450	211,500	420	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,804,740	6,558,859	245,881		1,874	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	AGGREGATE-NURSERY	20,337	1,017	0	0	0	1.00
2.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	27,009	1,350	0	0	0	3.00
4.00	60.00	AGGREGATE-LABORATORY	100,115	5,006	0	0	0	4.00
5.00	65.00	AGGREGATE-RESPIRATORY THERAPY	3,050	153	0	0	0	5.00
6.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	5,288	264	0	0	0	6.00
7.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	6,508	325	0	0	0	7.00
8.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	8,135	407	0	0	0	8.00
9.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	42,707	2,135	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			213,149	10,657	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	AGGREGATE-NURSERY	0	20,337	4,663	169,580		1.00
2.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	2,549,329		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	27,009	5,791	5,791		3.00
4.00	60.00	AGGREGATE-LABORATORY	0	100,115	0	0		4.00
5.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	3,050	700	700		5.00
6.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	5,288	2,068	2,068		6.00
7.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	6,508	2,523	2,523		7.00
8.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	8,135	3,359	3,009,047		8.00
9.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	42,707	13,743	852,668		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	213,149	32,847	6,591,706		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
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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	7,827,454	7,827,454			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,800,594	4,800,594			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,178,852	238,509	5,444	1,422,805	4.00
5.01	00540	NONPATIENT TELEPHONES	255,935	928	0	3,628	5.01
5.02	00550	DATA PROCESSING	1,117,932	0	4,616	6,858	5.02
5.03	00580	PURCHASING, REC, STORES	1,711,035	47,004	0	0	5.03
5.04	00570	ADMITTING	1,699,947	31,101	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	44,162,924	136,146	426,829	102,086	5.06
7.00	00700	OPERATION OF PLANT	8,920,794	3,705,012	101,412	35,050	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	966,889	41,777	1,292	2,515	8.00
9.00	00900	HOUSEKEEPING	2,638,859	18,865	18,476	34,976	9.00
10.00	01000	DIETARY	535,419	66,657	28,287	5,444	10.00
11.00	01100	CAFETERIA	2,751,920	44,692	0	32,130	11.00
13.00	01300	NURSING ADMINISTRATION	1,508,756	31,528	86,569	23,239	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,104,311	101,416	162,326	12,329	14.00
15.00	01500	PHARMACY	4,466,537	39,967	122,830	74,811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,353,199	24,880	5,538	15,528	16.00
17.00	01700	SOCIAL SERVICE	1,973,075	12,069	0	25,432	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,724,179	998,189	80,995	193,097	30.00
31.00	03100	INTENSIVE CARE UNIT	3,677,099	136,378	49,393	45,268	31.00
32.00	03200	CORONARY CARE UNIT	2,536,919	86,339	1,177	36,239	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	3,471,774	25,902	131,119	45,666	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	18,135,001	563,394	1,147,412	155,855	50.00
51.00	05100	RECOVERY ROOM	2,853,643	59,592	662	43,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,717,254	89,922	129,963	49,620	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,952,071	190,586	598,270	78,239	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,369,393	106,522	527,408	28,264	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	943,159	9,655	72,297	10,371	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	533,069	0	308,690	3,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,598,931	141,484	134,434	33,871	59.00
60.00	06000	LABORATORY	7,690,652	59,184	91,392	59,871	60.00
60.01	06001	PATHOLOGY	2,147,363	21,910	33,126	12,155	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.	21,345	8,012	0	888	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,860,872	37,256	55,430	38,633	65.00
66.00	06600	PHYSICAL THERAPY	2,165,386	27,573	5,473	35,659	66.00
67.00	06700	OCCUPATIONAL THERAPY	665,115	0	3,887	11,518	67.00
68.00	06800	SPEECH PATHOLOGY	701,781	0	7,926	11,664	68.00
69.00	06900	ELECTROCARDIOLOGY	1,602,126	130,743	262,134	22,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	598,400	56,882	27,568	6,959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,943,672	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,238,094	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,642,327	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	469,140	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,210,610	11,280	0	21	76.00
76.97	07697	CARDIAC REHABILITATION	330,516	28,965	892	4,778	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	4,992,259	155,679	38,946	65,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,260,646	334,215	127,127	16,938	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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)	235,027,228	7,820,213	4,799,340	1,384,669	260,491
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	334,346	7,241	446	1,862	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,457,386	0	0	14,932	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	1,616,429	0	0	14,554	194.02
194.03	07952	RETAIL PHARMACY	4,276,403	0	808	6,788	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)	242,711,792	7,827,454	4,800,594	1,422,805	260,491

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

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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	1,133,452					5.02
5.03	00580	PURCHASING, REC, STORES	15,403	1,777,488				5.03
5.04	00570	ADMITTING	131,224	0	1,868,185			5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	39,715	5,244	0	44,890,995	44,890,995	5.06
7.00	00700	OPERATION OF PLANT	0	22,309	0	12,792,669	2,903,015	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	376	0	1,013,783	230,056	8.00
9.00	00900	HOUSEKEEPING	8,456	8,109	0	2,728,986	619,283	9.00
10.00	01000	DIETARY	3,171	65,741	0	708,765	160,839	10.00
11.00	01100	CAFETERIA	0	0	0	2,829,053	641,991	11.00
13.00	01300	NURSING ADMINISTRATION	0	290	0	1,657,851	376,213	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,044	17,302	0	2,413,284	547,642	14.00
15.00	01500	PHARMACY	28,238	8,615	0	4,747,534	1,077,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	68,104	198	0	8,474,605	1,923,125	16.00
17.00	01700	SOCIAL SERVICE	302	542	0	2,017,022	457,719	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	397,296	49,594	150,579	15,682,313	3,558,756	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,678	50,139	3,978,491	902,831	31.00
32.00	03200	CORONARY CARE UNIT	0	11,809	45,850	2,722,379	617,784	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	2,739	73,365	3,750,565	851,108	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	68,255	1,128,022	327,983	21,543,039	4,888,719	50.00
51.00	05100	RECOVERY ROOM	0	1,869	10,975	2,970,630	674,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,903	32,432	4,041,094	917,037	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,184	32,565	44,232	7,951,999	1,804,531	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,666	4,321	3,042,554	690,441	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,241	78,979	1,117,702	253,638	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,188	13,156	859,447	195,033	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	200,605	145,486	4,260,102	966,736	59.00
60.00	06000	LABORATORY	172,751	36,007	74,788	8,190,247	1,858,596	60.00
60.01	06001	PATHOLOGY	0	23,331	6,154	2,248,085	510,153	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	42,845	14,554	87,955	19,959	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	25,067	15,633	27,081	3,062,462	694,958	65.00
66.00	06600	PHYSICAL THERAPY	21,443	2,166	17,870	2,278,682	517,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	109	9,926	690,555	156,706	67.00
68.00	06800	SPEECH PATHOLOGY	0	791	8,697	732,104	166,135	68.00
69.00	06900	ELECTROCARDIOLOGY	13,893	1,947	63,745	2,105,306	477,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,208	1,588	4,093	697,632	158,312	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	79,906	8,023,578	1,820,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	387,398	22,625,492	5,134,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	150,166	18,792,493	4,264,543	73.00
74.00	07400	RENAL DIALYSIS	0	423	5,415	474,978	107,786	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	3,090	271	1,225,272	278,049	76.00
76.97	07697	CARDIAC REHABILITATION	0	228	0	365,379	82,915	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	89,698	31,049	40,503	5,425,792	1,231,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	9,053	121	1,748,100	396,693	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

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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)	1,133,452	1,765,865	1,868,185	234,968,974	43,133,932	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,704	0	351,599	79,788	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,475	0	1,475,793	334,899	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	1,630,983	370,116	194.02
194.03	07952	RETAIL PHARMACY	0	444	0	4,284,443	972,260	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)	1,133,452	1,777,488	1,868,185	242,711,792	44,890,995	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
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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	15,695,684					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	178,730	1,422,569				8.00
9.00	00900	HOUSEKEEPING	80,707	63,084	3,492,060			9.00
10.00	01000	DIETARY	285,174	30,941	0	1,185,719		10.00
11.00	01100	CAFETERIA	191,202	0	0	0	3,662,246	11.00
13.00	01300	NURSING ADMINISTRATION	134,882	0	0	0	46,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	433,877	14,627	66,108	0	66,406	14.00
15.00	01500	PHARMACY	170,985	0	334,429	0	157,967	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	106,444	0	66,108	0	43,075	16.00
17.00	01700	SOCIAL SERVICE	51,633	0	0	0	78,544	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,270,456	807,126	1,213,275	1,092,975	634,749	30.00
31.00	03100	INTENSIVE CARE UNIT	583,455	89,485	190,547	49,261	134,538	31.00
32.00	03200	CORONARY CARE UNIT	369,376	91,491	151,660	43,483	103,596	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	110,813	20,874	77,774	0	123,855	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	2,410,315	191,009	458,868	0	457,763	50.00
51.00	05100	RECOVERY ROOM	254,949	0	77,774	0	120,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	384,707	12,731	112,773	0	129,848	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	815,367	17,193	217,768	0	244,168	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	455,722	0	112,773	0	59,630	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	41,307	0	0	0	27,079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	10,004	58.00
59.00	05900	CARDIAC CATHETERIZATION	605,299	0	0	0	80,268	59.00
60.00	06000	LABORATORY	253,201	0	73,885	0	218,727	60.00
60.01	06001	PATHOLOGY	93,734	0	19,444	0	44,304	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.	34,276	0	7,777	0	2,918	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	159,388	0	27,221	0	114,687	65.00
66.00	06600	PHYSICAL THERAPY	117,962	0	0	0	97,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	36,666	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	28,757	68.00
69.00	06900	ELECTROCARDIOLOGY	559,346	0	97,218	0	63,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243,351	0	15,555	0	24,779	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	WOUND CARE CENTER	48,257	0	0	0	69	76.00
76.97	07697	CARDIAC REHABILITATION	123,920	0	0	0	12,658	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	666,028	84,008	171,103	0	210,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,429,841	0	0	0	46,466	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 09/01/2018
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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)	15,664,704	1,422,569	3,492,060	1,185,719	3,419,794	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,980	0	0	0	6,171	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	85,028	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	133,056	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	18,197	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)	15,695,684	1,422,569	3,492,060	1,185,719	3,662,246	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
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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	2,215,618					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,541,944				14.00
15.00	01500	PHARMACY	0	81,630	6,569,893			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11	0	10,613,368		16.00
17.00	01700	SOCIAL SERVICE	0	1,919	0	0	2,606,837	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	705,231	420,374	0	2,859,510	1,919,518	30.00
31.00	03100	INTENSIVE CARE UNIT	149,477	99,647	0	524,311	190,318	31.00
32.00	03200	CORONARY CARE UNIT	115,099	84,483	0	493,242	171,755	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	137,608	27,096	0	470,976	325,246	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	423,970	1,710,888	0	1,931,280	0	50.00
51.00	05100	RECOVERY ROOM	133,859	12,797	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	144,266	131,371	0	46,864	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,732	100,250	0	923,047	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,362	13,205	0	67,060	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	947	12,137	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,992	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,057	190,593	0	0	0	59.00
60.00	06000	LABORATORY	6,102	45,890	0	815,855	0	60.00
60.01	06001	PATHOLOGY	0	11,167	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.	3,242	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,216	184,591	0	15,017	0	65.00
66.00	06600	PHYSICAL THERAPY	9,189	13,082	0	6,989	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	880	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,460	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,747	20,477	0	154,316	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72	17,634	0	40,910	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	6,569,893	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,544	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	76	10,733	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,128	1,013	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	223,693	288,801	0	2,263,991	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	51,545	46,763	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 09/01/2018
To 08/31/2019Worksheet B
Part I
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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	
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)	2,215,618	3,539,428	6,569,893	10,613,368	2,606,837	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	2,516	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)	2,215,618	3,541,944	6,569,893	10,613,368	2,606,837	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	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	33,164,283	0	33,164,283	30.00
31.00	03100	INTENSIVE CARE UNIT	6,892,361	0	6,892,361	31.00
32.00	03200	CORONARY CARE UNIT	4,964,348	0	4,964,348	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	5,895,915	0	5,895,915	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	34,015,851	0	34,015,851	50.00
51.00	05100	RECOVERY ROOM	4,244,609	0	4,244,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,920,691	0	5,920,691	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,084,055	0	12,084,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,449,747	0	4,449,747	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,452,810	0	1,452,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,072,476	0	1,072,476	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,159,055	0	6,159,055	59.00
60.00	06000	LABORATORY	11,462,503	0	11,462,503	60.00
60.01	06001	PATHOLOGY	2,926,887	0	2,926,887	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.	156,127	0	156,127	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,269,540	0	4,269,540	65.00
66.00	06600	PHYSICAL THERAPY	3,040,262	0	3,040,262	66.00
67.00	06700	OCCUPATIONAL THERAPY	884,807	0	884,807	67.00
68.00	06800	SPEECH PATHOLOGY	928,456	0	928,456	68.00
69.00	06900	ELECTROCARDIOLOGY	3,493,794	0	3,493,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,198,245	0	1,198,245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,844,353	0	9,844,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,759,766	0	27,759,766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,626,929	0	29,626,929	73.00
74.00	07400	RENAL DIALYSIS	585,308	0	585,308	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,562,456	0	1,562,456	76.00
76.97	07697	CARDIAC REHABILITATION	596,013	0	596,013	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	10,564,908	0	10,564,908	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	3,719,408	0	3,719,408	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 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
10/10/2019 3:29 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)	232,935,963	0	232,935,963		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	468,538	0	468,538		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,895,720	0	1,895,720		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	2,134,155	0	2,134,155		194.02
194.03	07952	RETAIL PHARMACY	5,277,416	0	5,277,416		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)	242,711,792	0	242,711,792		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
10/10/2019 3:29 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	238,509	5,444	243,953	4.00
5.01	00540	NONPATIENT TELEPHONES	0	928	0	928	5.01
5.02	00550	DATA PROCESSING	6,188,998	0	4,616	6,193,614	5.02
5.03	00580	PURCHASING, REC, STORES	0	47,004	0	47,004	5.03
5.04	00570	ADMITTING	0	31,101	0	31,101	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,275,978	136,146	426,829	1,838,953	5.06
7.00	00700	OPERATION OF PLANT	0	3,705,012	101,412	3,806,424	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	41,777	1,292	43,069	8.00
9.00	00900	HOUSEKEEPING	0	18,865	18,476	37,341	9.00
10.00	01000	DIETARY	0	66,657	28,287	94,944	10.00
11.00	01100	CAFETERIA	0	44,692	0	44,692	11.00
13.00	01300	NURSING ADMINISTRATION	0	31,528	86,569	118,097	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	101,416	162,326	263,742	14.00
15.00	01500	PHARMACY	0	39,967	122,830	162,797	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,880	5,538	30,418	16.00
17.00	01700	SOCIAL SERVICE	0	12,069	0	12,069	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	998,189	80,995	1,079,184	30.00
31.00	03100	INTENSIVE CARE UNIT	0	136,378	49,393	185,771	31.00
32.00	03200	CORONARY CARE UNIT	0	86,339	1,177	87,516	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	25,902	131,119	157,021	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	563,394	1,147,412	1,710,806	50.00
51.00	05100	RECOVERY ROOM	0	59,592	662	60,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	89,922	129,963	219,885	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	190,586	598,270	788,856	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	106,522	527,408	633,930	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	9,655	72,297	81,952	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	308,690	308,690	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	141,484	134,434	275,918	59.00
60.00	06000	LABORATORY	0	59,184	91,392	150,576	60.00
60.01	06001	PATHOLOGY	0	21,910	33,126	55,036	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	8,012	0	8,012	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,256	55,430	92,686	65.00
66.00	06600	PHYSICAL THERAPY	0	27,573	5,473	33,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,887	3,887	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,926	7,926	68.00
69.00	06900	ELECTROCARDIOLOGY	0	130,743	262,134	392,877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	56,882	27,568	84,450	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	WOUND CARE CENTER	0	11,280	0	11,280	76.00
76.97	07697	CARDIAC REHABILITATION	0	28,965	892	29,857	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	155,679	38,946	194,625	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	334,215	127,127	461,342	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
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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)	7,464,976	7,820,213	4,799,340	20,084,529	237,415
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,241	446	7,687	319
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,560
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	NAUTILUS	0	0	0	0	0
194.01	07951	PR/MARKETING	0	0	0	0	0
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	2,495
194.03	07952	RETAIL PHARMACY	0	0	808	808	1,164
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,464,976	7,827,454	4,800,594	20,093,024	243,953

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
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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	
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	1,550					5.01
5.02	00550	DATA PROCESSING	24	6,194,814				5.02
5.03	00580	PURCHASING, REC, STORES	24	84,182	131,210			5.03
5.04	00570	ADMITTING	35	717,199	0	748,335		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	107	217,058	387	0	2,074,009	5.06
7.00	00700	OPERATION OF PLANT	48	0	1,647	0	134,118	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6	0	28	0	10,629	8.00
9.00	00900	HOUSEKEEPING	7	46,218	599	0	28,611	9.00
10.00	01000	DIETARY	24	17,332	4,852	0	7,431	10.00
11.00	01100	CAFETERIA	2	0	0	0	29,660	11.00
13.00	01300	NURSING ADMINISTRATION	44	0	21	0	17,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9	76,754	1,277	0	25,301	14.00
15.00	01500	PHARMACY	39	154,334	636	0	49,773	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43	372,217	15	0	88,848	16.00
17.00	01700	SOCIAL SERVICE	33	1,651	40	0	21,146	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	527	2,171,403	3,661	60,318	164,413	30.00
31.00	03100	INTENSIVE CARE UNIT	39	0	1,010	20,085	41,710	31.00
32.00	03200	CORONARY CARE UNIT	24	0	872	18,366	28,541	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	202	29,388	39,321	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	102	373,042	83,270	131,382	225,857	50.00
51.00	05100	RECOVERY ROOM	0	0	138	4,396	31,144	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,617	12,991	42,367	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	124	192,298	2,404	17,718	83,369	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30	0	123	1,731	31,898	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	239	31,637	11,718	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	88	5,270	9,010	58.00
59.00	05900	CARDIAC CATHETERIZATION	31	0	14,806	58,278	44,663	59.00
60.00	06000	LABORATORY	33	944,160	2,658	29,958	85,867	60.00
60.01	06001	PATHOLOGY	24	0	1,722	2,465	23,569	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.	2	0	3,162	5,830	922	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15	137,002	1,154	10,848	32,107	65.00
66.00	06600	PHYSICAL THERAPY	19	117,195	160	7,158	23,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8	3,976	7,240	67.00
68.00	06800	SPEECH PATHOLOGY	7	0	58	3,484	7,675	68.00
69.00	06900	ELECTROCARDIOLOGY	52	75,929	144	25,535	22,072	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	6,603	117	1,639	7,314	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	32,008	84,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	155,171	237,262	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	60,153	197,020	73.00
74.00	07400	RENAL DIALYSIS	0	0	31	2,169	4,980	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	228	109	12,846	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	17	0	3,831	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	70	490,237	2,292	16,224	56,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	668	48	18,327	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

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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)	1,550	6,194,814	130,351	748,335	1,992,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	569	0	3,686	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	257	0	15,472	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	17,099	194.02
194.03	07952	RETAIL PHARMACY	0	0	33	0	44,918	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)	1,550	6,194,814	131,210	748,335	2,074,009	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
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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	3,948,247					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,960	99,123				8.00
9.00	00900	HOUSEKEEPING	20,302	4,396	143,471			9.00
10.00	01000	DIETARY	71,735	2,156	0	199,407		10.00
11.00	01100	CAFETERIA	48,097	0	0	0	127,960	11.00
13.00	01300	NURSING ADMINISTRATION	33,929	0	0	0	1,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	109,142	1,019	2,716	0	2,320	14.00
15.00	01500	PHARMACY	43,011	0	13,740	0	5,519	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,776	0	2,716	0	1,505	16.00
17.00	01700	SOCIAL SERVICE	12,988	0	0	0	2,744	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,074,235	56,239	49,847	183,810	22,178	30.00
31.00	03100	INTENSIVE CARE UNIT	146,768	6,235	7,829	8,284	4,701	31.00
32.00	03200	CORONARY CARE UNIT	92,916	6,375	6,231	7,313	3,620	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	27,875	1,455	3,195	0	4,328	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	606,314	13,309	18,853	0	15,994	50.00
51.00	05100	RECOVERY ROOM	64,132	0	3,195	0	4,210	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	96,773	887	4,633	0	4,537	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	205,105	1,198	8,947	0	8,531	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	114,637	0	4,633	0	2,084	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	10,391	0	0	0	946	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	350	58.00
59.00	05900	CARDIAC CATHETERIZATION	152,263	0	0	0	2,805	59.00
60.00	06000	LABORATORY	63,693	0	3,036	0	7,642	60.00
60.01	06001	PATHOLOGY	23,579	0	799	0	1,548	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.	8,622	0	320	0	102	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	40,094	0	1,118	0	4,007	65.00
66.00	06600	PHYSICAL THERAPY	29,673	0	0	0	3,398	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,281	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,005	68.00
69.00	06900	ELECTROCARDIOLOGY	140,703	0	3,994	0	2,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,215	0	639	0	866	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	WOUND CARE CENTER	12,139	0	0	0	2	76.00
76.97	07697	CARDIAC REHABILITATION	31,172	0	0	0	442	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	167,539	5,854	7,030	0	7,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	359,676	0	0	0	1,624	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

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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)	3,940,454	99,123	143,471	199,407	119,488	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,793	0	0	0	216	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,971	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	4,649	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	636	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)	3,948,247	99,123	143,471	199,407	127,960	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	175,087					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	484,394				14.00
15.00	01500 PHARMACY	0	11,164	453,840			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	2	0	525,202		16.00
17.00	01700 SOCIAL SERVICE	0	262	0	0	55,293	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	55,732	57,490	0	141,505	40,714	30.00
31.00	03100 INTENSIVE CARE UNIT	11,812	13,628	0	25,945	4,037	31.00
32.00	03200 CORONARY CARE UNIT	9,096	11,554	0	24,408	3,643	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	10,874	3,706	0	23,306	6,899	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	33,504	233,979	0	95,569	0	50.00
51.00	05100 RECOVERY ROOM	10,578	1,750	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,400	17,966	0	2,319	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	769	13,710	0	45,677	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	661	1,806	0	3,318	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	75	1,660	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,093	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,430	26,065	0	0	0	59.00
60.00	06000 LABORATORY	482	6,276	0	40,373	0	60.00
60.01	06001 PATHOLOGY	0	1,527	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.	256	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	886	25,245	0	743	0	65.00
66.00	06600 PHYSICAL THERAPY	726	1,789	0	346	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	120	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	200	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,244	2,800	0	7,636	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6	2,412	0	2,024	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	453,840	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	348	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951 WOUND CARE CENTER	6	1,468	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	800	139	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	17,677	39,496	0	112,033	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	4,073	6,395	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

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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	
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)	175,087	484,050	453,840	525,202	55,293	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	344	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)	175,087	484,394	453,840	525,202	55,293	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
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Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	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	5,194,367	0	5,194,367	30.00
31.00	03100	INTENSIVE CARE UNIT	485,616	0	485,616	31.00
32.00	03200	CORONARY CARE UNIT	306,688	0	306,688	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	315,400	0	315,400	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	3,568,704	0	3,568,704	50.00
51.00	05100	RECOVERY ROOM	187,322	0	187,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	423,883	0	423,883	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,382,121	0	1,382,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	799,697	0	799,697	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	140,396	0	140,396	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	325,074	0	325,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	585,067	0	585,067	59.00
60.00	06000	LABORATORY	1,345,019	0	1,345,019	60.00
60.01	06001	PATHOLOGY	112,353	0	112,353	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.	27,380	0	27,380	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	352,529	0	352,529	65.00
66.00	06600	PHYSICAL THERAPY	223,514	0	223,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,487	0	18,487	67.00
68.00	06800	SPEECH PATHOLOGY	22,355	0	22,355	68.00
69.00	06900	ELECTROCARDIOLOGY	678,982	0	678,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,484	0	168,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116,127	0	116,127	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	392,433	0	392,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	711,013	0	711,013	73.00
74.00	07400	RENAL DIALYSIS	7,528	0	7,528	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	38,082	0	38,082	76.00
76.97	07697	CARDIAC REHABILITATION	67,077	0	67,077	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	1,128,593	0	1,128,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	855,057	0	855,057	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 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
10/10/2019 3:29 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)	19,979,348	0	19,979,348		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,270	0	20,270		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,260	0	21,260		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	24,243	0	24,243		194.02
194.03	07952	RETAIL PHARMACY	47,903	0	47,903		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)	20,093,024	0	20,093,024		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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	843,135					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		4,402,226				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	4,992	72,410,627			4.00
5.01	00540	NONPATIENT TELEPHONES	100	0	184,625	837		5.01
5.02	00550	DATA PROCESSING	0	4,233	349,048	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	391,410	5,195,471	58	263	5.06
7.00	00700	OPERATION OF PLANT	399,086	92,997	1,783,814	26	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,500	1,185	127,989	3	0	8.00
9.00	00900	HOUSEKEEPING	2,032	16,943	1,780,051	4	56	9.00
10.00	01000	DIETARY	7,180	25,940	277,064	13	21	10.00
11.00	01100	CAFETERIA	4,814	0	1,635,215	1	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,396	79,385	1,182,684	24	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,924	148,856	627,469	5	93	14.00
15.00	01500	PHARMACY	4,305	112,637	3,807,372	21	187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,680	5,078	790,292	23	451	16.00
17.00	01700	SOCIAL SERVICE	1,300	0	1,294,290	18	2	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,520	74,274	9,826,897	284	2,631	30.00
31.00	03100	INTENSIVE CARE UNIT	14,690	45,294	2,303,815	21	0	31.00
32.00	03200	CORONARY CARE UNIT	9,300	1,079	1,844,300	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	120,238	2,324,066	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	1,052,197	7,931,981	55	452	50.00
51.00	05100	RECOVERY ROOM	6,419	607	2,233,656	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,686	119,178	2,525,321	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	548,624	3,981,810	67	233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,474	483,642	1,438,430	16	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,040	66,298	527,823	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	283,074	170,202	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,240	123,278	1,723,810	17	0	59.00
60.00	06000	LABORATORY	6,375	83,808	3,047,004	18	1,144	60.00
60.01	06001	PATHOLOGY	2,360	30,377	618,629	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	0	45,171	1	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,013	50,830	1,966,148	8	166	65.00
66.00	06600	PHYSICAL THERAPY	2,970	5,019	1,814,780	10	142	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,564	586,202	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,268	593,629	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,083	240,381	1,119,875	28	92	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,127	25,280	354,182	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	WOUND CARE CENTER	1,215	0	1,053	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,120	818	243,155	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	35,714	3,350,397	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	116,578	862,029	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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				
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
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)	842,355	4,401,076	70,469,749	837	7,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	409	94,761	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	759,962	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	740,708	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	741	345,447	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)	7,827,454	4,800,594	1,422,805	260,491	1,133,452	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.283749	1.090492	0.019649	311.219833	151.006128	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			243,953	1,550	6,194,814	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003369	1.851852	825.314948	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 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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	43,557,604					5.03
5.04	00570	ADMITTING	0	596,287,950				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	128,497	0	-44,890,995	197,820,797		5.06
7.00	00700	OPERATION OF PLANT	546,678	0	0	12,792,669	395,180	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,217	0	0	1,013,783	4,500	8.00
9.00	00900	HOUSEKEEPING	198,709	0	0	2,728,986	2,032	9.00
10.00	01000	DIETARY	1,610,983	0	0	708,765	7,180	10.00
11.00	01100	CAFETERIA	0	0	0	2,829,053	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	7,113	0	0	1,657,851	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	423,983	0	0	2,413,284	10,924	14.00
15.00	01500	PHARMACY	211,105	0	0	4,747,534	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,858	0	0	8,474,605	2,680	16.00
17.00	01700	SOCIAL SERVICE	13,275	0	0	2,017,022	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,215,310	48,062,201	0	15,682,313	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	335,190	16,003,586	0	3,978,491	14,690	31.00
32.00	03200	CORONARY CARE UNIT	289,368	14,634,575	0	2,722,379	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	67,114	23,416,960	0	3,750,565	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	27,642,432	104,686,649	0	21,543,039	60,686	50.00
51.00	05100	RECOVERY ROOM	45,790	3,503,024	0	2,970,630	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	536,741	10,351,597	0	4,041,094	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	797,994	14,118,038	0	7,951,999	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	40,819	1,379,140	0	3,042,554	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	79,427	25,208,716	0	1,117,702	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,115	4,199,298	0	859,447	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,915,827	46,436,765	0	4,260,102	15,240	59.00
60.00	06000	LABORATORY	882,353	23,871,075	0	8,190,247	6,375	60.00
60.01	06001	PATHOLOGY	571,722	1,964,140	0	2,248,085	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.	1,049,907	4,645,300	0	87,955	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	383,087	8,643,671	0	3,062,462	4,013	65.00
66.00	06600	PHYSICAL THERAPY	53,071	5,703,904	0	2,278,682	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,660	3,168,099	0	690,555	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,388	2,775,878	0	732,104	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,717	20,346,347	0	2,105,306	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,919	1,306,268	0	697,632	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,504,598	0	8,023,578	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	123,646,323	0	22,625,492	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,930,570	0	18,792,493	0	73.00
74.00	07400	RENAL DIALYSIS	10,364	1,728,343	0	474,978	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	75,716	86,522	0	1,225,272	1,215	76.00
76.97	07697	CARDIAC REHABILITATION	5,590	0	0	365,379	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	760,858	12,927,738	0	5,425,792	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	221,856	38,625	0	1,748,100	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 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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)	43,272,753	596,287,950	-44,890,995	190,077,979	394,400	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	188,798	0	0	351,599	780	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,167	0	0	1,475,793	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	1,630,983	0	194.02
194.03	07952	RETAIL PHARMACY	10,886	0	0	4,284,443	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)	1,777,488	1,868,185		44,890,995	15,695,684	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.040808	0.003133		0.226928	39.717810	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	131,210	748,335		2,074,009	3,948,247	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003012	0.001255		0.010484	9.991009	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 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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	132,144			10.00
11.00	01100	CAFETERIA	0	0	0	2,023,216		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	25,784	1,101,694	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,558	17	0	36,686	0	14.00
15.00	01500	PHARMACY	0	86	0	87,269	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17	0	23,797	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	43,392	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	803,325	312	121,808	350,669	350,669	30.00
31.00	03100	INTENSIVE CARE UNIT	89,064	49	5,490	74,326	74,326	31.00
32.00	03200	CORONARY CARE UNIT	91,060	39	4,846	57,232	57,232	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	68,424	68,424	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	252,892	210,815	50.00
51.00	05100	RECOVERY ROOM	0	20	0	66,560	66,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,671	29	0	71,735	71,735	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,112	56	0	134,891	4,839	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	32,943	4,158	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	14,960	471	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,527	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,344	27,874	59.00
60.00	06000	LABORATORY	0	19	0	120,836	3,034	60.00
60.01	06001	PATHOLOGY	0	5	0	24,476	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	1,612	1,612	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	63,359	5,577	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	53,732	4,569	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	20,256	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	15,887	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25	0	35,153	7,830	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	13,689	36	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	WOUND CARE CENTER	0	0	0	38	38	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6,993	5,036	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	116,141	111,229	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	25,670	25,630	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 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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	132,144	1,889,273	1,101,694	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,409	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	46,974	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	73,507	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	10,053	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)	1,422,569	3,492,060	1,185,719	3,662,246	2,215,618	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.004732	3,888.708241	8.972931	1.810111	2.011101	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	99,123	143,471	199,407	127,960	175,087	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.070009	159.767261	1.509013	0.063246	0.158925	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 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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	7,000,196				14.00
15.00	01500	PHARMACY	161,332	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22	0	2,686,425		16.00
17.00	01700	SOCIAL SERVICE	3,792	0	0	43,393	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	830,815	0	723,791	31,952	30.00
31.00	03100	INTENSIVE CARE UNIT	196,939	0	132,712	3,168	31.00
32.00	03200	CORONARY CARE UNIT	166,970	0	124,848	2,859	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	53,551	0	119,212	5,414	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	3,381,346	0	488,840	0	50.00
51.00	05100	RECOVERY ROOM	25,292	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	259,638	0	11,862	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,131	0	233,639	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,097	0	16,974	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	23,987	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,795	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	376,683	0	0	0	59.00
60.00	06000	LABORATORY	90,696	0	206,507	0	60.00
60.01	06001	PATHOLOGY	22,071	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	364,821	0	3,801	0	65.00
66.00	06600	PHYSICAL THERAPY	25,855	0	1,769	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,740	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,886	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,471	0	39,060	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,851	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	5,028	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	21,212	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,003	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	570,778	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	92,422	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 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
10/10/2019 3:29 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)	6,995,224	100	2,686,425	43,393		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	4,972	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)	3,541,944	6,569,893	10,613,368	2,606,837		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.505978	65,698.930000	3.950740	60.075058		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	484,394	453,840	525,202	55,293		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.069197	4,538.400000	0.195502	1.274238		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 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,164,283		33,164,283	0	33,164,283
31.00	03100	INTENSIVE CARE UNIT	6,892,361		6,892,361	0	6,892,361
32.00	03200	CORONARY CARE UNIT	4,964,348		4,964,348	0	4,964,348
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	5,895,915		5,895,915	4,663	5,900,578
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,015,851		34,015,851	5,791	34,021,642
51.00	05100	RECOVERY ROOM	4,244,609		4,244,609	0	4,244,609
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,920,691		5,920,691	0	5,920,691
53.00	05300	ANESTHESIOLOGY	0		0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,084,055		12,084,055	0	12,084,055
55.00	05500	RADIOLOGY-THERAPEUTIC	4,449,747		4,449,747	0	4,449,747
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	1,452,810		1,452,810	0	1,452,810
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,072,476		1,072,476	0	1,072,476
59.00	05900	CARDIAC CATHETERIZATION	6,159,055		6,159,055	0	6,159,055
60.00	06000	LABORATORY	11,462,503		11,462,503	0	11,462,503
60.01	06001	PATHOLOGY	2,926,887		2,926,887	0	2,926,887
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	156,127		156,127	0	156,127
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	4,269,540	0	4,269,540	700	4,270,240
66.00	06600	PHYSICAL THERAPY	3,040,262	0	3,040,262	0	3,040,262
67.00	06700	OCCUPATIONAL THERAPY	884,807	0	884,807	0	884,807
68.00	06800	SPEECH PATHOLOGY	928,456	0	928,456	0	928,456
69.00	06900	ELECTROCARDIOLOGY	3,493,794		3,493,794	0	3,493,794
70.00	07000	ELECTROENCEPHALOGRAPHY	1,198,245		1,198,245	0	1,198,245
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,844,353		9,844,353	0	9,844,353
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,759,766		27,759,766	0	27,759,766
73.00	07300	DRUGS CHARGED TO PATIENTS	29,626,929		29,626,929	0	29,626,929
74.00	07400	RENAL DIALYSIS	585,308		585,308	0	585,308
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03951	WOUND CARE CENTER	1,562,456		1,562,456	0	1,562,456
76.97	07697	CARDIAC REHABILITATION	596,013		596,013	0	596,013
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
91.00	09100	EMERGENCY	10,564,908		10,564,908	0	10,564,908
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,928,636		3,928,636	0	3,928,636
93.00	04040	ONCOLOGY INFUSION	3,719,408		3,719,408	0	3,719,408
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0	0	0
106.00	10600	HEART ACQUISITION	0		0	0	0
107.00	10700	LIVER ACQUISITION	0		0	0	0
108.00	10800	LUNG ACQUISITION	0		0	0	0
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
113.00	11300	INTEREST EXPENSE	0		0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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)	236,864,599	0	236,864,599	11,154	236,875,753	200.00		
201.00		Less Observation Beds	3,928,636		3,928,636		3,928,636	201.00		
202.00		Total (see instructions)	232,935,963	0	232,935,963	11,154	232,947,117	202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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	48,058,433		48,058,433		30.00
31.00	03100	INTENSIVE CARE UNIT	16,003,586		16,003,586		31.00
32.00	03200	CORONARY CARE UNIT	14,634,575		14,634,575		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	23,416,960		23,416,960		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	104,459,036	185,647,677	290,106,713	0.117253	0.000000
51.00	05100	RECOVERY ROOM	3,495,515	12,955,337	16,450,852	0.258018	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,329,227	375,378	10,704,605	0.553098	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,084,223	102,146,463	116,230,686	0.103966	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,376,116	98,533,417	99,909,533	0.044538	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	25,153,443	59,388,757	84,542,200	0.017184	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,190,091	12,962,542	17,152,633	0.062525	0.000000
59.00	05900	CARDIAC CATHETERIZATION	46,335,179	42,320,844	88,656,023	0.069471	0.000000
60.00	06000	LABORATORY	23,819,106	41,180,808	64,999,914	0.176346	0.000000
60.01	06001	PATHOLOGY	1,959,834	9,570,405	11,530,239	0.253844	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.	4,635,205	2,439,921	7,075,126	0.022067	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	8,624,954	2,734,284	11,359,238	0.375865	0.000000
66.00	06600	PHYSICAL THERAPY	5,691,397	10,991,101	16,682,498	0.182243	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,161,152	2,070,470	5,231,622	0.169127	0.000000
68.00	06800	SPEECH PATHOLOGY	2,769,791	2,608,819	5,378,610	0.172620	0.000000
69.00	06900	ELECTROCARDIOLOGY	20,301,737	49,824,914	70,126,651	0.049821	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,303,404	10,232,197	11,535,601	0.103874	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,504,598	20,912,697	46,417,295	0.212084	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	123,646,323	73,122,670	196,768,993	0.141078	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	47,829,483	310,295,440	358,124,923	0.082728	0.000000
74.00	07400	RENAL DIALYSIS	1,724,553	0	1,724,553	0.339397	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03951	WOUND CARE CENTER	86,348	11,636,666	11,723,014	0.133281	0.000000
76.97	07697	CARDIAC REHABILITATION	0	1,123,225	1,123,225	0.530627	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	12,899,223	50,153,872	63,053,095	0.167556	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,251,425	16,986,145	20,237,570	0.194126	0.000000
93.00	04040	ONCOLOGY INFUSION	38,457	11,200,981	11,239,438	0.330925	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 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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)	598,783,374	1,141,415,030	1,740,198,404			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	598,783,374	1,141,415,030	1,740,198,404			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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	0.117273			50.00
51.00	05100	RECOVERY ROOM	0.258018			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.553098			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103966			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044538			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.017184			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062525			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069471			59.00
60.00	06000	LABORATORY	0.176346			60.00
60.01	06001	PATHOLOGY	0.253844			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.	0.022067			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.375927			65.00
66.00	06600	PHYSICAL THERAPY	0.182243			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169127			67.00
68.00	06800	SPEECH PATHOLOGY	0.172620			68.00
69.00	06900	ELECTROCARDIOLOGY	0.049821			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103874			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212084			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.141078			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.082728			73.00
74.00	07400	RENAL DIALYSIS	0.339397			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	WOUND CARE CENTER	0.133281			76.00
76.97	07697	CARDIAC REHABILITATION	0.530627			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	0.167556			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194126			92.00
93.00	04040	ONCOLOGY INFUSION	0.330925			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 - 15.8.166.2

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,164,283		33,164,283	0	33,164,283
31.00	03100	INTENSIVE CARE UNIT	6,892,361		6,892,361	0	6,892,361
32.00	03200	CORONARY CARE UNIT	4,964,348		4,964,348	0	4,964,348
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	5,895,915		5,895,915	4,663	5,900,578
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,015,851		34,015,851	5,791	34,021,642
51.00	05100	RECOVERY ROOM	4,244,609		4,244,609	0	4,244,609
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,920,691		5,920,691	0	5,920,691
53.00	05300	ANESTHESIOLOGY	0		0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,084,055		12,084,055	0	12,084,055
55.00	05500	RADIOLOGY-THERAPEUTIC	4,449,747		4,449,747	0	4,449,747
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	1,452,810		1,452,810	0	1,452,810
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,072,476		1,072,476	0	1,072,476
59.00	05900	CARDIAC CATHETERIZATION	6,159,055		6,159,055	0	6,159,055
60.00	06000	LABORATORY	11,462,503		11,462,503	0	11,462,503
60.01	06001	PATHOLOGY	2,926,887		2,926,887	0	2,926,887
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	156,127		156,127	0	156,127
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	4,269,540	0	4,269,540	700	4,270,240
66.00	06600	PHYSICAL THERAPY	3,040,262	0	3,040,262	0	3,040,262
67.00	06700	OCCUPATIONAL THERAPY	884,807	0	884,807	0	884,807
68.00	06800	SPEECH PATHOLOGY	928,456	0	928,456	0	928,456
69.00	06900	ELECTROCARDIOLOGY	3,493,794		3,493,794	0	3,493,794
70.00	07000	ELECTROENCEPHALOGRAPHY	1,198,245		1,198,245	0	1,198,245
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,844,353		9,844,353	0	9,844,353
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,759,766		27,759,766	0	27,759,766
73.00	07300	DRUGS CHARGED TO PATIENTS	29,626,929		29,626,929	0	29,626,929
74.00	07400	RENAL DIALYSIS	585,308		585,308	0	585,308
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03951	WOUND CARE CENTER	1,562,456		1,562,456	0	1,562,456
76.97	07697	CARDIAC REHABILITATION	596,013		596,013	0	596,013
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
91.00	09100	EMERGENCY	10,564,908		10,564,908	0	10,564,908
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,928,636		3,928,636	0	3,928,636
93.00	04040	ONCOLOGY INFUSION	3,719,408		3,719,408	0	3,719,408
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0	0	0
106.00	10600	HEART ACQUISITION	0		0	0	0
107.00	10700	LIVER ACQUISITION	0		0	0	0
108.00	10800	LUNG ACQUISITION	0		0	0	0
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
113.00	11300	INTEREST EXPENSE	0		0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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)	236,864,599		0	236,864,599	11,154	236,875,753	200.00		
201.00		Less Observation Beds	3,928,636			3,928,636		3,928,636	201.00		
202.00		Total (see instructions)	232,935,963		0	232,935,963	11,154	232,947,117	202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,058,433		48,058,433		30.00
31.00	03100	INTENSIVE CARE UNIT	16,003,586		16,003,586		31.00
32.00	03200	CORONARY CARE UNIT	14,634,575		14,634,575		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	23,416,960		23,416,960		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	104,459,036	185,647,677	290,106,713	0.117253	0.117253
51.00	05100	RECOVERY ROOM	3,495,515	12,955,337	16,450,852	0.258018	0.258018
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,329,227	375,378	10,704,605	0.553098	0.553098
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,084,223	102,146,463	116,230,686	0.103966	0.103966
55.00	05500	RADIOLOGY-THERAPEUTIC	1,376,116	98,533,417	99,909,533	0.044538	0.044538
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	25,153,443	59,388,757	84,542,200	0.017184	0.017184
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,190,091	12,962,542	17,152,633	0.062525	0.062525
59.00	05900	CARDIAC CATHETERIZATION	46,335,179	42,320,844	88,656,023	0.069471	0.069471
60.00	06000	LABORATORY	23,819,106	41,180,808	64,999,914	0.176346	0.176346
60.01	06001	PATHOLOGY	1,959,834	9,570,405	11,530,239	0.253844	0.253844
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.	4,635,205	2,439,921	7,075,126	0.022067	0.022067
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	8,624,954	2,734,284	11,359,238	0.375865	0.375865
66.00	06600	PHYSICAL THERAPY	5,691,397	10,991,101	16,682,498	0.182243	0.182243
67.00	06700	OCCUPATIONAL THERAPY	3,161,152	2,070,470	5,231,622	0.169127	0.169127
68.00	06800	SPEECH PATHOLOGY	2,769,791	2,608,819	5,378,610	0.172620	0.172620
69.00	06900	ELECTROCARDIOLOGY	20,301,737	49,824,914	70,126,651	0.049821	0.049821
70.00	07000	ELECTROENCEPHALOGRAPHY	1,303,404	10,232,197	11,535,601	0.103874	0.103874
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,504,598	20,912,697	46,417,295	0.212084	0.212084
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	123,646,323	73,122,670	196,768,993	0.141078	0.141078
73.00	07300	DRUGS CHARGED TO PATIENTS	47,829,483	310,295,440	358,124,923	0.082728	0.082728
74.00	07400	RENAL DIALYSIS	1,724,553	0	1,724,553	0.339397	0.339397
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03951	WOUND CARE CENTER	86,348	11,636,666	11,723,014	0.133281	0.133281
76.97	07697	CARDIAC REHABILITATION	0	1,123,225	1,123,225	0.530627	0.530627
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	12,899,223	50,153,872	63,053,095	0.167556	0.167556
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,251,425	16,986,145	20,237,570	0.194126	0.194126
93.00	04040	ONCOLOGY INFUSION	38,457	11,200,981	11,239,438	0.330925	0.330925
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 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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)	598,783,374	1,141,415,030	1,740,198,404			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	598,783,374	1,141,415,030	1,740,198,404			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
10/10/2019 3:29 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	WOUND CARE CENTER	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 - 15.8.166.2

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

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part II
Date/Time Prepared:
10/10/2019 3:29 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	34,015,851	3,568,704	30,447,147	0	0
51.00	05100	RECOVERY ROOM	4,244,609	187,322	4,057,287	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,920,691	423,883	5,496,808	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,084,055	1,382,121	10,701,934	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,449,747	799,697	3,650,050	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,452,810	140,396	1,312,414	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,072,476	325,074	747,402	0	0
59.00	05900	CARDIAC CATHETERIZATION	6,159,055	585,067	5,573,988	0	0
60.00	06000	LABORATORY	11,462,503	1,345,019	10,117,484	0	0
60.01	06001	PATHOLOGY	2,926,887	112,353	2,814,534	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.	156,127	27,380	128,747	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,269,540	352,529	3,917,011	0	0
66.00	06600	PHYSICAL THERAPY	3,040,262	223,514	2,816,748	0	0
67.00	06700	OCCUPATIONAL THERAPY	884,807	18,487	866,320	0	0
68.00	06800	SPEECH PATHOLOGY	928,456	22,355	906,101	0	0
69.00	06900	ELECTROCARDIOLOGY	3,493,794	678,982	2,814,812	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,198,245	168,484	1,029,761	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,844,353	116,127	9,728,226	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,759,766	392,433	27,367,333	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	29,626,929	711,013	28,915,916	0	0
74.00	07400	RENAL DIALYSIS	585,308	7,528	577,780	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	WOUND CARE CENTER	1,562,456	38,082	1,524,374	0	0
76.97	07697	CARDIAC REHABILITATION	596,013	67,077	528,936	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	10,564,908	1,128,593	9,436,315	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,928,636	615,323	3,313,313	0	0
93.00	04040	ONCOLOGY INFUSION	3,719,408	855,057	2,864,351	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)	185,947,692	14,292,600	171,655,092	0	0
201.00		Less Observation Beds	3,928,636	615,323	3,313,313	0	0
202.00		Total (line 200 minus line 201)	182,019,056	13,677,277	168,341,779	0	0

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

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part II
Date/Time Prepared:
10/10/2019 3:29 pm

Cost Center Description		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)	Hospital	TEFRA
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,015,851	290,106,713	0.117253	50.00
51.00	05100	RECOVERY ROOM	4,244,609	16,450,852	0.258018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,920,691	10,704,605	0.553098	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,084,055	116,230,686	0.103966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,449,747	99,909,533	0.044538	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700	CT SCAN	1,452,810	84,542,200	0.017184	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,072,476	17,152,633	0.062525	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,159,055	88,656,023	0.069471	59.00
60.00	06000	LABORATORY	11,462,503	64,999,914	0.176346	60.00
60.01	06001	PATHOLOGY	2,926,887	11,530,239	0.253844	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.	156,127	7,075,126	0.022067	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,269,540	11,359,238	0.375865	65.00
66.00	06600	PHYSICAL THERAPY	3,040,262	16,682,498	0.182243	66.00
67.00	06700	OCCUPATIONAL THERAPY	884,807	5,231,622	0.169127	67.00
68.00	06800	SPEECH PATHOLOGY	928,456	5,378,610	0.172620	68.00
69.00	06900	ELECTROCARDIOLOGY	3,493,794	70,126,651	0.049821	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,198,245	11,535,601	0.103874	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,844,353	46,417,295	0.212084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,759,766	196,768,993	0.141078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,626,929	358,124,923	0.082728	73.00
74.00	07400	RENAL DIALYSIS	585,308	1,724,553	0.339397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
76.00	03951	WOUND CARE CENTER	1,562,456	11,723,014	0.133281	76.00
76.97	07697	CARDIAC REHABILITATION	596,013	1,123,225	0.530627	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	10,564,908	63,053,095	0.167556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,928,636	20,237,570	0.194126	92.00
93.00	04040	ONCOLOGY INFUSION	3,719,408	11,239,438	0.330925	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)	185,947,692	1,638,084,850		200.00
201.00		Less Observation Beds	3,928,636	0		201.00
202.00		Total (line 200 minus line 201)	182,019,056	1,638,084,850		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
10/10/2019 3:29 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,194,367	0	5,194,367	35,261	147.31	30.00	
31.00	INTENSIVE CARE UNIT	485,616		485,616	3,146	154.36	31.00	
32.00	CORONARY CARE UNIT	306,688		306,688	2,839	108.03	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	315,400		315,400	5,376	58.67	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)	6,302,071		6,302,071	46,622		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	13,938	2,053,207					30.00
31.00	INTENSIVE CARE UNIT	1,458	225,057					31.00
32.00	CORONARY CARE UNIT	1,343	145,084					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)	16,739	2,423,348					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
10/10/2019 3:29 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,568,704	290,106,713	0.012301	41,660,175	512,462	50.00
51.00	05100 RECOVERY ROOM	187,322	16,450,852	0.011387	1,393,841	15,872	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	423,883	10,704,605	0.039598	89,514	3,545	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,382,121	116,230,686	0.011891	6,580,860	78,253	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	799,697	99,909,533	0.008004	639,029	5,115	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	140,396	84,542,200	0.001661	12,539,038	20,827	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	325,074	17,152,633	0.018952	1,984,314	37,607	58.00
59.00	05900 CARDIAC CATHETERIZATION	585,067	88,656,023	0.006599	20,723,501	136,754	59.00
60.00	06000 LABORATORY	1,345,019	64,999,914	0.020693	10,437,184	215,977	60.00
60.01	06001 PATHOLOGY	112,353	11,530,239	0.009744	557,680	5,434	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.	27,380	7,075,126	0.003870	2,336,170	9,041	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	352,529	11,359,238	0.031035	3,791,471	117,668	65.00
66.00	06600 PHYSICAL THERAPY	223,514	16,682,498	0.013398	2,989,973	40,060	66.00
67.00	06700 OCCUPATIONAL THERAPY	18,487	5,231,622	0.003534	1,326,518	4,688	67.00
68.00	06800 SPEECH PATHOLOGY	22,355	5,378,610	0.004156	1,355,049	5,632	68.00
69.00	06900 ELECTROCARDIOLOGY	678,982	70,126,651	0.009682	10,473,010	101,400	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,484	11,535,601	0.014606	607,935	8,879	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	116,127	46,417,295	0.002502	11,270,973	28,200	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	392,433	196,768,993	0.001994	49,070,879	97,847	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	711,013	358,124,923	0.001985	21,358,085	42,396	73.00
74.00	07400 RENAL DIALYSIS	7,528	1,724,553	0.004365	886,663	3,870	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 WOUND CARE CENTER	38,082	11,723,014	0.003248	35,014	114	76.00
76.97	07697 CARDIAC REHABILITATION	67,077	1,123,225	0.059718	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	1,128,593	63,053,095	0.017899	6,356,189	113,769	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	615,323	20,237,570	0.030405	2,650,183	80,579	92.00
93.00	04040 ONCOLOGY INFUSION	855,057	11,239,438	0.076076	17,501	1,331	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)	14,292,600	1,638,084,850		211,130,749	1,687,320	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0104		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 10/10/2019 3:29 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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	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	35,261	0.00	13,938	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,146	0.00	1,458	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	2,839	0.00	1,343	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	5,376	0.00	0	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	46,622	0.00	16,739	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							
31.00	03100	INTENSIVE CARE UNIT	0							
32.00	03200	CORONARY CARE UNIT	0							
33.00	03300	BURN INTENSIVE CARE UNIT	0							
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							
40.00	04000	SUBPROVIDER - IPF	0							
41.00	04100	SUBPROVIDER - IRF	0							
42.00	04200	SUBPROVIDER	0							
43.00	04300	NURSERY	0							
44.00	04400	SKILLED NURSING FACILITY	0							
45.00	04500	NURSING FACILITY	0							
200.00		Total (lines 30 through 199)	0							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 18-0104		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 10/10/2019 3:29 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	WOUND CARE CENTER	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 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
10/10/2019 3:29 pm

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	290,106,713	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	16,450,852	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,704,605	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	116,230,686	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	99,909,533	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	84,542,200	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	17,152,633	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	88,656,023	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	64,999,914	0.000000	60.00	
60.01	06001	PATHOLOGY	0	0	0	11,530,239	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	7,075,126	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	11,359,238	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	16,682,498	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,231,622	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,378,610	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,126,651	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,535,601	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	46,417,295	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	196,768,993	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	358,124,923	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	1,724,553	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00	
76.00	03951	WOUND CARE CENTER	0	0	0	11,723,014	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,123,225	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	63,053,095	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,237,570	0.000000	92.00	
93.00	04040	ONCOLOGY INFUSION	0	0	0	11,239,438	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	1,638,084,850		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 18-0104		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 10/10/2019 3:29 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	41,660,175	0	48,950,801	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,393,841	0	3,749,187	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	89,514	0	1,874	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,580,860	0	32,277,080	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	639,029	0	38,667,544	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	12,539,038	0	16,443,933	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,984,314	0	3,978,594	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	20,723,501	0	19,508,019	0	59.00
60.00	06000	LABORATORY	0.000000	10,437,184	0	5,305,255	0	60.00
60.01	06001	PATHOLOGY	0.000000	557,680	0	2,348,624	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	2,336,170	0	869,438	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,791,471	0	858,166	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,989,973	0	114,512	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,326,518	0	51,443	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,355,049	0	61,250	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	10,473,010	0	19,286,641	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	607,935	0	2,542,863	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	11,270,973	0	6,014,695	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	49,070,879	0	25,263,987	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	21,358,085	0	110,377,180	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	886,663	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0.000000	35,014	0	5,532,505	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	5,661	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	6,356,189	0	10,168,601	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,650,183	0	5,793,033	0	92.00
93.00	04040	ONCOLOGY INFUSION	0.000000	17,501	0	3,901,230	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)		211,130,749	0	362,072,116	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part V
Date/Time Prepared:
10/10/2019 3:29 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	0.117253	48,950,801	37	0	5,739,628	50.00
51.00	05100	RECOVERY ROOM	0.258018	3,749,187	0	0	967,358	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.553098	1,874	0	0	1,037	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103966	32,277,080	5	0	3,355,719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044538	38,667,544	0	0	1,722,175	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.017184	16,443,933	0	0	282,573	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062525	3,978,594	0	0	248,762	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069471	19,508,019	2	0	1,355,242	59.00
60.00	06000	LABORATORY	0.176346	5,305,255	8,933	0	935,560	60.00
60.01	06001	PATHOLOGY	0.253844	2,348,624	84	0	596,184	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.	0.022067	869,438	0	0	19,186	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.375865	858,166	134	0	322,555	65.00
66.00	06600	PHYSICAL THERAPY	0.182243	114,512	0	0	20,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169127	51,443	0	0	8,700	67.00
68.00	06800	SPEECH PATHOLOGY	0.172620	61,250	0	0	10,573	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049821	19,286,641	0	0	960,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103874	2,542,863	0	0	264,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212084	6,014,695	0	0	1,275,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.141078	25,263,987	0	0	3,564,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.082728	110,377,180	0	102,510	9,131,283	73.00
74.00	07400	RENAL DIALYSIS	0.339397	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0.133281	5,532,505	0	0	737,378	76.00
76.97	07697	CARDIAC REHABILITATION	0.530627	5,661	0	0	3,004	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	0.167556	10,168,601	16	134	1,703,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194126	5,793,033	11	0	1,124,578	92.00
93.00	04040	ONCOLOGY INFUSION	0.330925	3,901,230	0	1	1,291,015	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)		362,072,116	9,222	102,645	35,642,020	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		362,072,116	9,222	102,645	35,642,020	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part V
Date/Time Prepared:
10/10/2019 3:29 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	4	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	1	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	0	0		59.00
60.00	06000	LABORATORY	1,575	0		60.00
60.01	06001	PATHOLOGY	21	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	50	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	8,480		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	WOUND CARE CENTER	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	3	22		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2	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)	1,656	8,502		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,656	8,502		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
10/10/2019 3:29 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	5,194,367	0	5,194,367	35,261	147.31	30.00	
31.00	INTENSIVE CARE UNIT	485,616		485,616	3,146	154.36	31.00	
32.00	CORONARY CARE UNIT	306,688		306,688	2,839	108.03	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	315,400		315,400	5,376	58.67	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)	6,302,071		6,302,071	46,622		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	327	48,170					30.00
31.00	INTENSIVE CARE UNIT	31	4,785					31.00
32.00	CORONARY CARE UNIT	41	4,429					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	6	352					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)	405	57,736					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
10/10/2019 3:29 pm

Cost Center Description		Title XIX		Hospital		TEFRA	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,568,704	290,106,713	0.012301	0	0 50.00
51.00	05100	RECOVERY ROOM	187,322	16,450,852	0.011387	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	423,883	10,704,605	0.039598	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,382,121	116,230,686	0.011891	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	799,697	99,909,533	0.008004	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	140,396	84,542,200	0.001661	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	325,074	17,152,633	0.018952	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	585,067	88,656,023	0.006599	0	0 59.00
60.00	06000	LABORATORY	1,345,019	64,999,914	0.020693	0	0 60.00
60.01	06001	PATHOLOGY	112,353	11,530,239	0.009744	0	0 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.	27,380	7,075,126	0.003870	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	352,529	11,359,238	0.031035	0	0 65.00
66.00	06600	PHYSICAL THERAPY	223,514	16,682,498	0.013398	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	18,487	5,231,622	0.003534	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	22,355	5,378,610	0.004156	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	678,982	70,126,651	0.009682	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,484	11,535,601	0.014606	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116,127	46,417,295	0.002502	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	392,433	196,768,993	0.001994	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	711,013	358,124,923	0.001985	0	0 73.00
74.00	07400	RENAL DIALYSIS	7,528	1,724,553	0.004365	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03951	WOUND CARE CENTER	38,082	11,723,014	0.003248	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	67,077	1,123,225	0.059718	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	1,128,593	63,053,095	0.017899	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	615,323	20,237,570	0.030405	0	0 92.00
93.00	04040	ONCOLOGY INFUSION	855,057	11,239,438	0.076076	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)	14,292,600	1,638,084,850		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part III
Date/Time Prepared:
10/10/2019 3:29 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	35,261	0.00	327	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,146	0.00	31	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	2,839	0.00	41	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	5,376	0.00	6	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	46,622	0.00	405	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 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
10/10/2019 3:29 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	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						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	WOUND CARE CENTER	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						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 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
10/10/2019 3:29 pm

Cost Center Description		Title XIX		Hospital		TEFRA	
		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	290,106,713	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	16,450,852	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,704,605	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	116,230,686	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	99,909,533	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	84,542,200	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,152,633	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	88,656,023	0.000000	59.00
60.00	06000	LABORATORY	0	0	64,999,914	0.000000	60.00
60.01	06001	PATHOLOGY	0	0	11,530,239	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7,075,126	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,359,238	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	16,682,498	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,231,622	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,378,610	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	70,126,651	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	11,535,601	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	46,417,295	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	196,768,993	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	358,124,923	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,724,553	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE CENTER	0	0	11,723,014	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,123,225	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	63,053,095	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	20,237,570	0.000000	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	11,239,438	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	1,638,084,850		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 10/10/2019 3:29 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	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0.000000	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 10/10/2019 3:29 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,261	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,261	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)		31,084	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		13,938	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)		33,164,283	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)		33,164,283	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)		33,164,283	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)		940.54	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,109,247	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)		13,109,247	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
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		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	6,892,361	3,146	2,190.83	1,458	3,194,230
44.00	CORONARY CARE UNIT	4,964,348	2,839	1,748.63	1,343	2,348,410
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						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet D-1

Date/Time Prepared:
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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	5,194,367	33,164,283	0.156625	3,928,636	615,323
91.00	Nursing School cost	0	33,164,283	0.000000	3,928,636	0
92.00	Allied health cost	0	33,164,283	0.000000	3,928,636	0
93.00	All other Medical Education	0	33,164,283	0.000000	3,928,636	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet D-1

Date/Time Prepared:
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Title XIX		Hospital	TEFRA
Cost Center Description			
PART I - ALL PROVIDER COMPONENTS		1.00	
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	35,261	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	35,261	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)	31,084	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)	327	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)	5,376	15.00
16.00	Nursery days (title V or XIX only)	6	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)	33,164,283	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)	33,164,283	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)	33,164,283	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)	940.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	307,557	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)	307,557	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

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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)	5,895,915	5,376	1,096.71	6	6,580	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	6,892,361	3,146	2,190.83	31	67,916	43.00	
44.00	CORONARY CARE UNIT	4,964,348	2,839	1,748.63	41	71,694	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)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						453,747	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)						57,736	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						57,736	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						396,011	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						97	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)						-396,011	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)						57,736	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)						4,177	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						940.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,928,636	89.00

COMPUTATION OF INPATIENT OPERATING COST

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Cost Center Description		Title XIX		Hospital	TEFRA	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,194,367	33,164,283	0.156625	3,928,636	615,323
91.00	Nursing School cost	0	33,164,283	0.000000	3,928,636	0
92.00	Allied health cost	0	33,164,283	0.000000	3,928,636	0
93.00	All other Medical Education	0	33,164,283	0.000000	3,928,636	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0104	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 10/10/2019 3:29 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		22,628,640	30.00
31.00	03100	INTENSIVE CARE UNIT		7,560,411	31.00
32.00	03200	CORONARY CARE UNIT		6,912,158	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	0.117273	41,660,175	50.00
51.00	05100	RECOVERY ROOM	0.258018	1,393,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.553098	89,514	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103966	6,580,860	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044538	639,029	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.017184	12,539,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062525	1,984,314	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069471	20,723,501	59.00
60.00	06000	LABORATORY	0.176346	10,437,184	60.00
60.01	06001	PATHOLOGY	0.253844	557,680	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.022067	2,336,170	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.375927	3,791,471	65.00
66.00	06600	PHYSICAL THERAPY	0.182243	2,989,973	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169127	1,326,518	67.00
68.00	06800	SPEECH PATHOLOGY	0.172620	1,355,049	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049821	10,473,010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103874	607,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212084	11,270,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.141078	49,070,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.082728	21,358,085	73.00
74.00	07400	RENAL DIALYSIS	0.339397	886,663	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03951	WOUND CARE CENTER	0.133281	35,014	76.00
76.97	07697	CARDIAC REHABILITATION	0.530627	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.167556	6,356,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194126	2,650,183	92.00
93.00	04040	ONCOLOGY INFUSION	0.330925	17,501	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		211,130,749	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		211,130,749	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
10/10/2019 3:29 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)			2,145,699	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			34,039,327	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)			2,817,540	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)			259.56	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)			4.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.17	31.00
32.00	Sum of lines 30 and 31			29.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)			13.19	33.00
34.00	Disproportionate share adjustment (see instructions)			1,193,202	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 10/10/2019 3:29 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,687,791	2,232,328		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	138,723	2,048,848		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,187,571			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)	42,383,339			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)		42,383,339		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,114,066		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		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,497,405		59.00
60.00	Primary payer payments		18,080		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,479,325		61.00
62.00	Deductibles billed to program beneficiaries		4,041,139		62.00
63.00	Coinsurance billed to program beneficiaries		21,159		63.00
64.00	Allowable bad debts (see instructions)		668,500		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		434,525		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		41,876		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,851,552		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-87,171		70.93
70.94	HRR adjustment amount (see instructions)		-334,960		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 10/10/2019 3:29 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)		27,533	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,401,888	71.00	
71.01	Sequestration adjustment (see instructions)		828,038	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		40,640,050	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)		-66,200	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,288,715	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/10/2019 3:29 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,145,699	0	2,145,699		2,145,699
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	34,039,327	0		34,039,327	34,039,327
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	2,817,540	0	239,518	2,578,022	2,817,540
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1319	0.1319	0.1319	0.1319	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,193,202	0	70,755	1,122,447	1,193,202
11.01	Uncompensated care payments	36.00	2,187,571	0	138,723	2,048,848	2,187,571
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	42,383,339	0	2,594,695	39,788,644	42,383,339
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,383,339	0	2,594,695	39,788,644	42,383,339
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,114,066	0	187,337	2,926,729	3,114,066
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/10/2019 3:29 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	2,782,032	42,715,373	45,497,405
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,903,659	0	171,981	2,731,678	2,903,659
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	210,407	0	15,356	195,051	210,407
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	3,114,066	0	187,337	2,926,729	3,114,066
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
10/10/2019 3:29 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,145,699	2,145,699		2,145,699	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	34,039,327		34,039,327	34,039,327	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,817,540	239,518	2,578,022	2,817,540	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1319	0.1319	0.1319		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,193,202	70,755	1,122,447	1,193,202	11.00
11.01	Uncompensated care payments	36.00	2,187,571	138,723	2,048,848	2,187,571	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,383,339	2,594,695	39,788,644	42,383,339	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,383,339	2,594,695	39,788,644	42,383,339	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,114,066	187,337	2,926,729	3,114,066	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			2,782,032	42,715,373	45,497,405	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
10/10/2019 3:29 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,903,659	171,981	2,731,678	2,903,659	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	210,407	15,356	195,051	210,407	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,114,066	187,337	2,926,729	3,114,066	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-87,171	-17,142	-70,029	-87,171	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-334,960	-11,586	-323,374	-334,960	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		27,533	0	27,533	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 10/10/2019 3:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,158	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,642,020	2.00
3.00	OPPS payments		30,774,245	3.00
4.00	Outlier payment (see instructions)		243,932	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,158	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		111,867	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)		111,867	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)		111,867	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		101,709	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)		10,158	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)		31,018,177	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,992	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,737,830	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)		25,288,513	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)		25,288,513	30.00
31.00	Primary payer payments		5,935	31.00
32.00	Subtotal (line 30 minus line 31)		25,282,578	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)		657,419	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		427,322	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		115,889	36.00
37.00	Subtotal (see instructions)		25,709,900	37.00
38.00	MSP-LCC reconciliation amount from PS&R		31	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)		20,976	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		25,709,869	40.00
40.01	Sequestration adjustment (see instructions)		514,197	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		25,358,333	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-162,661	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 09/01/2018
To 08/31/2019Worksheet E-1
Part I
Date/Time Prepared:
10/10/2019 3:29 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		40,593,127		25,306,620	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	03/14/2019	81,329	03/14/2019	51,713	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/26/2019	34,406		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)		46,923		51,713	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)		40,640,050		25,358,333	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		66,200		162,661	6.02
7.00	Total Medicare program liability (see instructions)		40,573,850		25,195,672	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 09/01/2018 To 08/31/2019	Worksheet E-1 Part II Date/Time Prepared: 10/10/2019 3:29 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 09/01/2018 To 08/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 10/10/2019 3:29 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	57,736			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	57,736		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	57,736		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	57,736		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	57,736		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

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 09/01/2018
To 08/31/2019

Worksheet G

Date/Time Prepared:
10/10/2019 3:29 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	1,891,996	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	246,902,475	0	0	0	4.00
5.00	Other receivable	217,101	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-199,999,886	0	0	0	6.00
7.00	Inventory	8,116,035	0	0	0	7.00
8.00	Prepaid expenses	71,783	0	0	0	8.00
9.00	Other current assets	8,619,322	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)	65,818,826	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	-6,679,068	0	0	0	14.00
15.00	Buildings	245,528,814	0	0	0	15.00
16.00	Accumulated depreciation	-145,156,823	0	0	0	16.00
17.00	Leasehold improvements	62,296	0	0	0	17.00
18.00	Accumulated depreciation	-25,438	0	0	0	18.00
19.00	Fixed equipment	14,003,744	0	0	0	19.00
20.00	Accumulated depreciation	-13,492,433	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	106,446,503	0	0	0	23.00
24.00	Accumulated depreciation	-91,853,769	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)	124,891,465	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	4,152,847	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,152,847	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	194,863,138	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,767,248	0	0	0	37.00
38.00	Salaries, wages, and fees payable	85,660	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	13,307,712	0	0	0	43.00
44.00	Other current liabilities	3,464,681	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,625,301	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	19,625,301	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	175,237,837				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)	175,237,837	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	194,863,138	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet G-1

Date/Time Prepared:
10/10/2019 3:29 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)		16,693,715				2.00
3.00	Total (sum of line 1 and line 2)		174,330,264		0		3.00
4.00	TRANSFER	907,570		0		0	4.00
5.00	BALANCE	3		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		907,573		0		10.00
11.00	Subtotal (line 3 plus line 10)		175,237,837		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		175,237,837		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	TRANSFER		0				4.00
5.00	BALANCE		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
10/10/2019 3:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	48,062,201		48,062,201	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)	48,062,201		48,062,201	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,003,586		16,003,586	11.00
12.00	CORONARY CARE UNIT	14,634,575		14,634,575	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)	30,638,161		30,638,161	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	78,700,362		78,700,362	17.00
18.00	Ancillary services	481,204,263	1,062,852,201	1,544,056,464	18.00
19.00	Outpatient services	16,217,788	78,321,830	94,539,618	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	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		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	23,416,960	0	23,416,960	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	599,539,373	1,141,174,031	1,740,713,404	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		259,021,596		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		259,021,596		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2018
To 08/31/2019

Worksheet G-3

Date/Time Prepared:
10/10/2019 3:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,740,713,404	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,454,765,396	2.00
3.00	Net patient revenues (line 1 minus line 2)	285,948,008	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	259,021,596	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,926,412	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	434,812	6.00
7.00	Income from investments	160,016	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	1,138,149	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	4,347,115	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	7,370	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	345,623	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,146,891	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	3,676,002	24.00
25.00	Total other income (sum of lines 6-24)	12,255,978	25.00
26.00	Total (line 5 plus line 25)	39,182,390	26.00
27.00	NET ASSET TRANSFERS	22,028,867	27.00
27.01	EXCLUDED COST CENTER EXPENSES	459,808	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	22,488,675	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,693,715	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0104	Period: From 09/01/2018 To 08/31/2019	Worksheet L Parts I-III Date/Time Prepared: 10/10/2019 3:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,903,659	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		210,407	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)		103.33	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)		3,114,066	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