

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/22/2019 12:27 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/22/2019	Time: 12:27 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-544,905	1,169,354	0	0	1.00
2.00 Subprovider - IPF	0	84,900	0		0	2.00
3.00 Subprovider - IRF	0	-60,916	0		0	3.00
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
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-520,921	1,169,354	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 2650 RIDGE AVENUE	PO Box:		Zip Code: 60201		County: COOK				1.00
2.00	City: EVANSTON	State: IL								2.00

	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	NORTHSHORE UNIVERSITY HEALTHSYSTEM	140010	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRY UNIT	14S010	16974	4	10/01/1983	N	P	O	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T010	16974	5	10/01/1983	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	TRANSITIONAL CARE CENTER	145855	16974		11/27/1995	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HOME HEALTH	147001	16974		01/01/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE	141522	16974		07/01/1979				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
18.01	Renal Dialysis									18.01
18.02	Renal Dialysis									18.02
19.00	Other									19.00

						From:	To:	
						1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2017	09/30/2018	20.00
21.00	Type of Control (see instructions)					2		21.00

						1.00	2.00	3.00
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Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	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.					N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010			Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am			
		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.	6,107	7,437	0	0	8,497	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	140	0	0	0	265			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1			60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1			60.03	
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20	
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>					0.00	62.01	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am			
			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	
		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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		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 1.00			XIX 2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		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.	N		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. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am	
		V	XIX				
		1.00	2.00				
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
					1.00		
					2.00		
					3.00		
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
			Premiums	Losses	Insurance		
			1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:		2,109,899	54,392,448	-37,430,000		118.01
					1.00		
					2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
	Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am	
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	Y				165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,174.00
166.01		GLENBROOK HOSPITAL	COOK	IL	60026	16974	960.00
166.02		HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	851.00
166.03		SKOKIE HOSPITAL	COOK	IL	60076	16974	830.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/22/2019 12:27 am	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2017	09/30/2018	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/22/2019 12:27 am	
		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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					11.00
		Y/N	1.00				
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	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	01/07/2019	Y	01/07/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/22/2019 12:27 am	
		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 relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET		ABERIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128		MABERIN@NORTHSHORE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/22/2019 12:27 am
		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.	SR. REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2019 12:27 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				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	583	212,795	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)		583	212,795	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	71	25,915	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	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						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		698	254,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	33	12,045		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		751				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)		7	2,496			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2019 12:27 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	69,100	10,277	132,020			1.00
2.00 HMO and other (see instructions)	14,530	8,497				2.00
3.00 HMO IPF Subprovider	264	469				3.00
4.00 HMO IRF Subprovider	303	265				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)	69,100	10,277	132,020			7.00
8.00 INTENSIVE CARE UNIT	7,974	1,406	17,401			8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	823	10,918			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		853	10,092			13.00
14.00 Total (see instructions)	77,074	13,359	170,431	205.44	6,164.23	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,838	621	9,262	4.41	62.70	16.00
17.00 SUBPROVIDER - IRF	2,703	140	5,223	0.94	26.21	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	39,176	1,788	64,957	0.00	100.81	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	44.99	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				210.79	6,398.94	27.00
28.00 Observation Bed Days		2,762	24,195			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	185	2,496			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2019 12:27 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	17,697	2,916	39,381	1.00
2.00 HMO and other (see instructions)				3,148	2,099		2.00
3.00 HMO IPF Subprovider					91		3.00
4.00 HMO IRF Subprovider					13		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	17,697	2,916		39,381	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	215	30		1,618	16.00
17.00 SUBPROVIDER - IRF	0.00	0	207	15		403	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet S-3 Part II Date/Time Prepared: 2/22/2019 12:27 am	
	Wkst. A Line Number	Amount Reported	Reclassification 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	573,637,778	0	573,637,778	13,309,306.00	43.10	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		14,881,627	0	14,881,627	65,393.00	227.57	4.00
4.01	Physicians - Part A - Teaching		5,670,433	0	5,670,433	29,789.00	190.35	4.01
5.00	Physician and Non-Physician-Part B		37,981,479	0	37,981,479	415,435.00	91.43	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		17,534,145	0	17,534,145	441,931.00	39.68	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		30,533,222	1,303,373	31,836,595	854,112.00	37.27	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		22,701,573	0	22,701,573	670,452.00	33.86	11.00
12.00	Contract Labor: Top level management and other management and administrative services		5,379,248	0	5,379,248	125,397.00	42.90	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		528,592	0	528,592	6,155.00	85.88	14.02
15.00	Home office: Physician Part A - Administrative		2,769,592	0	2,769,592	17,451.00	158.71	15.00
16.00	Home office and Contract Physicians Part A - Teaching		1,741,577	0	1,741,577	10,973.00	158.71	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		127,347,339	0	127,347,339			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		8,755,602	0	8,755,602			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		2,274,009	0	2,274,009			22.00
22.01	Physician Part A - Teaching		893,019	0	893,019			22.01
23.00	Physician Part B		7,157,744	0	7,157,744			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
2/22/2019 12:27 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	12,303,000	-536,500	11,766,500	222,375.00	52.91	26.00
27.00	Administrative & General	5.00	138,023,712	-22,923,472	115,100,240	1,768,086.00	65.10	27.00
28.00	Administrative & General under contract (see inst.)		20,061,596	0	20,061,596	221,980.00	90.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	546,291	0	546,291	8,844.00	61.77	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		11,187,454	0	11,187,454	574,778.00	19.46	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		8,029,452	0	8,029,452	370,772.00	21.66	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,591,247	0	6,591,247	145,405.00	45.33	38.00
39.00	Central Services and Supply	14.00	4,682,196	0	4,682,196	221,630.00	21.13	39.00
40.00	Pharmacy	15.00	15,738,075	60,494	15,798,569	352,186.00	44.86	40.00
41.00	Medical Records & Medical Records Library	16.00	4,302,583	0	4,302,583	144,564.00	29.76	41.00
42.00	Social Service	17.00	5,685,553	0	5,685,553	132,700.00	42.85	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
2/22/2019 12:27 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	551,730,223	0	551,730,223	13,589,681.00	40.60	1.00
2.00	Excluded area salaries (see instructions)	30,533,222	1,303,373	31,836,595	854,112.00	37.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	521,197,001	-1,303,373	519,893,628	12,735,569.00	40.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,379,005	0	31,379,005	819,455.00	38.29	4.00
5.00	Subtotal wage-related costs (see inst.)	129,621,348	0	129,621,348	0.00	24.93	5.00
6.00	Total (sum of lines 3 thru 5)	682,197,354	-1,303,373	680,893,981	13,555,024.00	50.23	6.00
7.00	Total overhead cost (see instructions)	227,151,159	-23,399,478	203,751,681	4,163,320.00	48.94	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/22/2019 12:27 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		55,008,720	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		20,481,219	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		1,407,364	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)		67,205,139	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		11,211	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,079,397	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)		4,963,188	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		951,655	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		35,748,791	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		405,559	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))		-44,764,800	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		3,930,271	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		146,427,714	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part V Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description			Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost			1.00	2.00	
Hospital and Hospital-Based Component Identification:					
1.00	Total facility's contract labor and benefit cost		22,701,573	146,427,713	1.00
2.00	Hospital		22,701,573	127,347,338	2.00
3.00	Subprovider - IPF		0	1,335,516	3.00
4.00	Subprovider - IRF		0	558,706	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				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA		0	2,149,464	11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice		0	959,238	13.00
14.00	Hospital-Based Health Clinic RHC				14.00
15.00	Hospital-Based Health Clinic FQHC				15.00
16.00	Hospital-Based-CMHC				16.00
17.00	Renal Dialysis		0	0	17.00
18.00	Other		0	14,077,451	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0010 Component CCN: 14-7001		Period: From 10/01/2017 To 09/30/2018		Worksheet S-4 Date/Time Prepared: 2/22/2019 12:27 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK AND LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,701	0	1,521	4,222	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,426.00	36.00	1,800.00	4,262.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.75	0.00	0.75	3.00
4.00	Director(s) and Assistant Director(s)			0.90	0.00	0.90	4.00
5.00	Other Administrative Personnel			38.50	0.00	38.50	5.00
6.00	Direct Nursing Service			36.43	0.00	36.43	6.00
7.00	Nursing Supervisor			3.00	0.00	3.00	7.00
8.00	Physical Therapy Service			23.64	0.00	23.64	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.63	0.00	3.63	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.64	0.00	0.64	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.03	0.00	2.03	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME & MED REC TEACHS: CLINICAL PRAC			0.99	0.00	0.99	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	15,199	850	572	464	17,085	21.00
22.00	Skilled Nursing Visit Charges	3,193,260	178,500	120,330	97,650	3,589,740	22.00
23.00	Physical Therapy Visits	15,652	389	246	576	16,863	23.00
24.00	Physical Therapy Visit Charges	3,286,710	81,690	51,660	120,960	3,541,020	24.00
25.00	Occupational Therapy Visits	2,618	168	7	73	2,866	25.00
26.00	Occupational Therapy Visit Charges	549,780	35,280	1,470	15,330	601,860	26.00
27.00	Speech Pathology Visits	464	66	1	17	548	27.00
28.00	Speech Pathology Visit Charges	102,544	14,586	221	3,757	121,108	28.00
29.00	Medical Social Service Visits	322	27	10	18	377	29.00
30.00	Medical Social Service Visit Charges	81,144	6,804	2,520	4,536	95,004	30.00
31.00	Home Health Aide Visits	1,211	176	1	49	1,437	31.00
32.00	Home Health Aide Visit Charges	159,852	23,232	132	6,468	189,684	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	35,466	1,676	837	1,197	39,176	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	7,373,290	340,092	176,333	248,701	8,138,416	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,525		315	93	2,933	36.00
37.00	Total Number of Outlier Episodes		45		6	51	37.00
38.00	Total Non-Routine Medical Supply Charges	55,890	7,004	5,514	1,962	70,370	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-7
Date/Time Prepared:
2/22/2019 12:27 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-7

Date/Time Prepared:
2/22/2019 12:27 am

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 14-0010 Hospice CCN: 14-1522	Period: From 10/01/2017 To 09/30/2018	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 2/22/2019 12:27 am
		Hospice I		

	Unduplicated Days	Hospice I					Total (sum of cols. 1, 2 & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	41,085	2,682	3,018	46,785	11.00
12.00	Hospice Inpatient Respite Care	104	4	9	117	12.00
13.00	Hospice General Inpatient Care	1,249	141	166	1,556	13.00
14.00	Total Hospice Days	42,438	2,827	3,193	48,458	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/22/2019 12:27 am
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				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)			0.244764	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			62,476,525	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			383,200,831	6.00	
7.00	Medicaid cost (line 1 times line 6)			93,793,768	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)			31,317,243	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			170,450	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)			31,317,243	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)	58,594,684	8,633,899	67,228,583	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,341,869	8,633,899	22,975,768	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	267,148	388,722	655,870	22.00	
23.00	Cost of charity care (line 21 minus line 22)	14,074,721	8,245,177	22,319,898	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)			36,656,985	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			4,056,796	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			6,241,224	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			30,415,761	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,629,111	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			31,949,009	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			63,266,252	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet A	
Date/Time Prepared: 2/22/2019 12:27 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		43,853,404	43,853,404	8,722,069	52,575,473	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		20,645,606	20,645,606	0	20,645,606	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,303,000	10,867,202	23,170,202	-536,500	22,633,702	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	138,023,712	162,584,188	300,607,900	-43,300,136	257,307,764	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	546,291	51,784,864	52,331,155	-364	52,330,791	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,456,358	3,456,358	0	3,456,358	8.00
9.00	00900	HOUSEKEEPING	0	14,376,916	14,376,916	-284	14,376,632	9.00
10.00	01000	DIETARY	0	14,130,299	14,130,299	-31	14,130,268	10.00
11.00	01100	CAFETERIA	0	4,406,842	4,406,842	0	4,406,842	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,591,247	2,079,534	8,670,781	-31	8,670,750	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,682,196	9,656,408	14,338,604	-4,778,451	9,560,153	14.00
15.00	01500	PHARMACY	15,738,075	125,730,164	141,468,239	-120,495,684	20,972,555	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,302,583	1,944,001	6,246,584	0	6,246,584	16.00
17.00	01700	SOCIAL SERVICE	5,685,553	1,744,569	7,430,122	0	7,430,122	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	34,558,132	24,933,536	59,491,668	-13,397,973	46,093,695	22.00
23.00	02300	PARAMED PRGM- PHARMACY	1,237,592	360,792	1,598,384	-74,912	1,523,472	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	4,081	22,208	26,289	252,701	278,990	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	714,292	273,555	987,847	0	987,847	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	88,390,778	25,868,140	114,258,918	2,375,575	116,634,493	30.00
31.00	03100	INTENSIVE CARE UNIT	18,789,866	6,336,779	25,126,645	-478,711	24,647,934	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,440,893	2,228,917	9,669,810	-19,036	9,650,774	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF	4,687,372	1,240,085	5,927,457	-20,855	5,906,602	40.00
41.00	04100	SUBPROVIDER - I/RF	1,760,127	543,245	2,303,372	-6,857	2,296,515	41.00
43.00	04300	NURSERY	0	0	0	2,502,026	2,502,026	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,624,254	82,684,906	102,309,160	-69,179,940	33,129,220	50.00
51.00	05100	RECOVERY ROOM	4,589,551	1,581,839	6,171,390	-185,039	5,986,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,689,985	3,199,853	10,889,838	-1,864,899	9,024,939	52.00
53.00	05300	ANESTHESIOLOGY	1,409,226	5,143,947	6,553,173	-279,104	6,274,069	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,115,630	17,410,264	46,525,894	-6,501,522	40,024,372	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,088,711	2,197,862	6,286,573	-266	6,286,307	55.00
56.00	05600	RADIOISOTOPE	3,291,859	3,504,950	6,796,809	-5,607	6,791,202	56.00
57.00	05700	CT SCAN	3,801,218	2,357,807	6,159,025	-116,616	6,042,409	57.00
58.00	05800	MRI	4,671,346	2,727,800	7,399,146	-544,448	6,854,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,526,137	15,919,912	19,446,049	-14,348,198	5,097,851	59.00
60.00	06000	LABORATORY	23,790,155	30,904,753	54,694,908	-4,021,621	50,673,287	60.00
60.01	06001	VASCULAR LAB	1,696,316	544,699	2,241,015	-11,751	2,229,264	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,311,265	2,032,145	3,343,410	-1,075,770	2,267,640	63.00
64.00	06400	INTRAVENOUS THERAPY	2,188,236	1,390,639	3,578,875	-525,887	3,052,988	64.00
65.00	06500	RESPIRATORY THERAPY	5,878,045	3,987,861	9,865,906	-43,164	9,822,742	65.00
66.00	06600	PHYSICAL THERAPY	22,703,479	7,683,282	30,386,761	-289,501	30,097,260	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,695,373	689,965	3,385,338	-13,508	3,371,830	67.00
68.00	06800	SPEECH PATHOLOGY	1,067,251	273,273	1,340,524	-7,054	1,333,470	68.00
69.00	06900	ELECTROCARDIOLOGY	5,281,008	12,207,396	17,488,404	-10,386,236	7,102,168	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,745,093	748,585	2,493,678	-11,690	2,481,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,726,572	44,726,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	66,765,043	66,765,043	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	120,567,110	120,567,110	73.00
74.00	07400	RENAL DIALYSIS	0	2,834,974	2,834,974	-6,310	2,828,664	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,659,854	2,900,660	10,560,514	-21,199	10,539,315	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	581,708	173,702	755,410	-343	755,067	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,313,258	40,303,943	68,617,201	53,632,190	122,249,391	90.00
91.00	09100	EMERGENCY	19,333,272	7,388,546	26,721,818	-426,295	26,295,523	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,533,679	5,471,447	14,005,126	0	14,005,126	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		8,722,069	8,722,069	-8,722,069	0	113.00
116.00	11600	HOSPICE	4,130,119	3,118,672	7,248,791	0	7,248,791	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	564,171,818	797,173,363	1,361,345,181	-2,154,576	1,359,190,605	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	9,465,960	89,091,309	98,557,269	2,154,576	100,711,845	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	573,637,778	886,264,672	1,459,902,450	0	1,459,902,450	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	52,575,473	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	20,645,606	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-71,866	22,561,836	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-56,277,976	201,029,788	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,340,018	50,990,773	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,456,358	8.00
9.00	00900	HOUSEKEEPING	0	14,376,632	9.00
10.00	01000	DIETARY	-117,014	14,013,254	10.00
11.00	01100	CAFETERIA	-4,048,686	358,156	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,670,750	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,560,153	14.00
15.00	01500	PHARMACY	0	20,972,555	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-450	6,246,134	16.00
17.00	01700	SOCIAL SERVICE	0	7,430,122	17.00
18.00	01080	SPECIFY SERVICE	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-6,835,379	39,258,316	22.00
23.00	02300	PARAMED PRGM- PHARMACY	0	1,523,472	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	-149,843	129,147	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	-987,847	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-20,385,308	96,249,185	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,282,515	23,365,419	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,650,774	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	-34,320	5,872,282	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,296,515	41.00
43.00	04300	NURSERY	0	2,502,026	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,798	33,125,422	50.00
51.00	05100	RECOVERY ROOM	0	5,986,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,024,939	52.00
53.00	05300	ANESTHESIOLOGY	-176,729	6,097,340	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-881,719	39,142,653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-125,926	6,160,381	55.00
56.00	05600	RADIOISOTOPE	-129,190	6,662,012	56.00
57.00	05700	CT SCAN	0	6,042,409	57.00
58.00	05800	MRI	0	6,854,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	-408,242	4,689,609	59.00
60.00	06000	LABORATORY	-131,690	50,541,597	60.00
60.01	06001	VASCULAR LAB	-3,522	2,225,742	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,267,640	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,052,988	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,822,742	65.00
66.00	06600	PHYSICAL THERAPY	-127,670	29,969,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,371,830	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,333,470	68.00
69.00	06900	ELECTROCARDIOLOGY	-234,289	6,867,879	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,481,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,726,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,765,043	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	120,567,110	73.00
74.00	07400	RENAL DIALYSIS	0	2,828,664	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,539,315	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-83,388	671,679	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,601,144	120,648,247	90.00
91.00	09100	EMERGENCY	-3,026,982	23,268,541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-316	14,004,810	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
116.00	11600	HOSPICE	26,322	7,275,113	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-98,439,505	1,260,751,100	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	26,645,477	26,645,477	191.00
193.01	19301	NON-ALLOWABLE COST	0	100,711,845	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-71,794,028	1,388,108,422	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY RECLASS					
1.00	NURSERY	43.00	1,842,419	659,607	1.00
2.00		0.00	0	0	2.00
			1,842,419	659,607	
B - TRANSPORTATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	4,220,053	1.00
			0	4,220,053	
C - LDRP ROOM CHARGES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	727,887	283,797	1.00
			727,887	283,797	
D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	66,765,043	1.00
			0	66,765,043	
E - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,722,069	1.00
			0	8,722,069	
F - PART A BONUS RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	2,686	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,988,050	0	2.00
3.00	LABORATORY	60.00	126,250	0	3.00
4.00	PHYSICAL THERAPY	66.00	6,667	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	136,667	0	5.00
			2,260,320	0	
G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	35,314,677	22,051,311	1.00
			35,314,677	22,051,311	
H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	651,767	101,064	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
			651,767	101,064	
I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADMINISTRATIVE & GENERAL	5.00	14,297,512	1,741,189	1.00
			14,297,512	1,741,189	
J - GROUP STIPEND RECLASS					
1.00	NON-ALLOWABLE COST	193.01	130,600	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			130,600	0	
K - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	120,567,110	1.00
			0	120,567,110	
L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	111,491,615	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
0			0	111,491,615		
M - LAB EXPENSE TRANSFER						
1.00	NON-ALLOWABLE COST	193.01	1,043,189	980,787		1.00
0			1,043,189	980,787		
N - PARAMED - MEDICAL TECH EXPENSE						
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	207,920	49,781		1.00
2.00	LABORATORY	60.00	0	5,000		2.00
3.00		0.00	0	0		3.00
0			207,920	54,781		
O - PARAMED ED PHARMACY RECLASS						
1.00	PHARMACY	15.00	60,494	14,418		1.00
0			60,494	14,418		
500.00	Grand Total: Increases		56,536,785	337,652,844		500.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/22/2019 12:27 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NURSERY RECLASS						
1.00 ADULTS & PEDIATRICS	30.00	1,400,700	489,341	0		1.00
2.00 DELIVERY ROOM & LABOR ROOM	52.00	441,719	170,266	0		2.00
O		1,842,419	659,607			
B - TRANSPORTATION RECLASS						
1.00 CENTRAL SERVICES & SUPPLY	14.00	0	4,220,053	0		1.00
O		0	4,220,053			
C - LDRP ROOM CHARGES RECLASS						
1.00 DELIVERY ROOM & LABOR ROOM	52.00	727,887	283,797	0		1.00
O		727,887	283,797			
D - IMPLANT DEVICE RECLASS						
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	66,765,043	0		1.00
O		0	66,765,043			
E - INTEREST EXPENSE RECLASS						
1.00 INTEREST EXPENSE	113.00	0	8,722,069	11		1.00
O		0	8,722,069			
F - PART A BONUS RECLASS						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	536,500	0	0		1.00
2.00 ADMINISTRATIVE & GENERAL	5.00	1,673,614	0	0		2.00
3.00 ADULTS & PEDIATRICS	30.00	50,206	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
O		2,260,320	0			
G - PROVIDER BASED RECLASS						
1.00 ADMINISTRATIVE & GENERAL	5.00	35,314,677	22,051,311	0		1.00
O		35,314,677	22,051,311			
H - TEACHING PHYSICIAN RECLASS (I & R)						
1.00 ADMINISTRATIVE & GENERAL	5.00	202,693	31,430	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	103,104	15,988	0		2.00
3.00 SUBPROVIDER - IPF	40.00	17,842	2,767	0		3.00
4.00 RADIOLOGY-DIAGNOSTIC	54.00	1,684	261	0		4.00
5.00 LABORATORY	60.00	268,468	41,628	0		5.00
6.00 VASCULAR LAB	60.01	9,863	1,529	0		6.00
7.00 PHYSICAL THERAPY	66.00	9,986	1,549	0		7.00
8.00 ELECTROCARDIOLOGY	69.00	5,026	779	0		8.00
9.00 CLINIC	90.00	22,098	3,427	0		9.00
10.00 EMERGENCY	91.00	11,003	1,706	0		10.00
O		651,767	101,064			
I - ADMIN PHYSICIAN RECLASS (I & R)						
1.00 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	14,297,512	1,741,189	0		1.00
O		14,297,512	1,741,189			
J - GROUP STIPEND RECLASS						
1.00 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	100,000	0	0		1.00
2.00 ADMINISTRATIVE & GENERAL	5.00	30,000	0	0		2.00
3.00 ADULTS & PEDIATRICS	30.00	600	0	0		3.00
O		130,600	0			
K - PHARMACY RECLASS						
1.00 PHARMACY	15.00	0	120,567,110	0		1.00
O		0	120,567,110			
L - MEDICAL SUPPLIES RECLASS						
1.00 ADMINISTRATIVE & GENERAL	5.00	0	35,112	0		1.00
2.00 OPERATION OF PLANT	7.00	0	364	0		2.00
3.00 HOUSEKEEPING	9.00	0	284	0		3.00
4.00 DIETARY	10.00	0	31	0		4.00
5.00 NURSING ADMINISTRATION	13.00	0	31	0		5.00
6.00 CENTRAL SERVICES & SUPPLY	14.00	0	558,398	0		6.00
7.00 PHARMACY	15.00	0	3,486	0		7.00
8.00 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	153	0		8.00
9.00 ADULTS & PEDIATRICS	30.00	0	796,223	0		9.00
10.00 INTENSIVE CARE UNIT	31.00	0	481,397	0		10.00
11.00 INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	19,036	0		11.00
12.00 SUBPROVIDER - IPF	40.00	0	246	0		12.00
13.00 SUBPROVIDER - IRF	41.00	0	6,857	0		13.00
14.00 OPERATING ROOM	50.00	0	69,179,940	0		14.00
15.00 RECOVERY ROOM	51.00	0	185,039	0		15.00
16.00 DELIVERY ROOM & LABOR ROOM	52.00	0	241,230	0		16.00
17.00 ANESTHESIOLOGY	53.00	0	279,104	0		17.00
18.00 RADIOLOGY-DIAGNOSTIC	54.00	0	6,636,244	0		18.00
19.00 RADIOLOGY-THERAPEUTIC	55.00	0	266	0		19.00

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
20.00	RADIOISOTOPE	56.00	0	5,607	0		20.00	
21.00	CT SCAN	57.00	0	116,616	0		21.00	
22.00	MRI	58.00	0	544,448	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	14,348,198	0		23.00	
24.00	LABORATORY	60.00	0	1,599,221	0		24.00	
25.00	VASCULAR LAB	60.01	0	359	0		25.00	
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,037,647	0		26.00	
27.00	INTRAVENOUS THERAPY	64.00	0	525,887	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	43,164	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	284,633	0		29.00	
30.00	OCCUPATIONAL THERAPY	67.00	0	13,508	0		30.00	
31.00	SPEECH PATHOLOGY	68.00	0	7,054	0		31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	10,380,431	0		32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,690	0		33.00	
34.00	RENAL DIALYSIS	74.00	0	6,310	0		34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	21,199	0		35.00	
36.00	CARDIAC REHABILITATION	76.97	0	343	0		36.00	
37.00	CLINIC	90.00	0	3,708,273	0		37.00	
38.00	EMERGENCY	91.00	0	413,586	0		38.00	
	O		0	111,491,615				
M - LAB EXPENSE TRANSFER								
1.00	LABORATORY	60.00	1,043,189	980,787	0		1.00	
	O		1,043,189	980,787				
N - PARAMED - MEDICAL TECH EXPENSE								
1.00	LABORATORY	60.00	177,136	42,442	0		1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	30,784	7,339	0		2.00	
3.00	PARAMED ED PRGM-MEDICAL TECH	23.01	0	5,000	0		3.00	
	O		207,920	54,781				
O - PARAMED ED PHARMACY RECLASS								
1.00	PARAMED ED PRGM- PHARMACY	23.00	60,494	14,418	0		1.00	
	O		60,494	14,418				
500.00	Grand Total: Decreases		56,536,785	337,652,844			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
2/22/2019 12:27 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	71,514,092	1,604,280	0	1,604,280	0	1.00
2.00	Land Improvements	35,959,015	50,355	0	50,355	1,796,742	2.00
3.00	Buildings and Fixtures	1,545,589,218	81,111,790	0	81,111,790	31,119,963	3.00
4.00	Building Improvements	57,069,200	1,176,702	0	1,176,702	588,981	4.00
5.00	Fixed Equipment	366,138,612	46,034,518	0	46,034,518	70,101,245	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	68,566,176	3,550,900	0	3,550,900	351,884	7.00
8.00	Subtotal (sum of lines 1-7)	2,144,836,313	133,528,545	0	133,528,545	103,958,815	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,144,836,313	133,528,545	0	133,528,545	103,958,815	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	73,118,372	71,553,716				1.00
2.00	Land Improvements	34,212,628	3,808,334				2.00
3.00	Buildings and Fixtures	1,595,581,045	191,984,591				3.00
4.00	Building Improvements	57,656,921	27,183,472				4.00
5.00	Fixed Equipment	342,071,885	152,851,506				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	71,765,192	26,165,569				7.00
8.00	Subtotal (sum of lines 1-7)	2,174,406,043	473,547,188				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	2,174,406,043	473,547,188				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	43,853,404	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	20,645,606	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	64,499,010	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	43,853,404				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	20,645,606				2.00
3.00	Total (sum of lines 1-2)	0	64,499,010				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,760,568,966	0	1,760,568,966	0.809678	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	413,837,077	0	413,837,077	0.190322	0	2.00
3.00	Total (sum of lines 1-2)	2,174,406,043	0	2,174,406,043	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	43,853,404	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	20,645,606	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	64,499,010	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,722,069	0	0	0	52,575,473	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	20,645,606	2.00
3.00	Total (sum of lines 1-2)	8,722,069	0	0	0	73,221,079	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP 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)	A	-276,086	ADMINISTRATIVE & GENERAL	5.00	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	-27,671,927			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	6,865,642			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employees 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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/22/2019 12:27 am

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	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	32.00
33.00 PHYSICIAN ASSISTANT SALARY	A	-9,407,172	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	33.00
33.01 PHYSICIAN ASSISTANT SALARY	A		0	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	33.01
33.02 PHYSICIAN ASSISTANT SALARY	A		0	ANESTHESIOLOGY	53.00	33.02
33.03 PHYSICIAN ASSISTANT SALARY	A	-4,680	0	INTENSIVE CARE UNIT	31.00	33.03
33.04 PHYSICIAN ASSISTANT SALARY	A		0	OPERATING ROOM	50.00	33.04
33.05 PHYSICIAN ASSISTANT SALARY	A	-9,856	0	ANESTHESIOLOGY	53.00	33.05
33.06 PHYSICIAN ASSISTANT SALARY	A	-304,066	0	RADIOLOGY-DIAGNOSTIC	54.00	33.06
33.07 PHYSICIAN ASSISTANT SALARY	A	-402,564	0	CARDIAC CATHETERIZATION	59.00	33.07
33.08 PHYSICIAN ASSISTANT SALARY	A		0	OVASCULAR LAB	60.01	33.08
33.09 PHYSICIAN ASSISTANT SALARY	A		0	OPHYSICAL THERAPY	66.00	33.09
33.10 PHYSICIAN ASSISTANT SALARY	A	-221,326	0	ELECTROCARDIOLOGY	69.00	33.10
33.11 PHYSICIAN ASSISTANT SALARY	A	-123,087	0	CLINIC	90.00	33.11
33.12 PHYSICIAN ASSISTANT SALARY	A	-1,426,945	0	EMERGENCY	91.00	33.12
34.00 LOBBYING DUES	A	-165,646	0	ADMINISTRATIVE & GENERAL	5.00	34.00
35.00 MEDICAID TAX ASSESSMENT	A	-45,362,409	0	ADMINISTRATIVE & GENERAL	5.00	35.00
36.00 RESEARCH INSTITUTE EXPENSE	A	26,645,477	0	RESEARCH	191.00	36.00
36.01 MEDICAID TAX ASSESSMENT	A		0	ADMINISTRATIVE & GENERAL	5.00	36.01
37.00 OTHER REVENUE OFFSET_TUITION	B	-149,843	0	PARAMED ED PRGM-MEDICAL TECH	23.01	37.00
37.01 OTHER REVENUE OFFSET_TUITION	B	-987,449	0	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	37.01
37.02 OTHER REVENUE OFFSET_TUITION	B	-49,910	0	EMERGENCY	91.00	37.02
37.03 OTHER REVENUE OFFSET_TUITION	B	-5,000	0	LABORATORY	60.00	37.03
37.04 OTHER REVENUE OFFSET_TUITION	B	-23,550	0	CLINIC	90.00	37.04
37.05 OTHER REVENUE OFFSET_TUITION	B	-166,781	0	ANESTHESIOLOGY	53.00	37.05
38.00 NON-ALLOWABLE CORPORATE EXPENSES	A	-5,904	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	38.00
38.01 NON-ALLOWABLE CORPORATE EXPENSES	A	-6,523,106	0	ADMINISTRATIVE & GENERAL	5.00	38.01
38.02 NON-ALLOWABLE CORPORATE EXPENSES	A	-450	0	MEDICAL RECORDS & LIBRARY	16.00	38.02
38.03 NON-ALLOWABLE CORPORATE EXPENSES	A	-340,416	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	38.03
38.04 NON-ALLOWABLE CORPORATE EXPENSES	A	-398	0	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	38.04
38.05 NON-ALLOWABLE CORPORATE EXPENSES	A	-838	0	ADULTS & PEDIATRICS	30.00	38.05
38.06 NON-ALLOWABLE CORPORATE EXPENSES	A	-3,798	0	OPERATING ROOM	50.00	38.06
38.07 NON-ALLOWABLE CORPORATE EXPENSES	A	-92	0	ANESTHESIOLOGY	53.00	38.07
38.08 NON-ALLOWABLE CORPORATE EXPENSES	A	-1,185	0	RADIOLOGY-THERAPEUTIC	55.00	38.08
38.09 NON-ALLOWABLE CORPORATE EXPENSES	A	-50	0	LABORATORY	60.00	38.09
38.10 NON-ALLOWABLE CORPORATE EXPENSES	A	-200,550	0	CLINIC	90.00	38.10
38.11 NON-ALLOWABLE CORPORATE EXPENSES	A	-16	0	EMERGENCY	91.00	38.11
38.12 NON-ALLOWABLE CORPORATE EXPENSES	A	-316	0	HOME HEALTH AGENCY	101.00	38.12
39.00 INTEREST - RATE SWAP AGREEMENT	A		0	ADMINISTRATIVE & GENERAL	5.00	39.00
40.00 OTHER REVENUE OFFSET_CAFETERIA AND D	B	-4,048,686	0	CAFETERIA	11.00	40.00
40.01 OTHER REVENUE OFFSET_CAFETERIA AND D	B	-117,014	0	DIETARY	10.00	40.01
40.02 TUITION REVENUE OFFSET	B		0	EMERGENCY	91.00	40.02
40.03 TUITION REVENUE OFFSET	B		0	LABORATORY	60.00	40.03
40.04 TUITION REVENUE OFFSET	B		0	CLINIC	90.00	40.04
40.05 TUITION REVENUE OFFSET	B		0	ANESTHESIOLOGY	53.00	40.05

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
40.06 CORPORATE EXPENSES	A		OEMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.06
40.07 CORPORATE EXPENSES	A		OADMINISTRATIVE & GENERAL	5.00	0	40.07
40.08 CORPORATE EXPENSES	A		OMEDICAL RECORDS & LIBRARY	16.00	0	40.08
40.09 CORPORATE EXPENSES	A		OI&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.09
40.10 CORPORATE EXPENSES	A		OPARAMED ED PRGM-MEDICAL TECH	23.01	0	40.10
40.11 CORPORATE EXPENSES	A		OPARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0	40.11
40.12 CORPORATE EXPENSES	A		OADULTS & PEDIATRICS	30.00	0	40.12
40.13 CORPORATE EXPENSES	A		OINFANT SPECIAL CARE UNIT (ISCU)	31.01	0	40.13
40.14 CORPORATE EXPENSES	A		OOPERATING ROOM	50.00	0	40.14
40.15 CORPORATE EXPENSES	A		OANESTHESIOLOGY	53.00	0	40.15
40.16 CORPORATE EXPENSES	A		ORADIOLOGY-DIAGNOSTIC	54.00	0	40.16
40.17 CORPORATE EXPENSES	A		ORADIOLOGY-THERAPEUTIC	55.00	0	40.17
40.18 CORPORATE EXPENSES	A		OLABORATORY	60.00	0	40.18
40.19 CORPORATE EXPENSES	A		OCLINIC	90.00	0	40.19
40.20 CORPORATE EXPENSES	A		OHOME HEALTH AGENCY	101.00	0	40.20
40.21 CAFETERIA AND DIETARY	B		OCAFETERIA	11.00	0	40.21
40.22 CAFETERIA AND DIETARY	B		ODIETARY	10.00	0	40.22
40.23 MISCELLANEOUS REVENUE OFFSET	B		OADMINISTRATIVE & GENERAL	5.00	0	40.23
41.00 OTHER REVENUE OFFSET_OTHERS	B	-3,107,085	OADMINISTRATIVE & GENERAL	5.00	0	41.00
41.01 OTHER REVENUE OFFSET_OTHERS	B	-1,340,018	OPERATION OF PLANT	7.00	0	41.01
41.02 OTHER REVENUE OFFSET_OTHERS	B		ODIETARY	10.00	0	41.02
41.03 OTHER REVENUE OFFSET_OTHERS	B		OCAFETERIA	11.00	0	41.03
41.04 OTHER REVENUE OFFSET_OTHERS	B		OI&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	41.04
41.05 OTHER REVENUE OFFSET_OTHERS	B		OPARAMED ED PRGM-MEDICAL TECH	23.01	0	41.05
41.06 OTHER REVENUE OFFSET_OTHERS	B		OPARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0	41.06
41.07 OTHER REVENUE OFFSET_OTHERS	B	-72,755	OADULTS & PEDIATRICS	30.00	0	41.07
41.08 OTHER REVENUE OFFSET_OTHERS	B		ORADIOLOGY-DIAGNOSTIC	54.00	0	41.08
41.09 OTHER REVENUE OFFSET_OTHERS	B		ORADIOLOGY-THERAPEUTIC	55.00	0	41.09
41.10 OTHER REVENUE OFFSET_OTHERS	B	40,828	LABORATORY	60.00	0	41.10
41.11 OTHER REVENUE OFFSET_OTHERS	B	-95,326	PHYSICAL THERAPY	66.00	0	41.11
41.12 OTHER REVENUE OFFSET_OTHERS	B	-83,388	CARDIAC REHABILITATION	76.97	0	41.12
41.13 OTHER REVENUE OFFSET_OTHERS	B	-1,106,480	CLINIC	90.00	0	41.13
41.14 OTHER REVENUE OFFSET_OTHERS	B	-35,541	EMERGENCY	91.00	0	41.14
42.00 CORPORATE INTEGRATION COSTS (LEGAL E	A		OADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 HOSPICE ADJUSTMENT (ADDITIONAL EXPEN	A	26,322	HOSPICE	116.00	0	43.00
44.00 ADDITIONAL NON-ALLOWABLE	A	-248,642	OADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00 PATHOLOGY GROUP STIPEND CLINICAL OFF	A	-1,281,946	OI&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-71,794,028				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:
2/22/2019 12:27 am

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	22.00	I&R SERVICES-OTHER PRGM COST	6,865,642	0	1.00
2.00	0.00	PATHOLOGY GROUP STIPEND	0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		6,865,642	0	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			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	C		0.00	NSUHS FACULTY	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: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:
2/22/2019 12:27 am

	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	6,865,642	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	6,865,642			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	NSUHS FACULTY		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2
Date/Time Prepared:
2/22/2019 12:27 am

	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	85,712	43,333	42,379	197,500	208	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	289,497	239,497	50,000	211,500	360	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	925,960	0	925,960	197,500	6,694	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	15,211	0	15,211	246,400	160	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	2,500	0	2,500	169,700	48	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	18,365	0	18,365	237,100	64	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	10,500	0	10,500	271,900	168	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	969	0	969	181,300	9	8.00
9.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	101,045	0	101,045	239,400	526	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	120,455	0	120,455	260,300	998	10.00
11.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,671,487	2,671,487	0	0	0	11.00
12.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	20,538,175	20,218,140	320,035	197,500	2,385	12.00
13.00	31.00	INTENSIVE CARE UNIT	1,288,185	1,269,250	18,935	197,500	109	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - I/PF	57,506	9,006	48,500	181,300	266	14.00
15.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,007,856	0	1,007,856	271,900	3,291	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	226,965	0	226,965	271,900	782	16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	192,030	0	192,030	211,500	618	17.00
18.00	59.00	CARDIAC CATHETERIZATION	10,236	0	10,236	197,500	48	18.00
19.00	60.00	LABORATORY	174,415	0	174,415	211,500	1,128	19.00
20.00	60.00	LABORATORY	195,978	0	195,978	260,300	705	20.00
21.00	60.01	VASCULAR LAB	10,037	0	10,037	246,400	55	21.00
22.00	66.00	AGGREGATE-PHYSICAL THERAPY	71,797	0	71,797	211,500	388	22.00
23.00	69.00	ELECTROCARDIOLOGY	20,559	0	20,559	197,500	80	23.00
24.00	90.00	AGGREGATE-CLINIC	173,975	131,072	42,903	181,300	304	24.00
25.00	91.00	EMERGENCY	1,524,995	1,499,998	24,997	246,400	88	25.00
200.00			29,734,410	26,081,783	3,652,627		19,482	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	19,750	988	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	36,606	1,830	0	0	0	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	635,608	31,780	0	0	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	18,954	948	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	3,916	196	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	7,295	365	0	0	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	21,961	1,098	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	784	39	0	0	0	8.00
9.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	60,541	3,027	0	0	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	124,894	6,245	0	0	0	10.00
11.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	11.00
12.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	226,460	11,323	0	0	0	12.00
13.00	31.00	INTENSIVE CARE UNIT	10,350	518	0	0	0	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - I/PF	23,186	1,159	0	0	0	14.00
15.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	430,203	21,510	0	0	0	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	102,224	5,111	0	0	0	16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	62,840	3,142	0	0	0	17.00
18.00	59.00	CARDIAC CATHETERIZATION	4,558	228	0	0	0	18.00
19.00	60.00	LABORATORY	114,698	5,735	0	0	0	19.00
20.00	60.00	LABORATORY	88,227	4,411	0	0	0	20.00
21.00	60.01	VASCULAR LAB	6,515	326	0	0	0	21.00
22.00	66.00	AGGREGATE-PHYSICAL THERAPY	39,453	1,973	0	0	0	22.00
23.00	69.00	ELECTROCARDIOLOGY	7,596	380	0	0	0	23.00

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet A-8-2 Date/Time Prepared: 2/22/2019 12:27 am	
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	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	
24.00	90.00	AGGREGATE-CLINIC	26,498	1,325	0	0	0	24.00
25.00	91.00	EMERGENCY	10,425	521	0	0	0	25.00
200.00			2,083,542	104,178	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	19,750	22,629	65,962		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	36,606	13,394	252,891		2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	635,608	290,352	290,352		3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	18,954	0	0		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	3,916	0	0		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	7,295	11,070	11,070		6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	21,961	0	0		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	784	185	185		8.00
9.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	60,541	40,504	40,504		9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	124,894	0	0		10.00
11.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,671,487		11.00
12.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	226,460	93,575	20,311,715		12.00
13.00	31.00	INTENSIVE CARE UNIT	0	10,350	8,585	1,277,835		13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - I/PF	0	23,186	25,314	34,320		14.00
15.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	430,203	577,653	577,653		15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	102,224	124,741	124,741		16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	0	62,840	129,190	129,190		17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	4,558	5,678	5,678		18.00
19.00	60.00	LABORATORY	0	114,698	59,717	59,717		19.00
20.00	60.00	LABORATORY	0	88,227	107,751	107,751		20.00
21.00	60.01	VASCULAR LAB	0	6,515	3,522	3,522		21.00
22.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	39,453	32,344	32,344		22.00
23.00	69.00	ELECTROCARDIOLOGY	0	7,596	12,963	12,963		23.00
24.00	90.00	AGGREGATE-CLINIC	0	26,498	16,405	147,477		24.00
25.00	91.00	EMERGENCY	0	10,425	14,572	1,514,570		25.00
200.00			0	2,083,542	1,590,144	27,671,927		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	52,575,473	52,575,473			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	20,645,606		20,645,606		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,561,836	441,544	1,293	23,004,673	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	201,029,788	16,270,016	8,954,141	4,712,526	230,966,471
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	50,990,773	12,580,605	137,799	22,367	63,731,544
8.00 00800	LAUNDRY & LINEN SERVICE	3,456,358	65,822	0	0	3,522,180
9.00 00900	HOUSEKEEPING	14,376,632	340,947	60,133	0	14,777,712
10.00 01000	DIETARY	14,013,254	485,180	135,289	0	14,633,723
11.00 01100	CAFETERIA	358,156	406,989	13,234	0	778,379
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	8,670,750	114,482	325,555	269,865	9,380,652
14.00 01400	CENTRAL SERVICES & SUPPLY	9,560,153	0	0	191,703	9,751,856
15.00 01500	PHARMACY	20,972,555	0	0	646,841	21,619,396
16.00 01600	MEDICAL RECORDS & LIBRARY	6,246,134	180,369	1,499	176,161	6,604,163
17.00 01700	SOCIAL SERVICE	7,430,122	73,800	0	232,784	7,736,706
18.00 01080	SPECIFY SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	39,258,316	605,140	15,245	933,518	40,812,219
23.00 02300	PARAMED PRGM- PHARMACY	1,523,472	5,181	0	48,194	1,576,847
23.01 02301	PARAMED PRGM-MEDICAL TECH	129,147	19,298	0	8,680	157,125
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	1,036	0	29,245	30,281
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	96,249,185	3,340,758	355,048	3,585,135	103,530,126
31.00 03100	INTENSIVE CARE UNIT	23,365,419	585,311	281,078	769,423	25,001,231
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,650,774	127,343	18,427	304,652	10,101,196
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	5,872,282	223,693	334	191,185	6,287,494
41.00 04100	SUBPROVIDER - I RF	2,296,515	110,040	12,378	72,065	2,490,998
43.00 04300	NURSERY	2,502,026	30,903	0	75,434	2,608,363
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	33,125,422	1,524,275	2,601,989	803,476	38,055,162
51.00 05100	RECOVERY ROOM	5,986,351	237,228	47,169	187,910	6,458,658
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,024,939	550,172	104,681	266,964	9,946,756
53.00 05300	ANESTHESIOLOGY	6,097,340	57,222	489,288	57,698	6,701,548
54.00 05400	RADIOLOGY-DIAGNOSTIC	39,142,653	1,492,814	1,560,126	1,197,608	43,393,201
55.00 05500	RADIOLOGY-THERAPEUTIC	6,160,381	282,521	337,363	167,404	6,947,669
56.00 05600	RADIOISOTOPE	6,662,012	253,573	232,213	134,779	7,282,577
57.00 05700	CT SCAN	6,042,409	127,900	118,702	155,633	6,444,644
58.00 05800	MRI	6,854,698	285,098	451,838	191,259	7,782,893
59.00 05900	CARDIAC CATHETERIZATION	4,689,609	281,316	149,347	144,371	5,264,643
60.00 06000	LABORATORY	50,541,597	720,542	952,328	918,254	53,132,721
60.01 06001	VASCULAR LAB	2,225,742	39,866	11,046	69,048	2,345,702
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,267,640	39,581	51,689	52,427	2,411,337
64.00 06400	INTRAVENOUS THERAPY	3,052,988	7,706	36,817	89,593	3,187,104
65.00 06500	RESPIRATORY THERAPY	9,822,742	59,100	190,026	240,665	10,312,533
66.00 06600	PHYSICAL THERAPY	29,969,590	782,556	49,007	929,413	31,730,566
67.00 06700	OCCUPATIONAL THERAPY	3,371,830	50,344	0	110,357	3,532,531
68.00 06800	SPEECH PATHOLOGY	1,333,470	28,080	2,017	43,696	1,407,263
69.00 06900	ELECTROCARDIOLOGY	6,867,879	287,546	353,541	216,015	7,724,981
70.00 07000	ELECTROENCEPHALOGRAPHY	2,481,988	55,305	114,454	71,449	2,723,196
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,726,572	182,583	234,725	0	45,143,880
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	66,765,043	289,683	372,408	0	67,427,134
73.00 07300	DRUGS CHARGED TO PATIENTS	120,567,110	184,708	12,973	0	120,764,791
74.00 07400	RENAL DIALYSIS	2,828,664	39,801	0	0	2,868,465
75.00 07500	ASC (NON-DISTINCT PART)	10,539,315	612,614	16,797	313,617	11,482,343
76.00 03950	BLANK	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	671,679	69,150	16,236	23,817	780,882
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	120,648,247	4,654,887	1,196,397	2,604,214	129,103,745
91.00 09100	EMERGENCY	23,268,541	708,549	125,704	791,112	24,893,906
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	14,004,810	116,373	1,054	349,394	14,471,631 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
116.00	11600 HOSPICE	7,275,113	50,979	0	169,099	7,495,191 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,260,751,100	50,080,529	20,141,388	22,569,050	1,257,316,315 118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	26,645,477	379,038	337,614	0	27,362,129 191.00
193.01	19301 NON-ALLOWABLE COST	100,711,845	2,115,906	166,604	435,623	103,429,978 193.01
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	1,388,108,422	52,575,473	20,645,606	23,004,673	1,388,108,422 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/22/2019 12:27 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	230,966,471				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	12,721,199	0	76,452,743		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	703,048	0	216,131	4,441,359	8.00
9.00	00900	HOUSEKEEPING	2,949,720	0	1,119,528	35,836	18,882,796
10.00	01000	DIETARY	2,920,979	0	1,593,129	7,029	400,478
11.00	01100	CAFETERIA	155,369	0	1,336,382	0	335,937
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,872,434	0	375,912	0	94,496
14.00	01400	CENTRAL SERVICES & SUPPLY	1,946,529	0	0	0	0
15.00	01500	PHARMACY	4,315,361	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,318,231	0	592,256	0	148,880
17.00	01700	SOCIAL SERVICE	1,544,293	0	242,329	0	60,916
18.00	01080	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,146,364	0	1,987,030	0	499,496
23.00	02300	PARAMED ED PRGM- PHARMACY	314,748	0	17,012	0	4,276
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	31,363	0	63,368	0	15,929
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	3,402	0	855
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,665,234	0	10,969,665	1,455,974	2,757,535
31.00	03100	INTENSIVE CARE UNIT	4,990,396	0	1,921,919	187,129	483,128
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,016,259	0	418,143	41,175	105,112
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	1,255,022	0	734,515	80,467	184,641
41.00	04100	SUBPROVIDER - IRF	497,218	0	361,325	31,111	90,829
43.00	04300	NURSERY	520,645	0	101,474	0	25,508
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,596,039	0	5,005,087	229,802	1,258,170
51.00	05100	RECOVERY ROOM	1,289,187	0	778,957	137,159	195,813
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,985,432	0	1,806,538	126,865	454,124
53.00	05300	ANESTHESIOLOGY	1,337,669	0	187,892	0	47,232
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,661,543	0	4,901,784	275,086	1,232,202
55.00	05500	RADIOLOGY-THERAPEUTIC	1,386,796	0	927,681	98,788	233,199
56.00	05600	RADIOISOTOPE	1,453,646	0	832,629	135,200	209,305
57.00	05700	CT SCAN	1,286,390	0	419,972	11,984	105,572
58.00	05800	MRI	1,553,512	0	936,144	71,902	235,326
59.00	05900	CARDIAC CATHETERIZATION	1,050,854	0	923,725	122,602	232,204
60.00	06000	LABORATORY	10,605,610	0	2,365,962	30,881	594,751
60.01	06001	VASCULAR LAB	468,216	0	130,904	55,194	32,906
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	481,317	0	129,968	15,440	32,671
64.00	06400	INTRAVENOUS THERAPY	636,165	0	25,305	1,728	6,361
65.00	06500	RESPIRATORY THERAPY	2,058,443	0	194,059	0	48,782
66.00	06600	PHYSICAL THERAPY	6,333,611	0	2,569,590	66,217	645,939
67.00	06700	OCCUPATIONAL THERAPY	705,114	0	165,309	48,856	41,555
68.00	06800	SPEECH PATHOLOGY	280,898	0	92,202	0	23,178
69.00	06900	ELECTROCARDIOLOGY	1,541,953	0	944,182	113,883	237,347
70.00	07000	ELECTROENCEPHALOGRAPHY	543,566	0	181,598	45,284	45,650
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,010,989	0	599,528	90,453	150,708
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,458,861	0	951,199	0	239,111
73.00	07300	DRUGS CHARGED TO PATIENTS	24,105,377	0	606,503	0	152,462
74.00	07400	RENAL DIALYSIS	572,563	0	130,691	81,005	32,853
75.00	07500	ASC (NON-DISTINCT PART)	2,291,945	0	2,011,570	187,667	505,665
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	155,869	0	227,061	31,995	57,078
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	25,769,923	0	15,284,725	375,065	3,842,246
91.00	09100	EMERGENCY	4,968,973	0	2,326,580	249,582	584,852
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,888,624	0	382,121	0	96,057
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,496,085	0	167,393	0	42,079
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	204,859,582	0	68,260,379	4,441,359	16,823,414

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	5,461,645	0	1,244,605	0	312,867	191.00
193.01	19301	NON-ALLOWABLE COST	20,645,244	0	6,947,759	0	1,746,515	193.01
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)	230,966,471	0	76,452,743	4,441,359	18,882,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	19,555,338					10.00
11.00	01100	CAFETERIA	0	2,606,067				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	34,031	0	11,757,525		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	11,698,385	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,834	0	0	64	16.00
17.00	01700	SOCIAL SERVICE	0	31,058	0	0	4	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	93,121	0	85,199	78	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	9,161	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,293	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,237	0	7,100	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,715,980	532,346	0	4,039,875	252,850	30.00
31.00	03100	INTENSIVE CARE UNIT	1,358,327	104,951	0	1,192,792	88,104	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	20,524	41,827	0	546,697	35,499	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	954,379	30,519	0	177,499	2,191	40.00
41.00	04100	SUBPROVIDER - IRF	507,343	12,756	0	92,299	4,424	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,719	117,971	0	908,794	555,642	50.00
51.00	05100	RECOVERY ROOM	1,610	23,090	0	305,298	17,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	710,969	50,297	0	553,796	75,485	52.00
53.00	05300	ANESTHESIOLOGY	0	13,445	0	21,300	132,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,976	192,972	0	234,299	77,544	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	172	17,332	0	21,300	356	55.00
56.00	05600	RADIOISOTOPE	11,498	16,829	0	0	3,765	56.00
57.00	05700	CT SCAN	11,613	21,730	0	0	47,457	57.00
58.00	05800	MRI	11,009	25,252	0	14,200	15,725	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,454	18,213	0	163,299	23,211	59.00
60.00	06000	LABORATORY	8,106	181,922	0	21,300	226,141	60.00
60.01	06001	VASCULAR LAB	0	8,450	0	0	570	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,337	0	0	7,605	63.00
64.00	06400	INTRAVENOUS THERAPY	0	11,026	0	163,299	25,986	64.00
65.00	06500	RESPIRATORY THERAPY	690	40,185	0	0	51,392	65.00
66.00	06600	PHYSICAL THERAPY	0	144,989	0	7,100	32,820	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,507	0	0	203	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,860	0	0	68	68.00
69.00	06900	ELECTROCARDIOLOGY	9,170	31,928	0	134,899	13,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,604	0	0	772	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,054	0	0	3,762,194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,817	0	0	5,618,671	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	82,427	0	0	29,107	73.00
74.00	07400	RENAL DIALYSIS	5,778	0	0	0	6,077	74.00
75.00	07500	ASC (NON-DISTINCT PART)	327,947	43,723	0	454,397	43,236	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,236	3,986	0	21,300	555	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	289,947	208,535	0	1,022,393	228,319	90.00
91.00	09100	EMERGENCY	441,891	115,476	0	1,107,593	200,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	49,074	0	305,298	10,182	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	21,900	0	134,899	11,229	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)						118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	81,317	0	0	16,415	191.00
193.01	19301	NON-ALLOWABLE COST	0	64,685	0	21,300	81,267	193.01
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)	19,555,338	2,606,067	0	11,757,525	11,698,385	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
				SPECIFY SERVICE	SPECIFY SERVICE		
	15.00	16.00	17.00	18.00	19.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY	25,934,757						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	8,697,428					16.00
17.00 01700 SOCIAL SERVICE	0	0	9,615,306				17.00
18.00 01080 SPECIFY SERVICE	0	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0		22.00
23.00 02300 PARAMED PRGM- PHARMACY	0	0	0	0	0		23.00
23.01 02301 PARAMED PRGM-MEDICAL TECH	0	0	0	0	0		23.01
23.02 02302 PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	150	694,787	5,344,238	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	919	171,753	869,053	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	456	101,422	0	0	0	0	31.01
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
40.00 04000 SUBPROVIDER - IPF	1	39,512	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	2	17,672	313,991	0	0	0	41.00
43.00 04300 NURSERY	0	18,490	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,406	761,131	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	1,451	166,414	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1	103,248	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	377,523	134,842	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,155	532,311	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	221	166,148	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	480	152,469	0	0	0	0	56.00
57.00 05700 CT SCAN	17,407	521,617	0	0	0	0	57.00
58.00 05800 MRI	46,477	347,163	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,902	151,371	0	0	0	0	59.00
60.00 06000 LABORATORY	1,177	815,641	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	0	58,031	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	6,909	20,655	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,089	22,090	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,528	110,945	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	386	191,434	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2	24,510	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	10,821	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	173	322,038	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	25,653	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3	288,299	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5	457,741	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	17,118,059	1,037,433	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	12,194	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	11	44,533	13,219	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	5,026	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	108,485	557,734	1,275,578	0	0	0	90.00
91.00 09100 EMERGENCY	5,458	558,042	43,353	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	55,318	31,780	295,654	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
				SPECIFY SERVICE		
	15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	73,058	22,478	1,460,220	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	17,843,212	8,697,428	9,615,306	0		118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	5,469	0	0	0		191.00
193.01 19301 NON-ALLOWABLE COST	8,086,076	0	0	0		193.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	25,934,757	8,697,428	9,615,306	0		202.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			51,623,507		22.00
23.00 02300	PARAMED PRGM- PHARMACY				1,922,044	23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH					23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI				269,078	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	28,838,997	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	242,957	0	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	0	0	1,069,011	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	228,380	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	7,835,364	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	3,333,370	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,771,157	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	454,330	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	2,813,442	0	60.00
60.01 06001	VASCULAR LAB	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	1,260,947	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,922,044	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 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	485,914	0	90.00
91.00 09100	EMERGENCY	0	0	3,289,638	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0		0		116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	51,623,507	1,922,044	269,078	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	51,623,507	1,922,044	269,078	202.00

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Cost Center	Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL				5.00	
6.00	00600	MAINTENANCE & REPAIRS				6.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
12.00	01200	MAINTENANCE OF PERSONNEL				12.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE				17.00	
18.00	01080	SPECIFY SERVICE				18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00	
20.00	02000	NURSING SCHOOL				20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00	
23.00	02300	PARAMED PRGM- PHARMACY				23.00	
23.01	02301	PARAMED PRGM-MEDICAL TECH				23.01	
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	43,875			23.02	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	193,797,757	-28,838,997	164,958,760	30.00
31.00	03100	INTENSIVE CARE UNIT	0	36,369,702	0	36,369,702	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	13,671,267	-242,957	13,428,310	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	10,815,251	-1,069,011	9,746,240	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,648,348	-228,380	4,419,968	41.00
43.00	04300	NURSERY	0	3,274,480	0	3,274,480	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	62,401,287	-7,835,364	54,565,923	50.00
51.00	05100	RECOVERY ROOM	0	9,375,447	0	9,375,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,813,511	0	15,813,511	52.00
53.00	05300	ANESTHESIOLOGY	43,875	12,330,934	-3,333,370	8,997,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,345,230	-1,771,157	59,574,073	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,253,992	-454,330	9,799,662	55.00
56.00	05600	RADIOISOTOPE	0	10,098,398	0	10,098,398	56.00
57.00	05700	CT SCAN	0	8,888,386	0	8,888,386	57.00
58.00	05800	MRI	0	11,039,603	0	11,039,603	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,991,478	0	7,991,478	59.00
60.00	06000	LABORATORY	0	71,066,732	-2,813,442	68,253,290	60.00
60.01	06001	VASCULAR LAB	0	3,099,973	0	3,099,973	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,114,239	0	3,114,239	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,080,153	0	4,080,153	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,819,557	0	12,819,557	65.00
66.00	06600	PHYSICAL THERAPY	0	41,722,652	0	41,722,652	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,533,587	0	4,533,587	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,820,290	0	1,820,290	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,334,608	-1,260,947	11,073,661	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,576,323	0	3,576,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	59,066,108	0	59,066,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	88,184,539	0	88,184,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	165,818,203	0	165,818,203	73.00
74.00	07400	RENAL DIALYSIS	0	3,709,626	0	3,709,626	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	17,406,256	0	17,406,256	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,284,988	0	1,284,988	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	178,552,609	-485,914	178,066,695	90.00
91.00	09100	EMERGENCY	0	38,785,366	-3,289,638	35,495,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	18,585,739	0	18,585,739	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	10,924,532	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,875	1,212,601,151	-51,623,507	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	34,484,447	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	141,022,824	0	193.01
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)	43,875	1,388,108,422	-51,623,507	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	441,544	1,293	442,837
5.00	00500	ADMINISTRATIVE & GENERAL	0	16,270,016	8,954,141	25,224,157
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	12,580,605	137,799	12,718,404
8.00	00800	LAUNDRY & LINEN SERVICE	0	65,822	0	65,822
9.00	00900	HOUSEKEEPING	0	340,947	60,133	401,080
10.00	01000	DIETARY	0	485,180	135,289	620,469
11.00	01100	CAFETERIA	0	406,989	13,234	420,223
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	114,482	325,555	440,037
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	180,369	1,499	181,868
17.00	01700	SOCIAL SERVICE	0	73,800	0	73,800
18.00	01080	SPECIFY SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	605,140	15,245	620,385
23.00	02300	PARAMED ED PRGM- PHARMACY	0	5,181	0	5,181
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	19,298	0	19,298
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,036	0	1,036
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,340,758	355,048	3,695,806
31.00	03100	INTENSIVE CARE UNIT	0	585,311	281,078	866,389
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	127,343	18,427	145,770
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	223,693	334	224,027
41.00	04100	SUBPROVIDER - IRF	0	110,040	12,378	122,418
43.00	04300	NURSERY	0	30,903	0	30,903
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,524,275	2,601,989	4,126,264
51.00	05100	RECOVERY ROOM	0	237,228	47,169	284,397
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	550,172	104,681	654,853
53.00	05300	ANESTHESIOLOGY	0	57,222	489,288	546,510
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,492,814	1,560,126	3,052,940
55.00	05500	RADIOLOGY-THERAPEUTIC	0	282,521	337,363	619,884
56.00	05600	RADIOISOTOPE	0	253,573	232,213	485,786
57.00	05700	CT SCAN	0	127,900	118,702	246,602
58.00	05800	MRI	0	285,098	451,838	736,936
59.00	05900	CARDIAC CATHETERIZATION	0	281,316	149,347	430,663
60.00	06000	LABORATORY	0	720,542	952,328	1,672,870
60.01	06001	VASCULAR LAB	0	39,866	11,046	50,912
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,581	51,689	91,270
64.00	06400	INTRAVENOUS THERAPY	0	7,706	36,817	44,523
65.00	06500	RESPIRATORY THERAPY	0	59,100	190,026	249,126
66.00	06600	PHYSICAL THERAPY	0	782,556	49,007	831,563
67.00	06700	OCCUPATIONAL THERAPY	0	50,344	0	50,344
68.00	06800	SPEECH PATHOLOGY	0	28,080	2,017	30,097
69.00	06900	ELECTROCARDIOLOGY	0	287,546	353,541	641,087
70.00	07000	ELECTROENCEPHALOGRAPHY	0	55,305	114,454	169,759
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	182,583	234,725	417,308
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	289,683	372,408	662,091
73.00	07300	DRUGS CHARGED TO PATIENTS	0	184,708	12,973	197,681
74.00	07400	RENAL DIALYSIS	0	39,801	0	39,801
75.00	07500	ASC (NON-DISTINCT PART)	0	612,614	16,797	629,411
76.00	03950	BLANK	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	69,150	16,236	85,386
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,654,887	1,196,397	5,851,284
91.00	09100	EMERGENCY	0	708,549	125,704	834,253
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	116,373	1,054	117,427

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0			113.00
116.00	11600	HOSPICE	50,979	0	3,255	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,080,529	20,141,388	434,453	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	379,038	337,614	0	191.00
193.01	19301	NON-ALLOWABLE COST	2,115,906	166,604	8,384	193.01
200.00		Cross Foot Adjustments			0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	52,575,473	20,645,606	442,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,314,939				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,394,319	0	14,113,153		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	77,058	0	39,898	182,778	8.00
9.00	00900	HOUSEKEEPING	323,307	0	206,665	1,475	932,527
10.00	01000	DIETARY	320,157	0	294,091	289	19,778
11.00	01100	CAFETERIA	17,029	0	246,696	0	16,590
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	205,230	0	69,393	0	4,667
14.00	01400	CENTRAL SERVICES & SUPPLY	213,351	0	0	0	0
15.00	01500	PHARMACY	472,989	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	144,486	0	109,330	0	7,352
17.00	01700	SOCIAL SERVICE	169,264	0	44,734	0	3,008
18.00	01080	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	892,890	0	366,805	0	24,668
23.00	02300	PARAMED PRGM- PHARMACY	34,498	0	3,140	0	211
23.01	02301	PARAMED PRGM-MEDICAL TECH	3,438	0	11,698	0	787
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	628	0	42
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,265,032	0	2,024,997	59,919	136,181
31.00	03100	INTENSIVE CARE UNIT	546,977	0	354,786	7,701	23,859
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	220,994	0	77,189	1,694	5,191
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	137,558	0	135,591	3,312	9,119
41.00	04100	SUBPROVIDER - IRF	54,498	0	66,700	1,280	4,486
43.00	04300	NURSERY	57,066	0	18,732	0	1,260
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	832,571	0	923,937	9,457	62,135
51.00	05100	RECOVERY ROOM	141,303	0	143,795	5,645	9,670
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,615	0	333,486	5,221	22,427
53.00	05300	ANESTHESIOLOGY	146,616	0	34,685	0	2,333
54.00	05400	RADIOLOGY-DIAGNOSTIC	949,356	0	904,868	11,321	60,852
55.00	05500	RADIOLOGY-THERAPEUTIC	152,001	0	171,250	4,065	11,517
56.00	05600	RADIOISOTOPE	159,328	0	153,703	5,564	10,337
57.00	05700	CT SCAN	140,996	0	77,527	493	5,214
58.00	05800	MRI	170,274	0	172,812	2,959	11,622
59.00	05900	CARDIAC CATHETERIZATION	115,180	0	170,519	5,046	11,467
60.00	06000	LABORATORY	1,162,438	0	436,756	1,271	29,372
60.01	06001	VASCULAR LAB	51,319	0	24,165	2,271	1,625
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,755	0	23,992	635	1,613
64.00	06400	INTRAVENOUS THERAPY	69,727	0	4,671	71	314
65.00	06500	RESPIRATORY THERAPY	225,618	0	35,823	0	2,409
66.00	06600	PHYSICAL THERAPY	694,201	0	474,346	2,725	31,900
67.00	06700	OCCUPATIONAL THERAPY	77,285	0	30,516	2,011	2,052
68.00	06800	SPEECH PATHOLOGY	30,788	0	17,021	0	1,145
69.00	06900	ELECTROCARDIOLOGY	169,007	0	174,296	4,687	11,721
70.00	07000	ELECTROENCEPHALOGRAPHY	59,578	0	33,523	1,864	2,254
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	987,658	0	110,673	3,722	7,443
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,475,171	0	175,591	0	11,808
73.00	07300	DRUGS CHARGED TO PATIENTS	2,642,092	0	111,960	0	7,529
74.00	07400	RENAL DIALYSIS	62,756	0	24,126	3,334	1,622
75.00	07500	ASC (NON-DISTINCT PART)	251,211	0	371,335	7,723	24,972
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	17,084	0	41,915	1,317	2,819
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,824,181	0	2,821,555	15,435	189,748
91.00	09100	EMERGENCY	544,629	0	429,486	10,271	28,883
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	316,610	0	70,539	0	4,744
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	163,980	0	30,901	0	2,078
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,453,469	0	12,600,845	182,778	830,824

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	598,629	0	229,754	0	15,451	191.00
193.01	19301	NON-ALLOWABLE COST	2,262,841	0	1,282,554	0	86,252	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,314,939	0	14,113,153	182,778	932,527	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,254,784					10.00
11.00	01100	CAFETERIA	0	700,538				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,148	0	733,669		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	217,041	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,095	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	8,349	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	25,032	0	5,316	1	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	2,463	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	347	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	601	0	443	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	944,265	143,099	0	252,088	4,691	30.00
31.00	03100	INTENSIVE CARE UNIT	87,158	28,212	0	74,430	1,635	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	1,317	11,244	0	34,114	659	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	61,238	8,204	0	11,076	41	40.00
41.00	04100	SUBPROVIDER - IRF	32,554	3,429	0	5,759	82	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,923	31,712	0	56,709	10,310	50.00
51.00	05100	RECOVERY ROOM	103	6,207	0	19,051	330	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,620	13,520	0	34,557	1,401	52.00
53.00	05300	ANESTHESIOLOGY	0	3,614	0	1,329	2,454	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,399	51,873	0	14,620	1,439	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11	4,659	0	1,329	7	55.00
56.00	05600	RADIOISOTOPE	738	4,524	0	0	70	56.00
57.00	05700	CT SCAN	745	5,841	0	0	881	57.00
58.00	05800	MRI	706	6,788	0	886	292	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,403	4,896	0	10,190	431	59.00
60.00	06000	LABORATORY	520	48,902	0	1,329	4,196	60.00
60.01	06001	VASCULAR LAB	0	2,272	0	0	11	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,241	0	0	141	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,964	0	10,190	482	64.00
65.00	06500	RESPIRATORY THERAPY	44	10,802	0	0	954	65.00
66.00	06600	PHYSICAL THERAPY	0	38,975	0	443	609	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,168	0	0	4	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,575	0	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	588	8,583	0	8,418	243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,851	0	0	14	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,391	0	0	69,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,553	0	0	104,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,157	0	0	540	73.00
74.00	07400	RENAL DIALYSIS	371	0	0	0	113	74.00
75.00	07500	ASC (NON-DISTINCT PART)	21,043	11,753	0	28,354	802	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	79	1,071	0	1,329	10	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,605	56,056	0	63,797	4,236	90.00
91.00	09100	EMERGENCY	28,354	31,041	0	69,114	3,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	13,192	0	19,051	189	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,887	0	8,418	208	116.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010			Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,254,784	661,291	0	732,340	215,228		118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100 RESEARCH	0	21,859	0	0	305		191.00
193.01	19301 NON-ALLOWABLE COST	0	17,388	0	1,329	1,508		193.01
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)	1,254,784	700,538	0	733,669	217,041		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS
		15.00	16.00	17.00	18.00	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	485,438				15.00
16.00	01600	0	455,522			16.00
17.00	01700	0	0	303,635		17.00
18.00	01080	0	0	0	0	18.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
23.01	02301	0	0	0	0	23.01
23.02	02302	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	3	36,368	168,763	0	30.00
31.00	03100	17	8,990	27,443	0	31.00
31.01	03101	9	5,309	0	0	31.01
32.00	03200	0	0	0	0	32.00
33.00	03300	0	0	0	0	33.00
40.00	04000	0	2,068	0	0	40.00
41.00	04100	0	925	9,915	0	41.00
43.00	04300	0	968	0	0	43.00
44.00	04400	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	26	39,841	0	0	50.00
51.00	05100	27	8,711	0	0	51.00
52.00	05200	0	5,404	0	0	52.00
53.00	05300	7,068	7,058	0	0	53.00
54.00	05400	377	27,864	0	0	54.00
55.00	05500	4	8,697	0	0	55.00
56.00	05600	9	7,981	0	0	56.00
57.00	05700	326	27,304	0	0	57.00
58.00	05800	870	18,172	0	0	58.00
59.00	05900	73	7,923	0	0	59.00
60.00	06000	22	42,694	0	0	60.00
60.01	06001	0	3,038	0	0	60.01
63.00	06300	129	1,081	0	0	63.00
64.00	06400	20	1,156	0	0	64.00
65.00	06500	47	5,807	0	0	65.00
66.00	06600	7	10,021	0	0	66.00
67.00	06700	0	1,283	0	0	67.00
68.00	06800	0	566	0	0	68.00
69.00	06900	3	16,857	0	0	69.00
70.00	07000	0	1,343	0	0	70.00
71.00	07100	0	15,091	0	0	71.00
72.00	07200	0	23,960	0	0	72.00
73.00	07300	320,383	54,564	0	0	73.00
74.00	07400	0	638	0	0	74.00
75.00	07500	0	2,331	417	0	75.00
76.00	03950	0	0	0	0	76.00
76.97	07697	0	263	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	2,031	29,194	40,281	0	90.00
91.00	09100	102	29,211	1,369	0	91.00
92.00	09200	0	0	0	0	92.00
92.01	09202	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	1,036	1,664	9,336	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
				SPECIFY SERVICE		
	15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	1,368	1,177	46,111	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	333,957	455,522	303,635	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	102	0	0	0		191.00
193.01 19301 NON-ALLOWABLE COST	151,379	0	0	0		193.01
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)	485,438	455,522	303,635	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			1,953,064		22.00
23.00 02300	PARAMED PRGM- PHARMACY				46,421	23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH					23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI					23.02
						35,735
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MRI					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	VASCULAR LAB					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
76.00 03950	BLANK					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)					92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE					116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH					191.00	
193.01	19301	NON-ALLOWABLE COST					193.01	
200.00		Cross Foot Adjustments	0	0	1,953,064	46,421	35,735	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,953,064	46,421	35,735	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center	Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01080	SPECIFY SERVICE				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY				23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	3,313			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,800,212	0	9,800,212	30.00
31.00	03100	INTENSIVE CARE UNIT	2,042,406	0	2,042,406	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	509,353	0	509,353	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	595,914	0	595,914	40.00
41.00	04100	SUBPROVIDER - I RF	303,433	0	303,433	41.00
43.00	04300	NURSERY	110,381	0	110,381	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,113,349	0	6,113,349	50.00
51.00	05100	RECOVERY ROOM	622,856	0	622,856	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,339,242	0	1,339,242	52.00
53.00	05300	ANESTHESIOLOGY	752,777	0	752,777	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,101,958	0	5,101,958	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	976,646	0	976,646	55.00
56.00	05600	RADIOISOTOPE	830,634	0	830,634	56.00
57.00	05700	CT SCAN	508,924	0	508,924	57.00
58.00	05800	MRI	1,125,998	0	1,125,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	761,570	0	761,570	59.00
60.00	06000	LABORATORY	3,418,043	0	3,418,043	60.00
60.01	06001	VASCULAR LAB	136,942	0	136,942	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	174,866	0	174,866	63.00
64.00	06400	INTRAVENOUS THERAPY	135,842	0	135,842	64.00
65.00	06500	RESPIRATORY THERAPY	535,262	0	535,262	65.00
66.00	06600	PHYSICAL THERAPY	2,102,678	0	2,102,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	169,787	0	169,787	67.00
68.00	06800	SPEECH PATHOLOGY	82,034	0	82,034	68.00
69.00	06900	ELECTROCARDIOLOGY	1,039,647	0	1,039,647	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272,561	0	272,561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,617,091	0	1,617,091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,461,408	0	2,461,408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,356,906	0	3,356,906	73.00
74.00	07400	RENAL DIALYSIS	132,761	0	132,761	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,355,388	0	1,355,388	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	151,731	0	151,731	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,966,524	0	11,966,524	90.00
91.00	09100	EMERGENCY	2,025,650	0	2,025,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	560,513	0	560,513	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.02	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	314,362	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	63,505,649	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	1,582,752	0	191.00
193.01	19301	NON-ALLOWABLE COST	6,094,145	0	193.01
200.00		Cross Foot Adjustments	3,313	2,038,533	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,313	73,221,079	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,059,275				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		20,988,833			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,091	1,314	561,871,278		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,256,184	9,102,997	115,100,240	-230,966,471	1,157,111,670
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	971,330	140,090	546,291	0	63,731,544
8.00 00800	LAUNDRY & LINEN SERVICE	5,082	0	0	0	3,522,180
9.00 00900	HOUSEKEEPING	26,324	61,133	0	0	14,777,712
10.00 01000	DIETARY	37,460	137,538	0	0	14,633,723
11.00 01100	CAFETERIA	31,423	13,454	0	0	778,379
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	8,839	330,967	6,591,247	0	9,380,652
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	4,682,196	0	9,751,856
15.00 01500	PHARMACY	0	0	15,798,569	0	21,619,396
16.00 01600	MEDICAL RECORDS & LIBRARY	13,926	1,524	4,302,583	0	6,604,163
17.00 01700	SOCIAL SERVICE	5,698	0	5,685,553	0	7,736,706
18.00 01080	SPECIFY SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	46,722	15,498	22,800,437	0	40,812,219
23.00 02300	PARAMED PRGM- PHARMACY	400	0	1,177,098	0	1,576,847
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	1,490	0	212,001	0	157,125
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	714,292	-30,281	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	257,935	360,951	87,564,055	0	103,530,126
31.00 03100	INTENSIVE CARE UNIT	45,191	285,751	18,792,552	0	25,001,231
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,832	18,733	7,440,893	0	10,101,196
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	17,271	340	4,669,530	0	6,287,494
41.00 04100	SUBPROVIDER - I RF	8,496	12,584	1,760,127	0	2,490,998
43.00 04300	NURSERY	2,386	0	1,842,419	0	2,608,363
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	117,687	2,645,247	19,624,254	0	38,055,162
51.00 05100	RECOVERY ROOM	18,316	47,953	4,589,551	0	6,458,658
52.00 05200	DELIVERY ROOM & LABOR ROOM	42,478	106,421	6,520,379	0	9,946,756
53.00 05300	ANESTHESIOLOGY	4,418	497,422	1,409,226	0	6,701,548
54.00 05400	RADIOLOGY-DIAGNOSTIC	115,258	1,586,063	29,250,613	0	43,393,201
55.00 05500	RADIOLOGY-THERAPEUTIC	21,813	342,972	4,088,711	0	6,947,669
56.00 05600	RADIOISOTOPE	19,578	236,074	3,291,859	0	7,282,577
57.00 05700	CT SCAN	9,875	120,675	3,801,218	0	6,444,644
58.00 05800	MRI	22,012	459,350	4,671,346	0	7,782,893
59.00 05900	CARDIAC CATHETERIZATION	21,720	151,830	3,526,137	0	5,264,643
60.00 06000	LABORATORY	55,632	968,160	22,427,612	0	53,132,721
60.01 06001	VASCULAR LAB	3,078	11,230	1,686,453	0	2,345,702
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,056	52,548	1,280,481	0	2,411,337
64.00 06400	INTRAVENOUS THERAPY	595	37,429	2,188,236	0	3,187,104
65.00 06500	RESPIRATORY THERAPY	4,563	193,185	5,878,045	0	10,312,533
66.00 06600	PHYSICAL THERAPY	60,420	49,822	22,700,160	0	31,730,566
67.00 06700	OCCUPATIONAL THERAPY	3,887	0	2,695,373	0	3,532,531
68.00 06800	SPEECH PATHOLOGY	2,168	2,051	1,067,251	0	1,407,263
69.00 06900	ELECTROCARDIOLOGY	22,201	359,419	5,275,982	0	7,724,981
70.00 07000	ELECTROENCEPHALOGRAPHY	4,270	116,357	1,745,093	0	2,723,196
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,097	238,627	0	0	45,143,880
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	22,366	378,599	0	0	67,427,134
73.00 07300	DRUGS CHARGED TO PATIENTS	14,261	13,189	0	0	120,764,791
74.00 07400	RENAL DIALYSIS	3,073	0	0	0	2,868,465
75.00 07500	ASC (NON-DISTINCT PART)	47,299	17,076	7,659,854	0	11,482,343
76.00 03950	BLANK	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	5,339	16,506	581,708	0	780,882
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	359,397	1,216,287	63,605,837	0	129,103,745
91.00 09100	EMERGENCY	54,706	127,794	19,322,269	0	24,893,906
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00					4.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	8,985	1,072	8,533,679	0	14,471,631	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	3,936	0	4,130,119	0	7,495,191	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,866,644	20,476,232	551,231,529	-230,996,752	1,026,319,563	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	29,265	343,227	0	0	27,362,129	191.00
193.01	19301 NON-ALLOWABLE COST	163,366	169,374	10,639,749	0	103,429,978	193.01
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)	52,575,473	20,645,606	23,004,673		230,966,471	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.951937	0.983647	0.040943		0.199606	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			442,837		25,314,939	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000788		0.021878	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet B-1	
Date/Time Prepared: 2/22/2019 12:27 am							
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	1,797,670			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,082	115,633		8.00
9.00	00900	HOUSEKEEPING	0	26,324	933	1,766,264	9.00
10.00	01000	DIETARY	0	37,460	183	37,460	680,313 10.00
11.00	01100	CAFETERIA	0	31,423	0	31,423	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	8,839	0	8,839	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00	01500	PHARMACY	0	0	0	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,926	0	13,926	0 16.00
17.00	01700	SOCIAL SERVICE	0	5,698	0	5,698	0 17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0 18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	46,722	0	46,722	0 22.00
23.00	02300	PARAMED PRGM- PHARMACY	0	400	0	400	0 23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	0	1,490	0	1,490	0 23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	80	0	80	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	257,935	37,907	257,935	511,956 30.00
31.00	03100	INTENSIVE CARE UNIT	0	45,191	4,872	45,191	47,255 31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,832	1,072	9,832	714 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
40.00	04000	SUBPROVIDER - IPF	0	17,271	2,095	17,271	33,202 40.00
41.00	04100	SUBPROVIDER - IRF	0	8,496	810	8,496	17,650 41.00
43.00	04300	NURSERY	0	2,386	0	2,386	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	117,687	5,983	117,687	2,669 50.00
51.00	05100	RECOVERY ROOM	0	18,316	3,571	18,316	56 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,478	3,303	42,478	24,734 52.00
53.00	05300	ANESTHESIOLOGY	0	4,418	0	4,418	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115,258	7,162	115,258	1,843 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,813	2,572	21,813	6 55.00
56.00	05600	RADIOISOTOPE	0	19,578	3,520	19,578	400 56.00
57.00	05700	CT SCAN	0	9,875	312	9,875	404 57.00
58.00	05800	MRI	0	22,012	1,872	22,012	383 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,720	3,192	21,720	1,303 59.00
60.00	06000	LABORATORY	0	55,632	804	55,632	282 60.00
60.01	06001	VASCULAR LAB	0	3,078	1,437	3,078	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,056	402	3,056	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	595	45	595	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	4,563	0	4,563	24 65.00
66.00	06600	PHYSICAL THERAPY	0	60,420	1,724	60,420	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,887	1,272	3,887	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	2,168	0	2,168	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,201	2,965	22,201	319 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,270	1,179	4,270	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,097	2,355	14,097	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,366	0	22,366	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,261	0	14,261	0 73.00
74.00	07400	RENAL DIALYSIS	0	3,073	2,109	3,073	201 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	47,299	4,886	47,299	11,409 75.00
76.00	03950	BLANK	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	5,339	833	5,339	43 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	359,397	9,765	359,397	10,087 90.00
91.00	09100	EMERGENCY	0	54,706	6,498	54,706	15,373 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	8,985	0	8,985	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet B-1 Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIVE (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	11,134,969					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	145,405	0	1,656			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	140,124,916		14.00
15.00	01500	PHARMACY	0	0	0	0	182,665,281	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	144,564	0	0	768	0	16.00
17.00	01700	SOCIAL SERVICE	132,700	0	0	44	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	397,882	0	12	934	0	22.00
23.00	02300	PARAMED PRGM- PHARMACY	39,143	0	0	0	0	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	5,523	0	0	0	0	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	9,556	0	1	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,274,547	0	569	3,028,685	1,054	30.00
31.00	03100	INTENSIVE CARE UNIT	448,426	0	168	1,055,330	6,472	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	178,717	0	77	425,216	3,211	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	130,398	0	25	26,239	8	40.00
41.00	04100	SUBPROVIDER - IRF	54,502	0	13	52,994	13	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	504,055	0	128	6,655,595	9,902	50.00
51.00	05100	RECOVERY ROOM	98,656	0	43	213,333	10,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,905	0	78	904,170	4	52.00
53.00	05300	ANESTHESIOLOGY	57,446	0	3	1,583,974	2,658,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	824,514	0	33	928,835	141,958	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	74,056	0	3	4,265	1,559	55.00
56.00	05600	RADIOISOTOPE	71,904	0	0	45,102	3,384	56.00
57.00	05700	CT SCAN	92,847	0	0	568,453	122,603	57.00
58.00	05800	MRI	107,893	0	2	188,362	327,352	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,820	0	23	278,028	27,486	59.00
60.00	06000	LABORATORY	777,300	0	3	2,708,766	8,293	60.00
60.01	06001	VASCULAR LAB	36,106	0	0	6,823	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	35,622	0	0	91,094	48,661	63.00
64.00	06400	INTRAVENOUS THERAPY	47,113	0	23	311,262	7,670	64.00
65.00	06500	RESPIRATORY THERAPY	171,699	0	0	615,586	17,805	65.00
66.00	06600	PHYSICAL THERAPY	619,499	0	1	393,129	2,722	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,255	0	0	2,427	16	67.00
68.00	06800	SPEECH PATHOLOGY	25,040	0	0	810	0	68.00
69.00	06900	ELECTROCARDIOLOGY	136,420	0	19	157,002	1,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,310	0	0	9,242	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	85,685	0	0	45,064,314	20	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,945	0	0	67,300,899	32	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	352,186	0	0	348,652	120,567,110	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	72,792	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	186,815	0	64	517,885	75	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,030	0	3	6,644	3	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	891,011	0	144	2,734,846	764,085	90.00
91.00	09100	EMERGENCY	493,397	0	156	2,395,904	38,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	209,681	0	43	121,958	389,620	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	93,574	0	19	514,565	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,511,147	0	1,653	125,674,541	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	347,443	0	0	38,522	191.00
193.01	19301	NON-ALLOWABLE COST	276,379	0	3	56,952,218	193.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,606,067	0	11,757,525	25,934,757	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.234043	0.000000	7,099.954710	0.141980	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	700,538	0	733,669	485,438	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.062913	0.000000	443.036836	0.002658	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,743,254,320					16.00
17.00 01700 SOCIAL SERVICE	0	67,646				17.00
18.00 01080 SPECIFY SERVICE	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM- PHARMACY	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM-MEDICAL TECH	0	0	0	0		23.01
23.02 02302 PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	378,836,860	37,598	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	93,649,380	6,114	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	55,300,925	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	21,543,924	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	9,635,776	2,209	0	0	0	41.00
43.00 04300 NURSERY	10,081,850	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	415,011,453	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	90,738,522	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	56,296,532	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	73,523,427	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	290,246,044	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	90,593,280	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	83,134,819	0	0	0	0	56.00
57.00 05700 CT SCAN	284,415,014	0	0	0	0	57.00
58.00 05800 MRI	189,292,584	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	82,535,723	0	0	0	0	59.00
60.00 06000 LABORATORY	444,733,386	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	31,641,517	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	11,262,457	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	12,044,574	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	60,493,303	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	104,380,560	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	13,364,452	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,900,158	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	175,593,431	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	13,987,303	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	157,196,660	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	249,586,397	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	566,594,389	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	6,648,708	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	24,282,054	93	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	2,740,280	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	304,108,009	8,974	0	0	0	90.00
91.00 09100 EMERGENCY	304,276,165	305	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	17,328,148	2,080	0	0	0101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	12,256,256	10,273	0	0	0116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,743,254,320	67,646	0	0	0118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	0191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0193.01
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)	8,697,428	9,615,306	0	0	0202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001834	142.141531	0.000000	0.000000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	455,522	303,635	0	0	0204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000096	4.488588	0.000000	0.000000	0.000000 205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000 207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		21,248			22.00
23.00 02300	PARAMED PRGM- PHARMACY			100		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				100	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					100 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	11,870	0	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	100	0	0	0 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
40.00 04000	SUBPROVIDER - IPF	0	440	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	94	0	0	0 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,225	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	1,372	0	0	100 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	729	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	187	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	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	1,158	0	100	0 60.00
60.01 06001	VASCULAR LAB	0	0	0	0	0 60.01
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	519	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	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 03950	BLANK	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	200	0	0	0 90.00
91.00 09100	EMERGENCY	0	1,354	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE			0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	21,248	100	100	100
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	0
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	51,623,507	1,922,044	269,078	43,875
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,429.570171	19,220.440000	2,690.780000	438.750000
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,953,064	46,421	35,735	3,313
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	91.917545	464.210000	357.350000	33.130000
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/22/2019 12:27 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		164,958,760	93,575	165,052,335	30.00
31.00	03100	INTENSIVE CARE UNIT		36,369,702	8,585	36,378,287	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		13,428,310	0	13,428,310	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF		9,746,240	25,314	9,771,554	40.00
41.00	04100	SUBPROVIDER - IRF		4,419,968	0	4,419,968	41.00
43.00	04300	NURSERY		3,274,480	0	3,274,480	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		54,565,923	0	54,565,923	50.00
51.00	05100	RECOVERY ROOM		9,375,447	0	9,375,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		15,813,511	0	15,813,511	52.00
53.00	05300	ANESTHESIOLOGY		8,997,564	0	8,997,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		59,574,073	577,653	60,151,726	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		9,799,662	124,741	9,924,403	55.00
56.00	05600	RADIOISOTOPE		10,098,398	129,190	10,227,588	56.00
57.00	05700	CT SCAN		8,888,386	0	8,888,386	57.00
58.00	05800	MRI		11,039,603	0	11,039,603	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,991,478	5,678	7,997,156	59.00
60.00	06000	LABORATORY		68,253,290	167,468	68,420,758	60.00
60.01	06001	VASCULAR LAB		3,099,973	3,522	3,103,495	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		3,114,239	0	3,114,239	63.00
64.00	06400	INTRAVENOUS THERAPY		4,080,153	0	4,080,153	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,819,557	0	12,819,557	65.00
66.00	06600	PHYSICAL THERAPY	0	41,722,652	32,344	41,754,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,533,587	0	4,533,587	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,820,290	0	1,820,290	68.00
69.00	06900	ELECTROCARDIOLOGY		11,073,661	12,963	11,086,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		3,576,323	0	3,576,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		59,066,108	0	59,066,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		88,184,539	0	88,184,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		165,818,203	0	165,818,203	73.00
74.00	07400	RENAL DIALYSIS		3,709,626	0	3,709,626	74.00
75.00	07500	ASC (NON-DISTINCT PART)		17,406,256	0	17,406,256	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		1,284,988	0	1,284,988	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		178,066,695	16,405	178,083,100	90.00
91.00	09100	EMERGENCY		35,495,728	14,572	35,510,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		25,563,711	0	25,563,711	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		18,585,739		18,585,739	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		10,924,532		10,924,532	116.00
200.00		Subtotal (see instructions)	0	1,186,541,355	1,212,010	1,187,753,365	200.00
201.00		Less Observation Beds		25,563,711		25,563,711	201.00
202.00		Total (see instructions)	0	1,160,977,644	1,212,010	1,162,189,654	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/22/2019 12:27 am		
			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	307,935,114		307,935,114				30.00
31.00	03100	INTENSIVE CARE UNIT	93,649,380		93,649,380				31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	55,300,925		55,300,925				31.01
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
40.00	04000	SUBPROVIDER - I/PF	21,543,924		21,543,924				40.00
41.00	04100	SUBPROVIDER - I/RP	9,635,776		9,635,776				41.00
43.00	04300	NURSERY	10,081,850		10,081,850				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	189,911,122	225,100,331	415,011,453	0.131481	0.000000		50.00
51.00	05100	RECOVERY ROOM	39,977,592	50,760,930	90,738,522	0.103324	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,064,779	3,231,753	56,296,532	0.280897	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	32,505,213	41,018,214	73,523,427	0.122377	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,104,239	237,141,805	290,246,044	0.205254	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,263,369	87,329,911	90,593,280	0.108172	0.000000		55.00
56.00	05600	RADIOISOTOPE	7,265,093	75,869,726	83,134,819	0.121470	0.000000		56.00
57.00	05700	CT SCAN	76,259,610	208,155,404	284,415,014	0.031251	0.000000		57.00
58.00	05800	MRI	22,813,555	166,479,029	189,292,584	0.058320	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	44,379,328	38,156,395	82,535,723	0.096824	0.000000		59.00
60.00	06000	LABORATORY	168,330,082	276,403,304	444,733,386	0.153470	0.000000		60.00
60.01	06001	VASCULAR LAB	9,733,238	21,908,279	31,641,517	0.097972	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,396,154	3,866,303	11,262,457	0.276515	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	11,703,159	341,415	12,044,574	0.338754	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	54,665,100	5,828,203	60,493,303	0.211917	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	20,281,232	84,099,328	104,380,560	0.399717	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,547,692	816,760	13,364,452	0.339227	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	5,406,648	493,510	5,900,158	0.308515	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	52,719,708	122,873,723	175,593,431	0.063064	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,784,313	6,202,990	13,987,303	0.255684	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,888,365	79,308,295	157,196,660	0.375747	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	171,444,020	78,142,377	249,586,397	0.353323	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,104,377	423,490,012	566,594,389	0.292658	0.000000		73.00
74.00	07400	RENAL DIALYSIS	5,838,250	810,458	6,648,708	0.557947	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	171,628	24,110,426	24,282,054	0.716836	0.000000		75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	4,192	2,736,088	2,740,280	0.468926	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	9,722,788	294,385,221	304,108,009	0.585538	0.000000		90.00
91.00	09100	EMERGENCY	108,915,540	195,360,625	304,276,165	0.116656	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	24,076,929	46,824,817	70,901,746	0.360551	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	17,328,148	17,328,148				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	12,256,256	12,256,256				116.00
200.00		Subtotal (see instructions)	1,912,424,284	2,830,830,036	4,743,254,320				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,912,424,284	2,830,830,036	4,743,254,320				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/22/2019 12:27 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.131481	50.00
51.00	05100	RECOVERY ROOM	0.103324	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280897	52.00
53.00	05300	ANESTHESIOLOGY	0.122377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.207244	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.109549	55.00
56.00	05600	RADIOISOTOPE	0.123024	56.00
57.00	05700	CT SCAN	0.031251	57.00
58.00	05800	MRI	0.058320	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096893	59.00
60.00	06000	LABORATORY	0.153847	60.00
60.01	06001	VASCULAR LAB	0.098083	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276515	63.00
64.00	06400	INTRAVENOUS THERAPY	0.338754	64.00
65.00	06500	RESPIRATORY THERAPY	0.211917	65.00
66.00	06600	PHYSICAL THERAPY	0.400027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339227	67.00
68.00	06800	SPEECH PATHOLOGY	0.308515	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.353323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.292658	73.00
74.00	07400	RENAL DIALYSIS	0.557947	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.716836	75.00
76.00	03950	BLANK	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.468926	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.585592	90.00
91.00	09100	EMERGENCY	0.116704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.360551	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/22/2019 12:27 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		164,958,760	93,575	165,052,335	30.00
31.00	03100	INTENSIVE CARE UNIT		36,369,702	8,585	36,378,287	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		13,428,310	0	13,428,310	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF		9,746,240	25,314	9,771,554	40.00
41.00	04100	SUBPROVIDER - IRF		4,419,968	0	4,419,968	41.00
43.00	04300	NURSERY		3,274,480	0	3,274,480	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		54,565,923	0	54,565,923	50.00
51.00	05100	RECOVERY ROOM		9,375,447	0	9,375,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		15,813,511	0	15,813,511	52.00
53.00	05300	ANESTHESIOLOGY		8,997,564	0	8,997,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		59,574,073	577,653	60,151,726	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		9,799,662	124,741	9,924,403	55.00
56.00	05600	RADIOISOTOPE		10,098,398	129,190	10,227,588	56.00
57.00	05700	CT SCAN		8,888,386	0	8,888,386	57.00
58.00	05800	MRI		11,039,603	0	11,039,603	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,991,478	5,678	7,997,156	59.00
60.00	06000	LABORATORY		68,253,290	167,468	68,420,758	60.00
60.01	06001	VASCULAR LAB		3,099,973	3,522	3,103,495	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		3,114,239	0	3,114,239	63.00
64.00	06400	INTRAVENOUS THERAPY		4,080,153	0	4,080,153	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,819,557	0	12,819,557	65.00
66.00	06600	PHYSICAL THERAPY	0	41,722,652	32,344	41,754,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,533,587	0	4,533,587	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,820,290	0	1,820,290	68.00
69.00	06900	ELECTROCARDIOLOGY		11,073,661	12,963	11,086,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		3,576,323	0	3,576,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		59,066,108	0	59,066,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		88,184,539	0	88,184,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		165,818,203	0	165,818,203	73.00
74.00	07400	RENAL DIALYSIS		3,709,626	0	3,709,626	74.00
75.00	07500	ASC (NON-DISTINCT PART)		17,406,256	0	17,406,256	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		1,284,988	0	1,284,988	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		178,066,695	16,405	178,083,100	90.00
91.00	09100	EMERGENCY		35,495,728	14,572	35,510,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		25,563,711	0	25,563,711	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		18,585,739		18,585,739	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		10,924,532		10,924,532	116.00
200.00		Subtotal (see instructions)	0	1,186,541,355	1,212,010	1,187,753,365	200.00
201.00		Less Observation Beds		25,563,711		25,563,711	201.00
202.00		Total (see instructions)	0	1,160,977,644	1,212,010	1,162,189,654	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/22/2019 12:27 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	307,935,114		307,935,114			30.00
31.00	03100	INTENSIVE CARE UNIT	93,649,380		93,649,380			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	55,300,925		55,300,925			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
40.00	04000	SUBPROVIDER - I/PF	21,543,924		21,543,924			40.00
41.00	04100	SUBPROVIDER - I/RF	9,635,776		9,635,776			41.00
43.00	04300	NURSERY	10,081,850		10,081,850			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	189,911,122	225,100,331	415,011,453	0.131481	0.000000	50.00
51.00	05100	RECOVERY ROOM	39,977,592	50,760,930	90,738,522	0.103324	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,064,779	3,231,753	56,296,532	0.280897	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	32,505,213	41,018,214	73,523,427	0.122377	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,104,239	237,141,805	290,246,044	0.205254	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,263,369	87,329,911	90,593,280	0.108172	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,265,093	75,869,726	83,134,819	0.121470	0.000000	56.00
57.00	05700	CT SCAN	76,259,610	208,155,404	284,415,014	0.031251	0.000000	57.00
58.00	05800	MRI	22,813,555	166,479,029	189,292,584	0.058320	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,379,328	38,156,395	82,535,723	0.096824	0.000000	59.00
60.00	06000	LABORATORY	168,330,082	276,403,304	444,733,386	0.153470	0.000000	60.00
60.01	06001	VASCULAR LAB	9,733,238	21,908,279	31,641,517	0.097972	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,396,154	3,866,303	11,262,457	0.276515	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	11,703,159	341,415	12,044,574	0.338754	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	54,665,100	5,828,203	60,493,303	0.211917	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,281,232	84,099,328	104,380,560	0.399717	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,547,692	816,760	13,364,452	0.339227	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,406,648	493,510	5,900,158	0.308515	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	52,719,708	122,873,723	175,593,431	0.063064	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,784,313	6,202,990	13,987,303	0.255684	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,888,365	79,308,295	157,196,660	0.375747	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	171,444,020	78,142,377	249,586,397	0.353323	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,104,377	423,490,012	566,594,389	0.292658	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,838,250	810,458	6,648,708	0.557947	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	171,628	24,110,426	24,282,054	0.716836	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	4,192	2,736,088	2,740,280	0.468926	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,722,788	294,385,221	304,108,009	0.585538	0.000000	90.00
91.00	09100	EMERGENCY	108,915,540	195,360,625	304,276,165	0.116656	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	24,076,929	46,824,817	70,901,746	0.360551	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	17,328,148	17,328,148			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	12,256,256	12,256,256			116.00
200.00		Subtotal (see instructions)	1,912,424,284	2,830,830,036	4,743,254,320			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,912,424,284	2,830,830,036	4,743,254,320			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/22/2019 12:27 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
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	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	VASCULAR LAB	0.000000	60.01
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 PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03950	BLANK	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part I Date/Time Prepared: 2/22/2019 12:27 am
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	9,800,212	0	9,800,212	156,215	62.74	30.00
31.00	INTENSIVE CARE UNIT	2,042,406		2,042,406	17,401	117.37	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	509,353		509,353	10,918	46.65	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	595,914	0	595,914	9,262	64.34	40.00
41.00	SUBPROVIDER - IRF	303,433	0	303,433	5,223	58.10	41.00
43.00	NURSERY	110,381		110,381	10,092	10.94	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	13,361,699		13,361,699	209,111		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	69,100	4,335,334	30.00
31.00	INTENSIVE CARE UNIT	7,974	935,908	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	31.01
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	SUBPROVIDER - IPF	1,838	118,257	40.00
41.00	SUBPROVIDER - IRF	2,703	157,044	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30 through 199)	81,615	5,546,543	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/22/2019 12:27 am
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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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,113,349	415,011,453	0.014731	85,400,086	1,258,029	50.00
51.00	05100 RECOVERY ROOM	622,856	90,738,522	0.006864	18,736,704	128,609	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,339,242	56,296,532	0.023789	161,168	3,834	52.00
53.00	05300 ANESTHESIOLOGY	752,777	73,523,427	0.010239	11,560,255	118,365	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,101,958	290,246,044	0.017578	27,306,860	480,000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	976,646	90,593,280	0.010781	1,635,770	17,635	55.00
56.00	05600 RADIOISOTOPE	830,634	83,134,819	0.009991	3,751,427	37,481	56.00
57.00	05700 CT SCAN	508,924	284,415,014	0.001789	40,981,990	73,317	57.00
58.00	05800 MRI	1,125,998	189,292,584	0.005948	11,116,157	66,119	58.00
59.00	05900 CARDIAC CATHETERIZATION	761,570	82,535,723	0.009227	21,911,453	202,177	59.00
60.00	06000 LABORATORY	3,418,043	444,733,386	0.007686	85,501,160	657,162	60.00
60.01	06001 VASCULAR LAB	136,942	31,641,517	0.004328	5,142,917	22,259	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	174,866	11,262,457	0.015526	2,503,584	38,871	63.00
64.00	06400 INTRAVENOUS THERAPY	135,842	12,044,574	0.011278	5,879,014	66,304	64.00
65.00	06500 RESPIRATORY THERAPY	535,262	60,493,303	0.008848	26,400,376	233,591	65.00
66.00	06600 PHYSICAL THERAPY	2,102,678	104,380,560	0.020144	10,468,009	210,868	66.00
67.00	06700 OCCUPATIONAL THERAPY	169,787	13,364,452	0.012704	5,593,087	71,055	67.00
68.00	06800 SPEECH PATHOLOGY	82,034	5,900,158	0.013904	2,525,117	35,109	68.00
69.00	06900 ELECTROCARDIOLOGY	1,039,647	175,593,431	0.005921	29,634,833	175,468	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	272,561	13,987,303	0.019486	2,960,814	57,694	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,617,091	157,196,660	0.010287	36,106,401	371,427	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,461,408	249,586,397	0.009862	88,983,790	877,558	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,356,906	566,594,389	0.005925	66,534,548	394,217	73.00
74.00	07400 RENAL DIALYSIS	132,761	6,648,708	0.019968	3,565,367	71,193	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,355,388	24,282,054	0.055819	104,557	5,836	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	151,731	2,740,280	0.055371	850	47	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	11,966,524	304,108,009	0.039350	5,309,191	208,917	90.00
91.00	09100 EMERGENCY	2,025,650	304,276,165	0.006657	57,001,965	379,462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,517,871	70,901,746	0.021408	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	50,786,946	4,215,522,947		656,777,450	6,262,604	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	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		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	156,215	0.00	69,100	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	17,401	0.00	7,974	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	10,918	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	9,262	0.00	1,838	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,223	0.00	2,703	41.00	
43.00	04300	NURSERY	0	0	10,092	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	209,111	0.00	81,615	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description		Title XVIII					
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS
		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	43,875	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 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	269,078	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
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 PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,922,044	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	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50 through 199)	0	0	0	0	2,234,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	415,011,453	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	90,738,522	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	56,296,532	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	43,875	43,875	73,523,427	0.000597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	290,246,044	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	90,593,280	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	83,134,819	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	284,415,014	0.000000	57.00
58.00	05800	MRI	0	0	0	189,292,584	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	82,535,723	0.000000	59.00
60.00	06000	LABORATORY	0	269,078	269,078	444,733,386	0.000605	60.00
60.01	06001	VASCULAR LAB	0	0	0	31,641,517	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,262,457	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,044,574	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	60,493,303	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	104,380,560	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,364,452	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,900,158	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	175,593,431	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,987,303	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	157,196,660	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	249,586,397	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,922,044	1,922,044	566,594,389	0.003392	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,648,708	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	24,282,054	0.000000	75.00
76.00	03950	BLANK	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,740,280	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	304,108,009	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	304,276,165	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	70,901,746	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	2,234,997	2,234,997	4,215,522,947		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0.000000	85,400,086	0	59,159,174	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	18,736,704	0	13,084,668	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	161,168	0	26,675	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000597	11,560,255	6,901	11,491,921	6,861	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	27,306,860	0	59,124,391	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,635,770	0	37,880,541	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,751,427	0	32,087,701	0	56.00
57.00	05700 CT SCAN	0.000000	40,981,990	0	85,465,222	0	57.00
58.00	05800 MRI	0.000000	11,116,157	0	50,071,926	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	21,911,453	0	23,391,165	0	59.00
60.00	06000 LABORATORY	0.000605	85,501,160	51,728	76,641,874	46,368	60.00
60.01	06001 VASCULAR LAB	0.000000	5,142,917	0	10,697,308	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,503,584	0	1,465,469	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	5,879,014	0	108,754	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	26,400,376	0	2,755,318	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	10,468,009	0	1,276,723	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,593,087	0	11,718	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,525,117	0	599	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	29,634,833	0	60,307,820	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,960,814	0	2,515,532	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	36,106,401	0	28,920,688	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	88,983,790	0	35,324,245	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003392	66,534,548	225,685	202,145,555	685,678	73.00
74.00	07400 RENAL DIALYSIS	0.000000	3,565,367	0	805,512	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	104,557	0	7,608,011	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	850	0	1,381,205	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	5,309,191	0	130,066,705	0	90.00
91.00	09100 EMERGENCY	0.000000	57,001,965	0	52,890,024	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		656,777,450	284,314	986,706,444	738,907	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/22/2019 12:27 am
		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	0.131481	59,159,174	779,175	0	7,778,307	50.00
51.00	05100	RECOVERY ROOM	0.103324	13,084,668	0	0	1,351,960	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280897	26,675	0	0	7,493	52.00
53.00	05300	ANESTHESIOLOGY	0.122377	11,491,921	0	0	1,406,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205254	59,124,391	0	0	12,135,518	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108172	37,880,541	0	0	4,097,614	55.00
56.00	05600	RADIOISOTOPE	0.121470	32,087,701	0	0	3,897,693	56.00
57.00	05700	CT SCAN	0.031251	85,465,222	0	0	2,670,874	57.00
58.00	05800	MRI	0.058320	50,071,926	0	0	2,920,195	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096824	23,391,165	0	0	2,264,826	59.00
60.00	06000	LABORATORY	0.153470	76,641,874	5,886	0	11,762,228	60.00
60.01	06001	VASCULAR LAB	0.097972	10,697,308	0	0	1,048,037	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276515	1,465,469	441	0	405,224	63.00
64.00	06400	INTRAVENOUS THERAPY	0.338754	108,754	1	0	36,841	64.00
65.00	06500	RESPIRATORY THERAPY	0.211917	2,755,318	0	0	583,899	65.00
66.00	06600	PHYSICAL THERAPY	0.399717	1,276,723	0	0	510,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339227	11,718	0	0	3,975	67.00
68.00	06800	SPEECH PATHOLOGY	0.308515	599	0	0	185	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063064	60,307,820	0	0	3,803,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255684	2,515,532	0	0	643,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375747	28,920,688	0	0	10,866,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.353323	35,324,245	0	0	12,480,868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.292658	202,145,555	9,699	3,443,323	59,159,514	73.00
74.00	07400	RENAL DIALYSIS	0.557947	805,512	0	0	449,433	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.716836	7,608,011	3	0	5,453,696	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.468926	1,381,205	0	0	647,683	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.585538	130,066,705	100,559	1,887	76,158,998	90.00
91.00	09100	EMERGENCY	0.116656	52,890,024	0	56	6,169,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.360551	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		986,706,444	895,764	3,445,266	228,714,970	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		986,706,444	895,764	3,445,266	228,714,970	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/22/2019 12:27 am
		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	102,447	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	903	0	60.00
60.01	06001 VASCULAR LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	122	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,838	1,007,716	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	2	0	75.00
76.00	03950 BLANK	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	58,881	1,105	90.00
91.00	09100 EMERGENCY	0	7	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	165,193	1,008,828	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	165,193	1,008,828	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part II Date/Time Prepared: 2/22/2019 12:27 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,113,349	415,011,453	0.014731	0	0	50.00
51.00	05100	RECOVERY ROOM	622,856	90,738,522	0.006864	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,339,242	56,296,532	0.023789	0	0	52.00
53.00	05300	ANESTHESIOLOGY	752,777	73,523,427	0.010239	78,610	805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,101,958	290,246,044	0.017578	14,964	263	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	976,646	90,593,280	0.010781	0	0	55.00
56.00	05600	RADIOISOTOPE	830,634	83,134,819	0.009991	0	0	56.00
57.00	05700	CT SCAN	508,924	284,415,014	0.001789	50,894	91	57.00
58.00	05800	MRI	1,125,998	189,292,584	0.005948	48,264	287	58.00
59.00	05900	CARDIAC CATHETERIZATION	761,570	82,535,723	0.009227	0	0	59.00
60.00	06000	LABORATORY	3,418,043	444,733,386	0.007686	434,920	3,343	60.00
60.01	06001	VASCULAR LAB	136,942	31,641,517	0.004328	5,534	24	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	174,866	11,262,457	0.015526	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	135,842	12,044,574	0.011278	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	535,262	60,493,303	0.008848	18,849	167	65.00
66.00	06600	PHYSICAL THERAPY	2,102,678	104,380,560	0.020144	17,360	350	66.00
67.00	06700	OCCUPATIONAL THERAPY	169,787	13,364,452	0.012704	2,485	32	67.00
68.00	06800	SPEECH PATHOLOGY	82,034	5,900,158	0.013904	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,039,647	175,593,431	0.005921	72,462	429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272,561	13,987,303	0.019486	4,391	86	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,617,091	157,196,660	0.010287	4,444	46	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,461,408	249,586,397	0.009862	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,356,906	566,594,389	0.005925	398,195	2,359	73.00
74.00	07400	RENAL DIALYSIS	132,761	6,648,708	0.019968	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,355,388	24,282,054	0.055819	0	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	151,731	2,740,280	0.055371	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,966,524	304,108,009	0.039350	70,856	2,788	90.00
91.00	09100	EMERGENCY	2,025,650	304,276,165	0.006657	615,477	4,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	70,901,746	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	49,269,075	4,215,522,947		1,837,705	15,167	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	43,875	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	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	269,078	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,922,044	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	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
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
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,234,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	415,011,453	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	90,738,522	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	56,296,532	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	43,875	43,875	73,523,427	0.000597	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	290,246,044	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	90,593,280	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	83,134,819	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	284,415,014	0.000000	57.00
58.00	05800 MRI	0	0	0	189,292,584	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	82,535,723	0.000000	59.00
60.00	06000 LABORATORY	0	269,078	269,078	444,733,386	0.000605	60.00
60.01	06001 VASCULAR LAB	0	0	0	31,641,517	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,262,457	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	12,044,574	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	60,493,303	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	104,380,560	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	13,364,452	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	5,900,158	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	175,593,431	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,987,303	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	157,196,660	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	249,586,397	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,922,044	1,922,044	566,594,389	0.003392	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,648,708	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	24,282,054	0.000000	75.00
76.00	03950 BLANK	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,740,280	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	304,108,009	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	304,276,165	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	70,901,746	0.000000	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)	0	2,234,997	2,234,997	4,215,522,947		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000597	78,610	47	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	14,964	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	50,894	0	1,846	0	57.00
58.00	05800 MRI	0.000000	48,264	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000605	434,920	263	247	0	60.00
60.01	06001 VASCULAR LAB	0.000000	5,534	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	18,849	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	17,360	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,485	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	72,462	0	295	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,391	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,444	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003392	398,195	1,351	10	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	70,856	0	544	0	90.00
91.00	09100 EMERGENCY	0.000000	615,477	0	3,000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		1,837,705	1,661	5,942	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.131481	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.103324	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.280897	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.122377	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.205254	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.108172	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.121470	0	0	0	0	56.00
57.00 05700 CT SCAN	0.031251	1,846	0	0	58	57.00
58.00 05800 MRI	0.058320	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.096824	0	0	0	0	59.00
60.00 06000 LABORATORY	0.153470	247	0	0	38	60.00
60.01 06001 VASCULAR LAB	0.097972	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276515	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.338754	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.211917	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.399717	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.339227	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.308515	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.063064	295	0	0	19	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.255684	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.375747	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.353323	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.292658	10	0	0	3	73.00
74.00 07400 RENAL DIALYSIS	0.557947	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.716836	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.468926	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.585538	544	0	0	319	90.00
91.00 09100 EMERGENCY	0.116656	3,000	0	0	350	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.360551	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Subtotal (see instructions)		5,942	0	787	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		5,942	0	787	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/22/2019 12:27 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part II Date/Time Prepared: 2/22/2019 12:27 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,113,349	415,011,453	0.014731	0	0	50.00
51.00	05100	RECOVERY ROOM	622,856	90,738,522	0.006864	2,967	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,339,242	56,296,532	0.023789	0	0	52.00
53.00	05300	ANESTHESIOLOGY	752,777	73,523,427	0.010239	2,929	30	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,101,958	290,246,044	0.017578	113,555	1,996	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	976,646	90,593,280	0.010781	85,573	923	55.00
56.00	05600	RADIOISOTOPE	830,634	83,134,819	0.009991	9,497	95	56.00
57.00	05700	CT SCAN	508,924	284,415,014	0.001789	161,525	289	57.00
58.00	05800	MRI	1,125,998	189,292,584	0.005948	60,693	361	58.00
59.00	05900	CARDIAC CATHETERIZATION	761,570	82,535,723	0.009227	0	0	59.00
60.00	06000	LABORATORY	3,418,043	444,733,386	0.007686	519,744	3,995	60.00
60.01	06001	VASCULAR LAB	136,942	31,641,517	0.004328	139,211	603	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	174,866	11,262,457	0.015526	2,322	36	63.00
64.00	06400	INTRAVENOUS THERAPY	135,842	12,044,574	0.011278	52,406	591	64.00
65.00	06500	RESPIRATORY THERAPY	535,262	60,493,303	0.008848	276,373	2,445	65.00
66.00	06600	PHYSICAL THERAPY	2,102,678	104,380,560	0.020144	1,350,689	27,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	169,787	13,364,452	0.012704	1,394,722	17,719	67.00
68.00	06800	SPEECH PATHOLOGY	82,034	5,900,158	0.013904	714,763	9,938	68.00
69.00	06900	ELECTROCARDIOLOGY	1,039,647	175,593,431	0.005921	59,571	353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272,561	13,987,303	0.019486	6,800	133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,617,091	157,196,660	0.010287	73,070	752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,461,408	249,586,397	0.009862	2,656	26	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,356,906	566,594,389	0.005925	933,084	5,529	73.00
74.00	07400	RENAL DIALYSIS	132,761	6,648,708	0.019968	68,546	1,369	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,355,388	24,282,054	0.055819	0	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	151,731	2,740,280	0.055371	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,966,524	304,108,009	0.039350	24,396	960	90.00
91.00	09100	EMERGENCY	2,025,650	304,276,165	0.006657	7,985	53	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	70,901,746	0.000000	9,648	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	49,269,075	4,215,522,947		6,072,725	75,424	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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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	43,875	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	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	269,078	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,922,044	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	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
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
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,234,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	415,011,453	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	90,738,522	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	56,296,532	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	43,875	43,875	73,523,427	0.000597	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	290,246,044	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	90,593,280	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	83,134,819	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	284,415,014	0.000000	57.00
58.00	05800 MRI	0	0	0	189,292,584	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	82,535,723	0.000000	59.00
60.00	06000 LABORATORY	0	269,078	269,078	444,733,386	0.000605	60.00
60.01	06001 VASCULAR LAB	0	0	0	31,641,517	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,262,457	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	12,044,574	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	60,493,303	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	104,380,560	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	13,364,452	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	5,900,158	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	175,593,431	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,987,303	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	157,196,660	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	249,586,397	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,922,044	1,922,044	566,594,389	0.003392	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,648,708	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	24,282,054	0.000000	75.00
76.00	03950 BLANK	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,740,280	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	304,108,009	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	304,276,165	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	70,901,746	0.000000	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)	0	2,234,997	2,234,997	4,215,522,947		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,967	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000597	2,929	2	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	113,555	0	10,444	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	85,573	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	9,497	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	161,525	0	3,692	0	57.00
58.00	05800 MRI	0.000000	60,693	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000605	519,744	314	0	0	60.00
60.01	06001 VASCULAR LAB	0.000000	139,211	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,322	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	52,406	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	276,373	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,350,689	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,394,722	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	714,763	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	59,571	0	1,180	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6,800	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	73,070	0	49	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,656	0	4,485	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003392	933,084	3,165	10	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	68,546	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	24,396	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	7,985	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	9,648	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		6,072,725	3,481	19,860	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/22/2019 12:27 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.131481	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.103324	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.280897	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.122377	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.205254	10,444	0	0	2,144	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.108172	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.121470	0	0	0	0	56.00
57.00 05700 CT SCAN	0.031251	3,692	0	0	115	57.00
58.00 05800 MRI	0.058320	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.096824	0	0	0	0	59.00
60.00 06000 LABORATORY	0.153470	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	0.097972	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276515	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.338754	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.211917	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.399717	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.339227	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.308515	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.063064	1,180	0	0	74	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.255684	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.375747	49	0	0	18	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.353323	4,485	0	0	1,585	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.292658	10	0	0	3	73.00
74.00 07400 RENAL DIALYSIS	0.557947	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.716836	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.468926	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.585538	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.116656	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.360551	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Subtotal (see instructions)		19,860	0	3,939	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		19,860	0	3,939	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/22/2019 12:27 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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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	43,875	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	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	269,078	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,922,044	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	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
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
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,234,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	415,011,453	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	90,738,522	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	56,296,532	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	43,875	43,875	73,523,427	0.000597	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	290,246,044	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	90,593,280	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	83,134,819	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	284,415,014	0.000000	57.00
58.00	05800 MRI	0	0	0	189,292,584	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	82,535,723	0.000000	59.00
60.00	06000 LABORATORY	0	269,078	269,078	444,733,386	0.000605	60.00
60.01	06001 VASCULAR LAB	0	0	0	31,641,517	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,262,457	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	12,044,574	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	60,493,303	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	104,380,560	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	13,364,452	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	5,900,158	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	175,593,431	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,987,303	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	157,196,660	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	249,586,397	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,922,044	1,922,044	566,594,389	0.003392	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,648,708	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	24,282,054	0.000000	75.00
76.00	03950 BLANK	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,740,280	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	304,108,009	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	304,276,165	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	70,901,746	0.000000	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)	0	2,234,997	2,234,997	4,215,522,947		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/22/2019 12:27 am	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000597	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000605	0	0	0	0	60.00
60.01	06001 VASCULAR LAB	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003392	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		156,215	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		156,215	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)		132,020	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)		69,100	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)		165,052,335	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		165,052,335	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		165,052,335	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,056.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		73,008,987	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)		73,008,987	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	36,378,287	17,401	2,090.59	7,974	16,670,365	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	13,428,310	10,918	1,229.92	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				132,710,179		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				222,389,531		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)				5,271,242		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				6,546,918		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				11,818,160		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				210,571,371		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				24,195		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,056.57		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				25,563,711		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,800,212	165,052,335	0.059376	25,563,711	1,517,871	90.00
91.00	Nursing School cost	0	165,052,335	0.000000	25,563,711	0	91.00
92.00	Allied health cost	0	165,052,335	0.000000	25,563,711	0	92.00
93.00	All other Medical Education	0	165,052,335	0.000000	25,563,711	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,262	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,262	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)		9,262	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,838	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)		9,771,554	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)		9,771,554	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)		9,771,554	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,055.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,939,127	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,939,127	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1	
				Component CCN: 14-S010		Date/Time Prepared: 2/22/2019 12:27 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					333,586		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,272,713		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)					118,257		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,828		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					135,085		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,137,628		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	595,914	9,771,554	0.060985	0	0	90.00
91.00	Nursing School cost	0	9,771,554	0.000000	0	0	91.00
92.00	Allied health cost	0	9,771,554	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,771,554	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,223	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,223	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)		5,223	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,703	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)		4,419,968	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)		4,419,968	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)		4,419,968	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)		846.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,287,414	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,287,414	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1	
				Component CCN: 14-T010		Date/Time Prepared: 2/22/2019 12:27 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,811,771		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,099,185		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)					157,044		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,905		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					235,949		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,863,236		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	303,433	4,419,968	0.068650	0	0	90.00
91.00	Nursing School cost	0	4,419,968	0.000000	0	0	91.00
92.00	Allied health cost	0	4,419,968	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,419,968	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Skilled Nursing Facility	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)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 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)			0 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)			0 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)			0 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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1
				Component CCN: 14-5855		Date/Time Prepared: 2/22/2019 12:27 am
				Title XVIII	Skilled Nursing Facility	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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)					43.01
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					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					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)					0 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00 71.00
72.00	Program routine service cost (line 9 x line 71)					0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)					0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0 80.00
81.00	Inpatient routine service cost per diem limitation					0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0 83.00
84.00	Program inpatient ancillary services (see instructions)					0 84.00
85.00	Utilization review - physician compensation (see instructions)					0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/22/2019 12:27 am	
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		171,844,888	30.00
31.00	03100	INTENSIVE CARE UNIT		45,943,546	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131481	85,400,086	50.00
51.00	05100	RECOVERY ROOM	0.103324	18,736,704	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280897	161,168	52.00
53.00	05300	ANESTHESIOLOGY	0.122377	11,560,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.207244	27,306,860	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.109549	1,635,770	55.00
56.00	05600	RADIOISOTOPE	0.123024	3,751,427	56.00
57.00	05700	CT SCAN	0.031251	40,981,990	57.00
58.00	05800	MRI	0.058320	11,116,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096893	21,911,453	59.00
60.00	06000	LABORATORY	0.153847	85,501,160	60.00
60.01	06001	VASCULAR LAB	0.098083	5,142,917	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276515	2,503,584	63.00
64.00	06400	INTRAVENOUS THERAPY	0.338754	5,879,014	64.00
65.00	06500	RESPIRATORY THERAPY	0.211917	26,400,376	65.00
66.00	06600	PHYSICAL THERAPY	0.400027	10,468,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339227	5,593,087	67.00
68.00	06800	SPEECH PATHOLOGY	0.308515	2,525,117	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063138	29,634,833	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255684	2,960,814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375747	36,106,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.353323	88,983,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.292658	66,534,548	73.00
74.00	07400	RENAL DIALYSIS	0.557947	3,565,367	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.716836	104,557	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.468926	850	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.585592	5,309,191	90.00
91.00	09100	EMERGENCY	0.116704	57,001,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.360551	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		656,777,450	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)		656,777,450	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		4,387,769	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131481	0	50.00
51.00	05100	RECOVERY ROOM	0.103324	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280897	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122377	78,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.207244	14,964	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.109549	0	55.00
56.00	05600	RADIOISOTOPE	0.123024	0	56.00
57.00	05700	CT SCAN	0.031251	50,894	57.00
58.00	05800	MRI	0.058320	48,264	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096893	0	59.00
60.00	06000	LABORATORY	0.153847	434,920	60.00
60.01	06001	VASCULAR LAB	0.098083	5,534	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276515	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.338754	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.211917	18,849	65.00
66.00	06600	PHYSICAL THERAPY	0.400027	17,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339227	2,485	67.00
68.00	06800	SPEECH PATHOLOGY	0.308515	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063138	72,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255684	4,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375747	4,444	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.353323	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.292658	398,195	73.00
74.00	07400	RENAL DIALYSIS	0.557947	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.716836	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.468926	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.585592	70,856	90.00
91.00	09100	EMERGENCY	0.116704	615,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.360551	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,837,705	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)		1,837,705	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,977,058	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131481	0	50.00
51.00	05100	RECOVERY ROOM	0.103324	2,967	307 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280897	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.122377	2,929	358 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.207244	113,555	23,534 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.109549	85,573	9,374 55.00
56.00	05600	RADIOISOTOPE	0.123024	9,497	1,168 56.00
57.00	05700	CT SCAN	0.031251	161,525	5,048 57.00
58.00	05800	MRI	0.058320	60,693	3,540 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096893	0	0 59.00
60.00	06000	LABORATORY	0.153847	519,744	79,961 60.00
60.01	06001	VASCULAR LAB	0.098083	139,211	13,654 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276515	2,322	642 63.00
64.00	06400	INTRAVENOUS THERAPY	0.338754	52,406	17,753 64.00
65.00	06500	RESPIRATORY THERAPY	0.211917	276,373	58,568 65.00
66.00	06600	PHYSICAL THERAPY	0.400027	1,350,689	540,312 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339227	1,394,722	473,127 67.00
68.00	06800	SPEECH PATHOLOGY	0.308515	714,763	220,515 68.00
69.00	06900	ELECTROCARDIOLOGY	0.063138	59,571	3,761 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255684	6,800	1,739 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375747	73,070	27,456 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.353323	2,656	938 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.292658	933,084	273,074 73.00
74.00	07400	RENAL DIALYSIS	0.557947	68,546	38,245 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.716836	0	0 75.00
76.00	03950	BLANK	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.468926	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.585592	24,396	14,286 90.00
91.00	09100	EMERGENCY	0.116704	7,985	932 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.360551	9,648	3,479 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,072,725	1,811,771 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		6,072,725	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		166,098,567	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		3,551,903	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		31,426,217	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		638.55	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		170.74	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)		170.74	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		200.44	10.00
11.00	FTE count for residents in dental and podiatric programs.		4.99	11.00
12.00	Current year allowable FTE (see instructions)		175.73	12.00
13.00	Total allowable FTE count for the prior year.		175.98	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.		175.58	14.00
15.00	Sum of lines 12 through 14 divided by 3.		175.76	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		175.76	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.275249	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.280147	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.275249	21.00
22.00	IME payment adjustment (see instructions)		23,204,468	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,390,337	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)		29.70	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)		23,204,468	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,390,337	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.72	30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.75	31.00
32.00	Sum of lines 30 and 31		15.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.81	33.00
34.00	Disproportionate share adjustment (see instructions)		1,166,843	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/22/2019 12:27 am
		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)	0	6,247,376	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	6,247,376	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,247,376		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)	200,269,157		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)		204,659,494	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		15,885,566	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).		5,765,293	52.00
53.00	Nursing and Allied Health Managed Care payment		175,648	53.00
54.00	Special add-on payments for new technologies		845	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)		284,314	58.00
59.00	Total (sum of amounts on lines 49 through 58)		226,771,160	59.00
60.00	Primary payer payments		64,473	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		226,706,687	61.00
62.00	Deductibles billed to program beneficiaries		17,072,176	62.00
63.00	Coinsurance billed to program beneficiaries		433,264	63.00
64.00	Allowable bad debts (see instructions)		2,078,564	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,351,067	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,443,836	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		210,552,314	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		3,197	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		740,060	70.93
70.94	HRR adjustment amount (see instructions)		-182,712	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			211,106,465	71.00
71.01	Sequestration adjustment (see instructions)			4,222,129	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			207,429,241	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)			-544,905	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,975,172	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/22/2019 12:27 am

		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	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	166,098,567	0	0	166,098,567	166,098,567	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	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	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,551,903	0	0	3,551,903	3,551,903	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,426,217	0	0	31,426,217	31,426,217	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.275249	0.275249	0.275249	0.275249	0.275249	5.00
6.00	IME payment adjustment (see instructions)	22.00	23,204,468	0	0	23,204,468	23,204,468	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,390,337	0	0	4,390,337	4,390,337	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	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	23,204,468	0	0	23,204,468	23,204,468	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,390,337	0	0	4,390,337	4,390,337	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0281	0.0281	0.0281	0.0281	0.0281	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,166,843	0	0	1,166,843	1,166,843	11.00
11.01	Uncompensated care payments	36.00	6,247,376	0	0	6,247,376	6,247,376	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	0	12.00
13.00	Subtotal (see instructions)	47.00	200,269,157	0	0	200,269,157	200,269,157	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	204,659,494	0	0	204,659,494	204,659,494	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	15,885,566	0	0	15,885,566	15,885,566	16.00
17.00	Special add-on payments for new technologies	54.00	845	0	0	845	845	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	3,197	0	0	3,197	3,197	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/22/2019 12:27 am

		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	18.00
19.00	SUBTOTAL			0	0	220,549,102	220,549,102	19.00
		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	13,527,906	0	0	13,527,906	13,527,906	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	336,591	0	0	336,591	336,591	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1176	0.1176	0.1176	0.1176		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,590,882	0	0	1,590,882	1,590,882	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0318	0.0318	0.0318	0.0318		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	430,187	0	0	430,187	430,187	25.00
26.00	Total prospective capital payments (see instructions)	12.00	15,885,566	0	0	15,885,566	15,885,566	26.00
		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		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/22/2019 12:27 am	
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	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	166,098,567		166,098,567	166,098,567	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	3,551,903	0	3,551,903	3,551,903	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	31,426,217	0	31,426,217	31,426,217	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.275249	0.275249	0.275249		5.00
6.00	IME payment adjustment (see instructions)	22.00	23,204,468	0	23,204,468	23,204,468	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,390,337	0	4,390,337	4,390,337	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	23,204,468	0	23,204,468	23,204,468	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,390,337	0	4,390,337	4,390,337	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0281	0.0281	0.0281		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,166,843	0	1,166,843	1,166,843	11.00
11.01	Uncompensated care payments	36.00	6,247,376	0	6,247,376	6,247,376	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	200,269,157	0	200,269,157	200,269,157	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	204,659,494	0	204,659,494	204,659,494	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	15,885,566	0	15,885,566	15,885,566	16.00
17.00	Special add-on payments for new technologies	54.00	845	0	845	845	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	3,197	0	3,197	3,197	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	220,549,102	220,549,102	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/22/2019 12:27 am
		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	13,527,906	0	13,527,906	13,527,906	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	336,591	0	336,591	336,591	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	0.1176	0.1176	0.1176		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,590,882	0	1,590,882	1,590,882	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0318	0.0318	0.0318		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	430,187	0	430,187	430,187	25.00
26.00	Total prospective capital payments (see instructions)	12.00	15,885,566	0	15,885,566	15,885,566	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	740,060	0	740,060	740,060	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	-182,712	0	-182,712	-182,712	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/22/2019 12: 27 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,174,021	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		227,976,063	2.00
3.00	OPPS payments		210,594,208	3.00
4.00	Outlier payment (see instructions)		886,748	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		738,907	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,174,021	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,341,030	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)		4,341,030	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,341,030	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,167,009	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)		1,174,021	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)		212,219,863	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		175,897	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		40,734,897	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)		172,483,090	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		5,795,165	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)		178,278,255	30.00
31.00	Primary payer payments		16,660	31.00
32.00	Subtotal (line 30 minus line 31)		178,261,595	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)		4,047,475	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,630,859	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,136,456	36.00
37.00	Subtotal (see instructions)		180,892,454	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-329	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		4,000	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		180,892,783	40.00
40.01	Sequestration adjustment (see instructions)		3,617,856	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		176,105,573	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,169,354	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,871,036	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		787	2.00
3.00	OPPS payments		778	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		778	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		156	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)		622	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)		622	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		622	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		622	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		622	40.00
40.01	Sequestration adjustment (see instructions)		12	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		610	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,939	2.00
3.00	OPPS payments		1,355	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,355	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		271	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,084	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,084	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,084	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,084	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,084	40.00
40.01	Sequestration adjustment (see instructions)		22	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,062	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0010		Period: From 10/01/2017 To 09/30/2018		Worksheet E-1 Part I Date/Time Prepared: 2/22/2019 12:27 am	
		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		207,636,602		176,105,573	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	04/05/2018	207,361		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)		-207,361		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		207,429,241		176,105,573	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		1,169,354	6.01	
6.02	SETTLEMENT TO PROGRAM		544,905		0	6.02	
7.00	Total Medicare program liability (see instructions)		206,884,336		177,274,927	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part I Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				610 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,590,999		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)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,590,999		610 4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		84,900		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		1,675,899		610 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part I Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,311,844		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	04/05/2018	31,212		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		31,212		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)		4,343,056		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		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		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		6.01
6.02	SETTLEMENT TO PROGRAM		60,916		6.02
7.00	Total Medicare program liability (see instructions)		4,282,140		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/22/2019 12:27 am
		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 IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part II Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,674,646 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			34,698 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			9.86 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			4.41 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			4.41 8.00
9.00	Average Daily Census (see instructions)			25.375342 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.086024 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			144,060 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,853,404 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,853,404 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,853,404 18.00
19.00	Deductibles			180,084 19.00
20.00	Subtotal (line 18 minus line 19)			1,673,320 20.00
21.00	Coinsurance			39,750 21.00
22.00	Subtotal (line 20 minus line 21)			1,633,570 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			115,185 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			74,870 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			84,744 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,708,440 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			1,661 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,710,101 31.00
31.01	Sequestration adjustment (see instructions)			34,202 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,590,999 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			84,900 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			8,263 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part III Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,981,038 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0143 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			112,663 3.00
4.00	Outlier Payments			73,201 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.81 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.94 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.94 9.00
10.00	Average Daily Census (see instructions)			14.309589 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.066796 11.00
12.00	Teaching Adjustment (see instructions)			265,917 12.00
13.00	Total PPS Payment (see instructions)			4,432,819 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,432,819 17.00
18.00	Primary payer payments			12,572 18.00
19.00	Subtotal (line 17 less line 18).			4,420,247 19.00
20.00	Deductibles			9,308 20.00
21.00	Subtotal (line 19 minus line 20)			4,410,939 21.00
22.00	Coinurance			44,889 22.00
23.00	Subtotal (line 21 minus line 22)			4,366,050 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,366,050 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			3,481 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,369,531 32.00
32.01	Sequestration adjustment (see instructions)			87,391 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,343,056 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-60,916 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			73,201 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/22/2019 12:27 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			179.89	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			207.47	6.00
7.00	Enter the lesser of line 5 or line 6			179.53	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	98.33	91.09	189.42	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	85.09	78.82	163.91	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.98		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		4.99		10.01
11.00	Total weighted FTE count	85.09	83.80		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	85.88	84.41		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	76.61	84.22		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	82.53	84.14		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	82.53	84.14		17.00
18.00	Per resident amount	134,057.76	126,101.58		18.00
19.00	Approved amount for resident costs	11,063,787	10,610,187	21,673,974	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			27.94	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			21,673,974	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	81,615	15,097		26.00
27.00	Total Inpatient Days (see instructions)	177,320	177,320		27.00
28.00	Ratio of inpatient days to total inpatient days	0.460270	0.085140		28.00
29.00	Program direct GME amount	9,975,880	1,845,322		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		260,744		30.00
31.00	Net Program direct GME amount			11,560,458	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,648,708	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		228,761,429	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		77,045	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		228,684,384	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		229,893,717	42.00
43.00	Primary payer payments (see instructions)		24,150	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		229,869,567	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		458,553,951	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.498708	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.501292	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		11,560,458	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,765,293	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,795,165	50.00

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

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet G

Date/Time Prepared:
2/22/2019 12:27 am

		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	49,313,220	0	0	0	1.00
2.00	Temporary investments	53,844,927	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	310,644,163	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-94,999,392	0	0	0	6.00
7.00	Inventory	22,573,535	0	0	0	7.00
8.00	Prepaid expenses	36,094,155	0	0	0	8.00
9.00	Other current assets	1,000,000	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)	378,470,608	0	0	0	11.00
FIXED ASSETS						
12.00	Land	73,118,372	0	0	0	12.00
13.00	Land improvements	34,212,628	0	0	0	13.00
14.00	Accumulated depreciation	-24,243,063	0	0	0	14.00
15.00	Buildings	1,595,565,507	0	0	0	15.00
16.00	Accumulated depreciation	-713,034,000	0	0	0	16.00
17.00	Leasehold improvements	57,656,921	0	0	0	17.00
18.00	Accumulated depreciation	-44,905,492	0	0	0	18.00
19.00	Fixed equipment	342,087,423	0	0	0	19.00
20.00	Accumulated depreciation	-227,373,671	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	71,765,192	0	0	0	27.00
28.00	Accumulated depreciation	-51,755,542	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)	1,113,094,275	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,098,447,990	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	240,167,377	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,338,615,367	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,830,180,250	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	87,259,483	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	655,004,508	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	742,263,991	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	618,397,475	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	618,397,475	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,360,661,466	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,469,518,784				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)	2,469,518,784	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,830,180,250	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-1

Date/Time Prepared:
2/22/2019 12:27 am

		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		2,271,879,024		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		164,800,199				2.00
3.00	Total (sum of line 1 and line 2)		2,436,679,223		0		3.00
4.00	CONTR, BEQUESTS, & GRANTS	8,773,443		0		0	4.00
5.00	NET REALIZED GAINS ON INV	6,917,767		0		0	5.00
6.00	TRFS TO FIN PROP & EQUIP	274,000		0		0	6.00
7.00	UNREALIZED INCOME	14,407,060		0		0	7.00
8.00	PENSION & SERP EQUITY ADJ	17,831,492		0		0	8.00
9.00	ROUNDING	2		0		0	9.00
10.00	Total additions (sum of line 4-9)		48,203,764			0	10.00
11.00	Subtotal (line 3 plus line 10)		2,484,882,987		0		11.00
12.00	NET ASSETS RELEASED FR RESTR	15,109,787		0		0	12.00
13.00	OTHER TRANSFERS	254,416		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)		15,364,203			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,469,518,784		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	CONTR, BEQUESTS, & GRANTS		0				4.00
5.00	NET REALIZED GAINS ON INV		0				5.00
6.00	TRFS TO FIN PROP & EQUIP		0				6.00
7.00	UNREALIZED INCOME		0				7.00
8.00	PENSION & SERP EQUITY ADJ		0				8.00
9.00	ROUNDING		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	NET ASSETS RELEASED FR RESTR		0				12.00
13.00	OTHER TRANSFERS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	318,016,964		318,016,964	1.00
2.00	SUBPROVIDER - IPF	21,543,924		21,543,924	2.00
3.00	SUBPROVIDER - IRF	9,635,776		9,635,776	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	349,196,664		349,196,664	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	93,649,380		93,649,380	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	55,300,925		55,300,925	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	148,950,305		148,950,305	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	498,146,969		498,146,969	17.00
18.00	Ancillary services	1,271,562,057	2,354,301,928	3,625,863,985	18.00
19.00	Outpatient services	79,907,369	839,844,057	919,751,426	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		17,328,148	17,328,148	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	12,256,256	12,256,256	26.00
27.00	OTHER PHYSICIAN REVENUE	0	82,305,236	82,305,236	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,849,616,395	3,306,035,625	5,155,652,020	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,459,902,450		29.00
30.00	RESEARCH DIRECT OPERATING EXPENSES	26,645,477			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENSES	7,975,919			31.00
32.00	ROUNDING	3			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)		34,621,399		36.00
37.00	INDIRECT OPERATING EXPENSES	17,841,801			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)		17,841,801		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,476,682,048		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet G-3 Date/Time Prepared: 2/22/2019 12:27 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,155,652,020	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,625,243,206	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,530,408,814	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,476,682,048	4.00
5.00	Net income from service to patients (line 3 minus line 4)	53,726,766	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,275,770	6.00
7.00	Income from investments	81,555,642	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	1,477,835	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,262,012	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	12,566	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,382,533	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	1,004,585	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	28,408,770	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB REF TEST GRANT INC EPIC INDE R	11,978,594	24.00
24.01	RESEARCH/FOUNDATION PGRM REVENUE	31,064,931	24.01
24.02	NON OPERATING INCOME	34,465,424	24.02
25.00	Total other income (sum of lines 6-24)	201,888,662	25.00
26.00	Total (line 5 plus line 25)	255,615,428	26.00
27.00	INTERCOMPANY TRANSFER	90,815,229	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	90,815,229	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	164,800,199	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet H

HHA CCN: 14-7001

To 09/30/2018

Date/Time Prepared: 2/22/2019 12:27 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	245,868	0	0	245,868	4.00
5.00	Administrative and General	3,286,619	786,621	0	339,021	4,412,261	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,309,579	551,650	0	0	2,861,229	6.00
7.00	Physical Therapy	2,338,031	558,446	0	0	2,896,477	7.00
8.00	Occupational Therapy	354,900	84,769	0	0	439,669	8.00
9.00	Speech Pathology	59,414	14,191	0	0	73,605	9.00
10.00	Medical Social Services	75,156	17,951	0	0	93,107	10.00
11.00	Home Health Aide	66,641	15,917	0	0	82,558	11.00
12.00	Supplies (see instructions)	0	0	0	180,271	180,271	12.00
13.00	Drugs	0	0	0	228,440	228,440	13.00
14.00	DME	43,340	10,352	0	2,276,619	2,330,311	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	161,330	161,330	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	8,533,680	2,039,897	245,868	3,185,681	14,005,126	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	245,868	0	245,868		4.00
5.00	Administrative and General	0	4,412,261	-316	4,411,945		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,861,229	0	2,861,229		6.00
7.00	Physical Therapy	0	2,896,477	0	2,896,477		7.00
8.00	Occupational Therapy	0	439,669	0	439,669		8.00
9.00	Speech Pathology	0	73,605	0	73,605		9.00
10.00	Medical Social Services	0	93,107	0	93,107		10.00
11.00	Home Health Aide	0	82,558	0	82,558		11.00
12.00	Supplies (see instructions)	0	180,271	0	180,271		12.00
13.00	Drugs	0	228,440	0	228,440		13.00
14.00	DME	0	2,330,311	0	2,330,311		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	161,330	0	161,330		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	14,005,126	-316	14,004,810		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0010 HHA CCN: 14-7001		Period: From 10/01/2017 To 09/30/2018		Worksheet H-1 Part I Date/Time Prepared: 2/22/2019 12:27 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	245,868	0	0	0	245,868	4.00
5.00	Administrative and General	4,411,945	0	0	0	4,411,945	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,861,229	0	0	0	107,225	2,968,454
7.00	Physical Therapy	2,896,477	0	0	0	105,832	3,002,309
8.00	Occupational Therapy	439,669	0	0	0	17,987	457,656
9.00	Speech Pathology	73,605	0	0	0	3,439	77,044
10.00	Medical Social Services	93,107	0	0	0	2,366	95,473
11.00	Home Health Aide	82,558	0	0	0	9,019	91,577
12.00	Supplies (see instructions)	180,271	0	0	0	0	180,271
13.00	Drugs	228,440	0	0	0	0	228,440
14.00	DME	2,330,311	0	0	0	0	2,330,311
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	161,330	0	0	0	0	161,330
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	14,004,810	0	0	0	245,868	14,004,810
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	4,411,945					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,365,248	4,333,702				6.00
7.00	Physical Therapy	1,380,823	4,383,132				7.00
8.00	Occupational Therapy	210,485	668,141				8.00
9.00	Speech Pathology	35,434	112,478				9.00
10.00	Medical Social Services	43,910	139,383				10.00
11.00	Home Health Aide	42,118	133,695				11.00
12.00	Supplies (see instructions)	82,910	263,181				12.00
13.00	Drugs	105,064	333,504				13.00
14.00	DME	1,071,754	3,402,065				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	74,199	235,529				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		14,004,810				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0010	Period: From 10/01/2017	Worksheet H-1
		HHA CCN: 14-7001	To 09/30/2018	Part II
				Date/Time Prepared: 2/22/2019 12:27 am
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,346,997	0		3.00
4.00	Transportation (see instructions)	0	0	0	39,176		4.00
5.00	Administrative and General	0	0	0	0	-4,411,945	9,592,865
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	2,861,229	17,085	0	2,968,454
7.00	Physical Therapy	0	0	2,896,477	16,863	0	3,002,309
8.00	Occupational Therapy	0	0	439,669	2,866	0	457,656
9.00	Speech Pathology	0	0	73,605	548	0	77,044
10.00	Medical Social Services	0	0	93,107	377	0	95,473
11.00	Home Health Aide	0	0	82,558	1,437	0	91,577
12.00	Supplies (see instructions)	0	0	180,271	0	0	180,271
13.00	Drugs	0	0	228,440	0	0	228,440
14.00	DME	0	0	2,330,311	0	0	2,330,311
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	161,330	0	0	161,330
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	9,346,997	39,176	-4,411,945	9,592,865
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	245,868		4,411,945
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	6.275985		0.459919

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet H-2 Part I Date/Time Prepared: 2/22/2019 12:27 am
		HHA CCN: 14-7001	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	45,022	407	134,564	179,993	35,928	1.00
2.00 Skilled Nursing Care	4,333,702	38,014	344	94,561	4,466,621	891,564	2.00
3.00 Physical Therapy	4,383,132	24,673	223	95,726	4,503,754	898,977	3.00
4.00 Occupational Therapy	668,141	3,782	34	14,531	686,488	137,027	4.00
5.00 Speech Pathology	112,478	673	6	2,433	115,590	23,072	5.00
6.00 Medical Social Services	139,383	1,049	10	3,077	143,519	28,647	6.00
7.00 Home Health Aide	133,695	2,124	20	2,728	138,567	27,659	7.00
8.00 Supplies (see instructions)	263,181	0	0	0	263,181	52,533	8.00
9.00 Drugs	333,504	0	0	0	333,504	66,569	9.00
10.00 DME	3,402,065	1,036	10	1,774	3,404,885	679,635	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	235,529	0	0	0	235,529	47,013	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	14,004,810	116,373	1,054	349,394	14,471,631	2,888,624	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	147,831	0	37,161	0	18,989	1.00
2.00 Skilled Nursing Care	0	124,822	0	31,378	0	16,032	2.00
3.00 Physical Therapy	0	81,017	0	20,366	0	10,404	3.00
4.00 Occupational Therapy	0	12,418	0	3,122	0	1,598	4.00
5.00 Speech Pathology	0	2,211	0	556	0	282	5.00
6.00 Medical Social Services	0	3,445	0	866	0	440	6.00
7.00 Home Health Aide	0	6,975	0	1,753	0	893	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	3,402	0	855	0	436	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	382,121	0	96,057	0	49,074	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet H-2

HHA CCN: 14-7001

To 09/30/2018

Part I
Date/Time Prepared:
2/22/2019 12:27 am

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	114,281	1.00
2.00	Skilled Nursing Care	0	305,298	0	0	11,216	96,656	2.00
3.00	Physical Therapy	0	0	0	0	11,102	62,684	3.00
4.00	Occupational Therapy	0	0	0	0	1,648	9,666	4.00
5.00	Speech Pathology	0	0	0	0	315	1,706	5.00
6.00	Medical Social Services	0	0	0	0	255	2,701	6.00
7.00	Home Health Aide	0	0	0	0	462	5,401	7.00
8.00	Supplies (see instructions)	0	0	10,182	0	0	0	8.00
9.00	Drugs	0	0	0	55,318	1,895	0	9.00
10.00	DME	0	0	0	0	4,887	2,559	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	305,298	10,182	55,318	31,780	295,654	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
		SPECIFY SERVICE			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM-PHARMACY	
		18.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet H-2

HHA CCN: 14-7001

To 09/30/2018

Part I
Date/Time Prepared:
2/22/2019 12:27 am

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)		
	23.01	23.02	24.00	25.00	26.00	27.00		
1.00 Administrative and General	0	0	534,183	0	534,183		1.00	
2.00 Skilled Nursing Care	0	0	5,943,587	0	5,943,587	175,885	2.00	
3.00 Physical Therapy	0	0	5,588,304	0	5,588,304	165,369	3.00	
4.00 Occupational Therapy	0	0	851,967	0	851,967	25,211	4.00	
5.00 Speech Pathology	0	0	143,732	0	143,732	4,253	5.00	
6.00 Medical Social Services	0	0	179,873	0	179,873	5,323	6.00	
7.00 Home Health Aide	0	0	181,710	0	181,710	5,377	7.00	
8.00 Supplies (see instructions)	0	0	325,896	0	325,896	9,644	8.00	
9.00 Drugs	0	0	457,286	0	457,286	13,532	9.00	
10.00 DME	0	0	4,096,659	0	4,096,659	121,228	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	282,542	0	282,542	8,361	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	0	0	18,585,739	0	18,585,739	534,183	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.029592	21.00	
Cost Center Description	Total HHA Costs							
	28.00							
1.00 Administrative and General							1.00	
2.00 Skilled Nursing Care	6,119,472						2.00	
3.00 Physical Therapy	5,753,673						3.00	
4.00 Occupational Therapy	877,178						4.00	
5.00 Speech Pathology	147,985						5.00	
6.00 Medical Social Services	185,196						6.00	
7.00 Home Health Aide	187,087						7.00	
8.00 Supplies (see instructions)	335,540						8.00	
9.00 Drugs	470,818						9.00	
10.00 DME	4,217,887						10.00	
11.00 Home Dialysis Aide Services	0						11.00	
12.00 Respiratory Therapy	0						12.00	
13.00 Private Duty Nursing	0						13.00	
14.00 Clinic	0						14.00	
15.00 Health Promotion Activities	0						15.00	
16.00 Day Care Program	0						16.00	
17.00 Home Delivered Meals Program	0						17.00	
18.00 Homemaker Service	0						18.00	
19.00 All Others (specify)	290,903						19.00	
19.50 Telemedicine	0						19.50	
20.00 Total (sum of lines 1-19) (2)	18,585,739						20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2017 To 09/30/2018	Worksheet H-2 Part II Date/Time Prepared: 2/22/2019 12:27 am PPS
		Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00					
1.00 Administrative and General	3,476	414	3,286,619	0	179,993	0	1.00
2.00 Skilled Nursing Care	2,935	350	2,309,579	0	4,466,621	0	2.00
3.00 Physical Therapy	1,905	227	2,338,031	0	4,503,754	0	3.00
4.00 Occupational Therapy	292	35	354,900	0	686,488	0	4.00
5.00 Speech Pathology	52	6	59,414	0	115,590	0	5.00
6.00 Medical Social Services	81	10	75,156	0	143,519	0	6.00
7.00 Home Health Aide	164	20	66,641	0	138,567	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	263,181	0	8.00
9.00 Drugs	0	0	0	0	333,504	0	9.00
10.00 DME	80	10	43,339	0	3,404,885	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	235,529	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	8,985	1,072	8,533,679		14,471,631		20.00
21.00 Total cost to be allocated	116,373	1,054	349,394		2,888,624		21.00
22.00 Unit cost multiplier	12.951920	0.983209	0.040943		0.199606	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	3,476	0	3,476	0	81,139	0	1.00
2.00 Skilled Nursing Care	2,935	0	2,935	0	68,502	0	2.00
3.00 Physical Therapy	1,905	0	1,905	0	44,452	0	3.00
4.00 Occupational Therapy	292	0	292	0	6,826	0	4.00
5.00 Speech Pathology	52	0	52	0	1,203	0	5.00
6.00 Medical Social Services	81	0	81	0	1,880	0	6.00
7.00 Home Health Aide	164	0	164	0	3,817	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	80	0	80	0	1,862	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	8,985	0	8,985	0	209,681	0	20.00
21.00 Total cost to be allocated	382,121	0	96,057	0	49,074	0	21.00
22.00 Unit cost multiplier	42.528770	0.000000	10.690818	0.000000	0.234041	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2017 To 09/30/2018	Worksheet H-2 Part II Date/Time Prepared: 2/22/2019 12:27 am
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		Home Health Agency I	PPS
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Cost Center Description	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	17.00	18.00	
1.00 Administrative and General	0	0	0	0	804	0	1.00
2.00 Skilled Nursing Care	43	0	0	6,115,479	680	0	2.00
3.00 Physical Therapy	0	0	0	6,053,469	441	0	3.00
4.00 Occupational Therapy	0	0	0	898,825	68	0	4.00
5.00 Speech Pathology	0	0	0	171,720	12	0	5.00
6.00 Medical Social Services	0	0	0	138,919	19	0	6.00
7.00 Home Health Aide	0	0	0	251,824	38	0	7.00
8.00 Supplies (see instructions)	0	121,958	0	0	0	0	8.00
9.00 Drugs	0	0	389,620	1,033,058	0	0	9.00
10.00 DME	0	0	0	2,664,854	18	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	43	121,958	389,620	17,328,148	2,080	0	20.00
21.00 Total cost to be allocated	305,298	10,182	55,318	31,780	295,654	0	21.00
22.00 Unit cost multiplier	7,099.953488	0.083488	0.141979	0.001834	142.141346	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			23.01
	19.00	20.00	21.00	22.00	23.00	23.01	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2017 To 09/30/2018	Worksheet H-2 Part II Date/Time Prepared: 2/22/2019 12:27 am PPS
		Home Health Agency I	

Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2017 To 09/30/2018	Worksheet H-3 Part I Date/Time Prepared: 2/22/2019 12:27 am
				Title XVIII	Home Health Agency I	PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	6,119,472		6,119,472	28,896	211.78	1.00
2.00	Physical Therapy	3.00	5,753,673	0	5,753,673	28,603	201.16	2.00
3.00	Occupational Therapy	4.00	877,178	0	877,178	4,247	206.54	3.00
4.00	Speech Pathology	5.00	147,985	0	147,985	771	191.94	4.00
5.00	Medical Social Services	6.00	185,196		185,196	547	338.57	5.00
6.00	Home Health Aide	7.00	187,087		187,087	1,893	98.83	6.00
7.00	Total (sum of lines 1-6)		13,270,591	0	13,270,591	64,957		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits		Ratio (col. 3 + col. 4)	
			Part A	Part B		
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	0	12,436		8.00
8.01	Skilled Nursing Care		29404	0	4,649		8.01
9.00	Physical Therapy		16974	0	11,980		9.00
9.01	Physical Therapy		29404	0	4,883		9.01
10.00	Occupational Therapy		16974	0	2,139		10.00
10.01	Occupational Therapy		29404	0	727		10.01
11.00	Speech Pathology		16974	0	445		11.00
11.01	Speech Pathology		29404	0	103		11.01
12.00	Medical Social Services		16974	0	300		12.00
12.01	Medical Social Services		29404	0	77		12.01
13.00	Home Health Aide		16974	0	1,048		13.00
13.01	Home Health Aide		29404	0	389		13.01
14.00	Total (sum of lines 8-13)			0	39,176		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	335,540	0	335,540	0	0.000000	15.00
16.00	Cost of Drugs	9.00	470,818	0	470,818	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Part A	Part B	Subject to Deductibles & Coinsurance
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	17,085		0	3,618,261	1.00
2.00	Physical Therapy	0	16,863		0	3,392,161	2.00
3.00	Occupational Therapy	0	2,866		0	591,944	3.00
4.00	Speech Pathology	0	548		0	105,183	4.00
5.00	Medical Social Services	0	377		0	127,641	5.00
6.00	Home Health Aide	0	1,437		0	142,019	6.00
7.00	Total (sum of lines 1-6)	0	39,176		0	7,977,209	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0010	Period: From 10/01/2017	Worksheet H-3
				HHA CCN: 14-7001	To 09/30/2018	Part I
				Title XVIII	Home Health Agency I	Date/Time Prepared: 2/22/2019 12:27 am
						PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	16.00	
Total Program Cost (sum of col.s. 9-10)								
		12.00						

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,618,261					1.00
2.00	Physical Therapy	3,392,161					2.00
3.00	Occupational Therapy	591,944					3.00
4.00	Speech Pathology	105,183					4.00
5.00	Medical Social Services	127,641					5.00
6.00	Home Health Aide	142,019					6.00
7.00	Total (sum of lines 1-6)	7,977,209					7.00
Total Program Cost (sum of col.s. 9-10)							
		12.00					

Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2017 To 09/30/2018	Worksheet H-3 Part II Date/Time Prepared: 2/22/2019 12:27 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.399717	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.339227	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.308515	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.375747	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.292658	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2017 To 09/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 2/22/2019 12:27 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	10,849,169	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	10,849,169	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	10,849,169	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	7,490	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-7,490
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	7,852,777
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	175,510
13.00	Total PPS Reimbursement - LUPA Episodes		0	154,494
14.00	Total PPS Reimbursement - PEP Episodes		0	123,733
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	34,368
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,974
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	8,335,366
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	8,335,366
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	8,335,366
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	8,335,366
30.00	OTHER ADJUSTMENT		0	555
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	8,335,921
31.01	Sequestration adjustment (see instructions)		0	166,718
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	8,169,203
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2017 To 09/30/2018	Worksheet H-5 Date/Time Prepared: 2/22/2019 12:27 am PPS
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		8,169,203	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		8,169,203	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		8,169,203	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2017 To 09/30/2018

Worksheet 0

Hospice CCN: 14-1522

Date/Time Prepared: 2/22/2019 12:27 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	87,805	87,805	0	87,805
4.00	ADMINISTRATIVE & GENERAL*	525,515	41,117	566,632	0	566,632
5.00	PLANT OPERATION & MAINTENANCE*	0	79,766	79,766	0	79,766
6.00	LAUNDRY & LINEN SERVICE*	0	36	36	0	36
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	9,643	9,643	0	9,643
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	114,400	114,400	0	114,400
13.00	VOLUNTEER SERVICE COORDINATION*	69,569	17,067	86,636	0	86,636
14.00	PHARMACY*	0	4,787	4,787	0	4,787
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	59,391	59,391	0	59,391
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		800,137	800,137	0	800,137
26.00	PHYSICIAN SERVICES**	297,722	41,693	339,415	0	339,415
27.00	NURSE PRACTITIONER**	28,661	7,031	35,692	0	35,692
28.00	REGISTERED NURSE**	1,249,900	306,632	1,556,532	0	1,556,532
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	372,005	91,263	463,268	0	463,268
34.00	SPIRITUAL COUNSELING**	148,266	36,373	184,639	0	184,639
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	391,850	391,850	0	391,850
39.00	PATIENT TRANSPORTATION**	0	55,466	55,466	0	55,466
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	124,858	124,858	0	124,858
42.50	DRUGS CHARGED TO PATIENTS**	0	509,778	509,778	0	509,778
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	164,892	40,452	205,344	0	205,344
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	105,241	25,818	131,059	0	131,059
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	1,168,348	213,468	1,381,816	0	1,381,816
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	59,841	59,841	0	59,841
100.00	TOTAL	4,130,119	3,118,672	7,248,791	0	7,248,791

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet 0

Hospice CCN: 14-1522

To 09/30/2018

Date/Time Prepared: 2/22/2019 12:27 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	87,805	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	566,632	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	79,766	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	36	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	9,643	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	114,400	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	86,636	13.00
14.00	PHARMACY*	0	4,787	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	59,391	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	800,137	25.00
26.00	PHYSICIAN SERVICES**	0	339,415	26.00
27.00	NURSE PRACTITIONER**	0	35,692	27.00
28.00	REGISTERED NURSE**	0	1,556,532	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	463,268	33.00
34.00	SPIRITUAL COUNSELING**	0	184,639	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	391,850	38.00
39.00	PATIENT TRANSPORTATION**	0	55,466	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	124,858	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	509,778	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	534	205,878	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	131,059	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	1,381,816	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	25,788	25,788	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	59,841	71.00
100.00	TOTAL	26,322	7,275,113	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 14-0010 Hospice CCN: 14-1522	Period: From 10/01/2017 To 09/30/2018	Worksheet 0-2 Date/Time Prepared: 2/22/2019 12:27 am
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	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00						25.00
26.00	245,421	34,369	279,790	0	279,790	26.00
27.00	0	0	0	0	0	27.00
28.00	1,249,900	306,632	1,556,532	0	1,556,532	28.00
29.00	0	0	0	0	0	29.00
30.00	0	0	0	0	0	30.00
31.00	0	0	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	368,338	90,363	458,701	0	458,701	33.00
34.00	148,266	36,373	184,639	0	184,639	34.00
35.00	0	0	0	0	0	35.00
36.00	0	0	0	0	0	36.00
37.00	0	0	0	0	0	37.00
38.00	0	391,850	391,850	0	391,850	38.00
39.00	0	55,466	55,466	0	55,466	39.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	124,858	124,858	0	124,858	42.00
42.50	0	509,778	509,778	0	509,778	42.50
43.00	0	0	0	0	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	164,892	40,452	205,344	0	205,344	46.00
100.00	2,176,817	1,590,141	3,766,958	0	3,766,958	100.00

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

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00			25.00
26.00	0	279,790	26.00
27.00	0	0	27.00
28.00	0	1,556,532	28.00
29.00	0	0	29.00
30.00	0	0	30.00
31.00	0	0	31.00
32.00	0	0	32.00
33.00	0	458,701	33.00
34.00	0	184,639	34.00
35.00	0	0	35.00
36.00	0	0	36.00
37.00	0	0	37.00
38.00	0	391,850	38.00
39.00	0	55,466	39.00
40.00	0	0	40.00
41.00	0	0	41.00
42.00	0	124,858	42.00
42.50	0	509,778	42.50
43.00	0	0	43.00
44.00	0	0	44.00
45.00	0	0	45.00
46.00	0	205,344	46.00
100.00	0	3,766,958	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 14-0010

Period: From 10/01/2017 To 09/30/2018

Worksheet 0-3

Hospice CCN: 14-1522

Date/Time Prepared: 2/22/2019 12:27 am

	Hospice I					SUBTOTAL
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS		
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	100.00

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

	ADJUSTMENTS		TOTAL (col. 5 ± col. 6)	
	6.00		7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	534	534	46.00
100.00	TOTAL *	534	534	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 14-0010

Period:
From 10/01/2017
To 09/30/2018

Worksheet 0-4

Hospice CCN: 14-1522

Date/Time Prepared:
2/22/2019 12:27 am

	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		800,137	800,137	0	800,137 25.00
26.00	PHYSICIAN SERVICES	52,301	7,324	59,625	0	59,625 26.00
27.00	NURSE PRACTITIONER	28,661	7,031	35,692	0	35,692 27.00
28.00	REGISTERED NURSE	0	0	0	0	0 28.00
29.00	LPN/LVN	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	3,667	900	4,567	0	4,567 33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0 34.00
35.00	DIETARY COUNSELING	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER	0	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0 39.00
40.00	IMAGING SERVICES	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0 46.00
100.00	TOTAL *	84,629	815,392	900,021	0	900,021 100.00

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

	ADJUSTMENTS	TOTAL (col. 5	
	6.00	± col. 6)	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	800,137 25.00
26.00	PHYSICIAN SERVICES	0	59,625 26.00
27.00	NURSE PRACTITIONER	0	35,692 27.00
28.00	REGISTERED NURSE	0	0 28.00
29.00	LPN/LVN	0	0 29.00
30.00	PHYSICAL THERAPY	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	4,567 33.00
34.00	SPIRITUAL COUNSELING	0	0 34.00
35.00	DIETARY COUNSELING	0	0 35.00
36.00	COUNSELING - OTHER	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	0 39.00
40.00	IMAGING SERVICES	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0 42.50
43.00	OUTPATIENT SERVICES	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0 46.00
100.00	TOTAL *	0	900,021 100.00

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

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet 0-5

Hospice CCN: 14-1522

To 09/30/2018

Date/Time Prepared: 2/22/2019 12:27 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of col s. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	50,979	50,979	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	87,805	169,099	256,904	3.00
4.00 ADMINISTRATIVE & GENERAL	566,632	1,517,985	2,084,617	4.00
5.00 PLANT OPERATION & MAINTENANCE	79,766	167,393	247,159	5.00
6.00 LAUNDRY & LINEN SERVICE	36	0	36	6.00
7.00 HOUSEKEEPING	0	42,079	42,079	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	134,899	134,899	9.00
10.00 ROUTINE MEDICAL SUPPLIES	9,643	11,229	20,872	10.00
11.00 MEDICAL RECORDS	0	22,478	22,478	11.00
12.00 STAFF TRANSPORTATION	114,400		114,400	12.00
13.00 VOLUNTEER SERVICE COORDINATION	86,636		86,636	13.00
14.00 PHARMACY	4,787	73,058	77,845	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00 OTHER GENERAL SERVICE	59,391	0	59,391	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES		1,460,220	1,460,220	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00 HOSPICE ROUTINE HOME CARE	3,766,958		3,766,958	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	534		534	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	900,021		900,021	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	131,059		131,059	60.00
61.00 VOLUNTEER PROGRAM	0		0	61.00
62.00 FUNDRAISING	0		0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00 PALLIATIVE CARE PROGRAM	1,381,816		1,381,816	64.00
65.00 OTHER PHYSICIAN SERVICES	0		0	65.00
66.00 RESIDENTIAL CARE	0		0	66.00
67.00 ADVERTISING	0		0	67.00
68.00 TELEHEALTH/TELEMONITORING	0		0	68.00
69.00 THRIFT STORE	0		0	69.00
70.00 NURSING FACILITY ROOM & BOARD	25,788		25,788	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	59,841		59,841	71.00
99.00 NEGATIVE COST CENTER	0		0	99.00
100.00 TOTAL	7,275,113	3,649,419	10,924,532	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0010	Period: From 10/01/2017	Worksheet 0-6
		Hospice CCN: 14-1522	To 09/30/2018	Part I
				Date/Time Prepared: 2/22/2019 12:27 am

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	50,979	50,979			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	256,904	0	0	256,904	3.00
4.00	ADMINISTRATIVE & GENERAL	2,084,617	34,376	0	32,689	2,151,682 4.00
5.00	PLANT OPERATION & MAINTENANCE	247,159	0	0	0	247,159 5.00
6.00	LAUNDRY & LINEN SERVICE	36	0	0	0	36 6.00
7.00	HOUSEKEEPING	42,079	0	0	0	42,079 7.00
8.00	DIETARY	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION	134,899	0	0	0	134,899 9.00
10.00	ROUTINE MEDICAL SUPPLIES	20,872	0	0	0	20,872 10.00
11.00	MEDICAL RECORDS	22,478	0	0	0	22,478 11.00
12.00	STAFF TRANSPORTATION	114,400	0	0	0	114,400 12.00
13.00	VOLUNTEER SERVICE COORDINATION	86,636	5,282	0	4,327	96,245 13.00
14.00	PHARMACY	77,845	0	0	0	77,845 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE	59,391	0	0	0	59,391 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		1,460,220 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	3,766,958			135,403	3,902,361 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	534	0	0	0	534 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	900,021	2,740	0	5,264	908,025 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	131,059	7,932	0	6,546	145,537 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	1,381,816	649	0	72,675	1,455,140 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	25,788				25,788 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	59,841	0	0	0	59,841 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	10,924,532	50,979	0	256,904	10,924,532 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0010	Period: From 10/01/2017	Worksheet 0-6
		Hospice CCN: 14-1522	To 09/30/2018	Part I
				Date/Time Prepared: 2/22/2019 12:27 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL	2,151,682				4.00
5.00	PLANT OPERATION & MAINTENANCE	60,798	307,957			5.00
6.00	LAUNDRY & LINEN SERVICE	9	0	45		6.00
7.00	HOUSEKEEPING	10,351	0		52,430	7.00
8.00	DIETARY	0	0		0	8.00
9.00	NURSING ADMINISTRATION	33,184	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,134	0		0	10.00
11.00	MEDICAL RECORDS	5,529	0		0	11.00
12.00	STAFF TRANSPORTATION	28,141	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	23,675	97,971		16,680	13.00
14.00	PHARMACY	19,149	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	14,610	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	359,198	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	959,940				51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	131	0	3	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	223,364	50,825	42	8,653	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	35,801	147,124		25,048	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	357,948	12,037		2,049	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0	68.00
69.00	THRIFT STORE	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	14,720	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	2,151,682	307,957	45	52,430	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0010	Period: From 10/01/2017	Worksheet 0-6
		Hospice CCN: 14-1522	To 09/30/2018	Part I
				Date/Time Prepared: 2/22/2019 12:27 am

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	168,083				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	26,006			10.00
11.00	MEDICAL RECORDS	0		28,007		11.00
12.00	STAFF TRANSPORTATION	0			142,541	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	168,083	25,108	27,040	142,541	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	63	68	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	835	899	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	168,083	26,006	28,007	142,541	234,571

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2018

Part I
Date/Time Prepared:
2/22/2019 12:27 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	96,994					14.00
15.00	0	0				15.00
16.00	0		74,001			16.00
17.00				1,819,418		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	96,994	0	55,501		5,612,139	51.00
52.00	0	0	0	127,240	128,039	52.00
53.00	0	0	740	1,692,178	2,885,561	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		2,960		356,470	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		14,800		1,841,974	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					25,788	70.00
71.00	0	0	0	0	74,561	71.00
99.00	0	0	0	0	0	99.00
100.00	96,994	0	74,001	1,819,418	10,924,532	100.00

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

Provider CCN: 14-0010

Hospice CCN: 14-1522

Period:
From 10/01/2017
To 09/30/2018

Worksheet 0-6
Part II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,828					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,130,119			3.00
4.00	ADMINISTRATIVE & GENERAL	1,907	0	525,515	-2,151,682	8,747,062	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	247,159	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	36	6.00
7.00	HOUSEKEEPING	0	0	0	0	42,079	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	134,899	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	20,872	10.00
11.00	MEDICAL RECORDS	0	0	0	0	22,478	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	114,400	12.00
13.00	VOLUNTEER SERVICE COORDINATION	293	0	69,569	0	96,245	13.00
14.00	PHARMACY	0	0	0	0	77,845	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	59,391	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	1,460,220	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,176,818	0	3,902,361	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	534	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	152	0	84,630	0	908,025	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	440	0	105,241	0	145,537	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	36	0	1,168,346	0	1,455,140	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	-25,788	59,841	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	50,979	0	256,904		2,151,682	100.00
101.00	UNIT COST MULTIPLIER	18.026521	0.000000	0.062203		0.245989	101.00

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

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2018

Part II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	921					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,673				6.00
7.00	HOUSEKEEPING	0		921			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		19	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	293		293		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					19	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	117	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	152	1,556	152	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	440		440		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	36		36		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	307,957	45	52,430	0	168,083	100.00
101.00	UNIT COST MULTIPLIER	334.372421	0.026898	56.927253	0.000000	8,846.473684	101.00

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

Provider CCN: 14-0010

Hospice CCN: 14-1522

Period:
From 10/01/2017
To 09/30/2018

Worksheet 0-6
Part II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	48,458					10.00
11.00	MEDICAL RECORDS		48,458				11.00
12.00	STAFF TRANSPORTATION			205,582			12.00
13.00	VOLUNTEER SERVICE COORDINATION				2,080		13.00
14.00	PHARMACY					514,565	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES						15.00
16.00	OTHER GENERAL SERVICE						16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	46,785	46,785	205,582	2,080	514,565	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	117	117	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,556	1,556	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	26,006	28,007	142,541	234,571	96,994	100.00
101.00	UNIT COST MULTIPLIER	0.536671	0.577964	0.693354	112.774519	0.188497	101.00

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

Provider CCN: 14-0010

Hospice CCN: 14-1522

Period:
From 10/01/2017
To 09/30/2018

Worksheet 0-6
Part II
Date/Time Prepared:
2/22/2019 12:27 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,673		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	75			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	117		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1	1,556		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		4			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		20			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	74,001	1,819,418		100.00
101.00	UNIT COST MULTIPLIER	0.000000	740.010000	1,087.518231		101.00

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

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet 0-7

Hospice CCN: 14-1522

To 09/30/2018

Date/Time Prepared: 2/22/2019 12:27 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.399717	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.339227	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.308515	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.292658	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.153470	0	0	0	6.00
6.01	VASCULAR LAB	60.01	0.097972	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.375747	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.108172	0	0	0	9.00
10.00	BLANK	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.468926	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (From Provider Records)		Shared Service Costs by LOC			
		HGIP		HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
		5.00		6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	VASCULAR LAB	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	BLANK	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0010

Period: From 10/01/2017

Worksheet 0-8

Hospice CCN: 14-1522

To 09/30/2018

Date/Time Prepared: 2/22/2019 12:27 am

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,612,139	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			46,785	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			119.96	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	41,085	2,682		9.00
10.00	Program cost (line 8 times line 9)	4,928,557	321,733		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			128,039	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			117	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,094.35	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	104	4		14.00
15.00	Program cost (line 13 times line 14)	113,812	4,377		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,885,561	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,556	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,854.47	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,249	141		19.00
20.00	Program cost (line 18 times line 19)	2,316,233	261,480		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,625,739	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			48,458	22.00
23.00	Average cost per diem (line 21 divided by line 22)			178.00	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0010	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/22/2019 12:27 am
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		13,527,906	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		336,591	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)		446.12	3.00
4.00	Number of interns & residents (see instructions)		175.76	4.00
5.00	Indirect medical education percentage (see instructions)		11.76	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)		1,590,882	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.72	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.75	8.00
9.00	Sum of lines 7 and 8		15.47	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.18	10.00
11.00	Disproportionate share adjustment (see instructions)		430,187	11.00
12.00	Total prospective capital payments (see instructions)		15,885,566	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