

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: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 11:21 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/30/2019 Time: 11:21 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5.  Cost Report Status 6. Date Received:  
 (1) As Submitted 7. Contractor No. 10. NPR Date:  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4  
 (3) Settled with Audit 9.  Final Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**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 ADVOCATE NORTHSIDE HEALTH SYSTEM ( 14-0182 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 DIRECTOR OF REIMBURSEMENT  
 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	424,162	304,935	0	0	1.00
2.00 Subprovider - IPF	0	117,953	0		0	2.00
3.00 Subprovider - IRF	0	-102,885	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	439,230	304,935	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:21 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 836 WELLINGTON			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60640		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018		12/31/2018		20.00
21.00	Type of Control (see instructions)						1				21.00
							1.00		2.00		3.00
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:21 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.	1,684	10,929	0	0	0	281	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.	22	302	0	0	0		25.00	
						Urban/Rural	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	
<b>Prospective Payment System (PPS)-Capital</b>									
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
<b>Teaching Hospitals</b>									
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

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.01	
		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	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>						Y	63.00
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)					Y	63.00
		Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospi- tal	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)	1.36	90.81	0.014755		64.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	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)	FAMILY PRACTICE	3630	3.81	92.82	0.039429		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			5.66	78.57	0.067197		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	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)	FAMILY PRACTICE	3630	8.99	88.81	0.091922		67.00
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
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
<b>Inpatient Rehabilitation Facility PPS</b>								
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

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				1.00	
<b>Long Term Care Hospital PPS</b>					
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	
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00	
		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
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.	Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:21 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
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.	N				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:	619,992	5,604,432	-1,810,120		
		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
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
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		14H036		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:21 am	
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: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	Y
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.					
				1.00	Y
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.					
				1.00	N
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	N
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	N
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
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.					
				1.00	N
Name County State Zip Code CBSA FTE/Campus					
0 1.00 2.00 3.00 4.00 5.00					
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					
				1.00	0.00
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.					
				1.00	Y
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					
				1.00	0
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					
				1.00	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)					
				1.00	9.99
Beginning Ending					
1.00 2.00					
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	01/01/2018 12/31/2018
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)					
				1.00	N 0



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 11:21 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)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	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	05/13/2019	Y	05/13/2019		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: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 11:21 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARY		SEBO	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5763		MARY.SEBO@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 11:21 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	SENIOR REIMBURSEMENT SPECIALIST		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: 14-0182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	137	50,078	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)		137	50,078	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	74	27,123	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	43	15,640	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		254	92,841	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,636		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	7,964		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						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.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		311				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)		8	2,920			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: 14-0182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	4,358	2,259	24,603			1.00
2.00 HMO and other (see instructions)	6,374	7,339				2.00
3.00 HMO IPF Subprovider	374	1,623				3.00
4.00 HMO IRF Subprovider	604	130				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,358	2,259	24,603			7.00
8.00 INTENSIVE CARE UNIT	1,142	2,451	12,789			8.00
9.00 CORONARY CARE UNIT	4,478	378	10,264			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		406	3,368			13.00
14.00 Total (see instructions)	9,978	5,494	51,024	178.73	1,869.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,902	1,038	7,454	0.50	49.00	16.00
17.00 SUBPROVIDER - IRF	2,266	194	5,214	0.95	28.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			458			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				180.18	1,946.00	27.00
28.00 Observation Bed Days		0	6,666			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	61	1,111			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: 14-0182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 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	2,361	764	11,900	1.00
2.00 HMO and other (see instructions)				1,558	2,076		2.00
3.00 HMO IPF Subprovider					238		3.00
4.00 HMO IRF Subprovider					11		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,361	764	11,900		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	172	143	978		16.00
17.00 SUBPROVIDER - IRF	0.00	0	169	13	378		17.00
18.00 SUBPROVIDER	0.00	0		0	0		18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							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.)	0.00						23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet S-3 Part II Date/Time Prepared: 5/30/2019 11:21 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	147,733,741	0	147,733,741	4,053,296.00	36.45	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		6,843,396	0	6,843,396	56,363.00	121.42	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	14,405,213	0	14,405,213	318,240.00	45.27	7.00
7.01	Contracted interns and residents (in an approved programs)		1,416,255	0	1,416,255	36,192.00	39.13	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)		5,112,460	290,722	5,403,182	160,160.00	33.74	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		1,677,515	0	1,677,515	39,826.00	42.12	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		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		13,545,003	0	13,545,003	217,273.00	62.34	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		26,769,387	0	26,769,387			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,381,124	0	1,381,124			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		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		746,607	0	746,607			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		3,891,549	0	3,891,549			25.00
25.50	Home office wage-related (core)		2,544,849	0	2,544,849			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,075,158	0	2,075,158	29,120.00	71.26	26.00
27.00	Administrative & General	5.00	12,199,853	0	12,199,853	328,640.00	37.12	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0182

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 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	
28.00	Administrative & General under contract (see inst.)		1,309,037	0	1,309,037	16,308.00	80.27	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,141,593	0	4,141,593	135,200.00	30.63	30.00
31.00	Laundry & Linen Service	8.00	22,910	0	22,910	2,080.00	11.01	31.00
32.00	Housekeeping	9.00	4,045,835	0	4,045,835	239,200.00	16.91	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,026,440	-866,470	2,159,970	66,560.00	32.45	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	866,470	866,470	83,200.00	10.41	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,645,048	0	2,645,048	52,000.00	50.87	38.00
39.00	Central Services and Supply	14.00	1,242,116	0	1,242,116	60,320.00	20.59	39.00
40.00	Pharmacy	15.00	4,030,064	-290,722	3,739,342	93,600.00	39.95	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,150,522	0	2,150,522	49,920.00	43.08	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0182

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2019 11:21 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	126,377,914	0	126,377,914	3,658,809.00	34.54	1.00
2.00	Excluded area salaries (see instructions)	5,112,460	290,722	5,403,182	160,160.00	33.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	121,265,454	-290,722	120,974,732	3,498,649.00	34.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,222,518	0	15,222,518	257,099.00	59.21	4.00
5.00	Subtotal wage-related costs (see inst.)	29,314,236	0	29,314,236	0.00	24.23	5.00
6.00	Total (sum of lines 3 thru 5)	165,802,208	-290,722	165,511,486	3,755,748.00	44.07	6.00
7.00	Total overhead cost (see instructions)	36,888,576	-290,722	36,597,854	1,156,148.00	31.65	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 11:21 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		2,984,626	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,111,278	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		11,858,916	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		3,519,878	9.00
10.00	Dental, Hearing and Vision Plan		445,237	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		147,122	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)		634,325	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,189,800	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		9,819,465	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		542,527	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		535,494	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		32,788,668	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 11:21 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		1,448,275	33,577,769 1.00
2.00	Hospital		1,448,275	32,163,406 2.00
3.00	Subprovider - IPF		0	913,788 3.00
4.00	Subprovider - IRF		0	500,575 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 11:21 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.229597	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		73,695,036	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		251,024,363	6.00	
7.00	Medicaid cost (line 1 times line 6)		57,634,441	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	30,262,856	3,514,446	33,777,302	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,948,261	3,514,446	10,462,707	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,948,261	3,514,446	10,462,707	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)			18,968,895	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,306,085	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,009,362	27.01
28.00	Non-Medicare bad debt expense (see instructions)			16,959,533	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,597,135	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			15,059,842	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,059,842	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	13,535,611	13,535,611	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,683,386	9,683,386	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,075,158	25,490,994	27,566,152	-1,708	27,564,444	4.00
5.01	00540	NONPATIENT TELEPHONES	433,716	1,312,615	1,746,331	-89,853	1,656,478	5.01
5.02	00550	DATA PROCESSING	1,031	3,780,195	3,781,226	-39,067	3,742,159	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,435,674	1,225,068	2,660,742	-205,099	2,455,643	5.03
5.04	00570	ADMINITTING	784,465	430,843	1,215,308	-40,947	1,174,361	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	15,489,346	15,489,346	-300	15,489,046	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,544,967	85,529,851	95,074,818	-13,027,471	82,047,347	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,141,593	11,979,382	16,120,975	-174,160	15,946,815	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,910	1,330,461	1,353,371	-15,389	1,337,982	8.00
9.00	00900	HOUSEKEEPING	4,045,835	1,333,752	5,379,587	-7,638	5,371,949	9.00
10.00	01000	DIETARY	3,026,440	2,158,110	5,184,550	-1,572,529	3,612,021	10.00
11.00	01100	CAFETERIA	0	0	0	1,482,680	1,482,680	11.00
13.00	01300	NURSING ADMINISTRATION	2,645,048	524,187	3,169,235	-1,292	3,167,943	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,242,116	2,553,546	3,795,662	-1,366,390	2,429,272	14.00
15.00	01500	PHARMACY	4,030,064	18,338,962	22,369,026	-17,248,507	5,120,519	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	100,470	100,470	-1,787	98,683	16.00
17.00	01700	SOCIAL SERVICE	2,150,522	404,154	2,554,676	-102	2,554,574	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,405,213	0	14,405,213	0	14,405,213	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,554,823	4,554,823	-45,031	4,509,792	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	304,049	304,049	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	25,869,154	7,257,759	33,126,913	-3,708,908	29,418,005	30.00
31.00	03100	INTENSIVE CARE UNIT	12,383,756	4,306,714	16,690,470	-2,111,549	14,578,921	31.00
32.00	03200	CORONARY CARE UNIT	4,888,879	950,653	5,839,532	-488,830	5,350,702	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	3,303,044	343,526	3,646,570	-21,981	3,624,589	40.00
41.00	04100	SUBPROVIDER - I RF	1,809,416	1,587,375	3,396,791	-139,712	3,257,079	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,576,853	1,576,853	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,422,976	33,010,013	45,432,989	-28,130,784	17,302,205	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	122,928	1,294,684	1,417,612	-1,028,520	389,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,873,192	5,155,077	11,028,269	-3,161,843	7,866,426	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	453,851	1,046,761	1,500,612	-196,911	1,303,701	56.00
56.01	05601	ULTRA SOUND	986,495	585,487	1,571,982	-483,363	1,088,619	56.01
57.00	05700	CT SCAN	741,788	1,060,903	1,802,691	-880,332	922,359	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,734,311	7,312,683	10,046,994	-6,971,433	3,075,561	59.00
60.00	06000	LABORATORY	0	8,624,516	8,624,516	-936,920	7,687,596	60.00
60.01	06001	BLOOD LABORATORY	0	1,070,525	1,070,525	-115,292	955,233	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,803,600	858,699	3,662,299	-630,166	3,032,133	65.00
66.00	06600	PHYSICAL THERAPY	3,710,153	588,007	4,298,160	-113,464	4,184,696	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,098,159	233,999	1,332,158	-124,554	1,207,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,548	143,874	295,422	-87,287	208,135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,489,634	26,489,634	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,067,511	16,067,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,609,708	16,609,708	73.00
74.00	07400	RENAL DIALYSIS	632,185	208,410	840,595	-138,089	702,506	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	482,663	121,282	603,945	-42,210	561,735	76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES      Provider CCN: 14-0182      Period: From 01/01/2018 To 12/31/2018      Worksheet A  
 Date/Time Prepared: 5/30/2019 11:21 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	811,779	598,322	1,410,101	-1,304,677	105,424	90.00
90.01	09001 A. R. C. CLINIC	1,413,499	300,023	1,713,522	-130,680	1,582,842	90.01
90.02	09002 CANCER CTR CLINIC	1,830,474	1,011,699	2,842,173	-586,439	2,255,734	90.02
90.03	09003 UROLOGY CLINIC	109,387	27,784	137,171	-15,657	121,514	90.03
90.04	09004 PAIN CLINIC	0	0	0	883,933	883,933	90.04
90.05	09005 EYE CENTER	109,419	199,562	308,981	-89,310	219,671	90.05
90.06	09006 WOUND CARE CLINIC	10,048	214,318	224,366	-94,964	129,402	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	5,550,927	1,914,205	7,465,132	0	7,465,132	90.07
90.08	09008 O/P PHARMACY CLINIC	104,085	17,006	121,091	0	121,091	90.08
90.09	09010 O/P IV THERAPY	262,933	135,079	398,012	-100,945	297,067	90.09
91.00	09100 EMERGENCY	7,078,340	4,578,923	11,657,263	-960,886	10,696,377	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	147,733,741	261,294,627	409,028,368	389	409,028,757	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	845	845	-389	456	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118 through 199)	147,733,741	261,295,472	409,029,213	0	409,029,213	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	716,331	14,251,942	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,207,418	11,890,804	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,680,418	31,244,862	4.00
5.01	00540	NONPATIENT TELEPHONES	-129	1,656,349	5.01
5.02	00550	DATA PROCESSING	8,623,180	12,365,339	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-220	2,455,423	5.03
5.04	00570	ADMINITTING	-781	1,173,580	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	15,489,046	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-53,977,411	28,069,936	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,084,046	14,862,769	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,337,982	8.00
9.00	00900	HOUSEKEEPING	0	5,371,949	9.00
10.00	01000	DIETARY	-1,497,302	2,114,719	10.00
11.00	01100	CAFETERIA	0	1,482,680	11.00
13.00	01300	NURSING ADMINISTRATION	-458	3,167,485	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,429,272	14.00
15.00	01500	PHARMACY	-5,676	5,114,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	98,683	16.00
17.00	01700	SOCIAL SERVICE	0	2,554,574	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	14,405,213	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-84,375	4,425,417	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	304,049	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,776,010	25,641,995	30.00
31.00	03100	INTENSIVE CARE UNIT	-41,209	14,537,712	31.00
32.00	03200	CORONARY CARE UNIT	0	5,350,702	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-70,250	3,554,339	40.00
41.00	04100	SUBPROVIDER - I RF	0	3,257,079	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,576,853	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,367,815	14,934,390	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	389,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-95,421	7,771,005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,303,701	56.00
56.01	05601	ULTRA SOUND	0	1,088,619	56.01
57.00	05700	CT SCAN	0	922,359	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-557,593	2,517,968	59.00
60.00	06000	LABORATORY	-441,535	7,246,061	60.00
60.01	06001	BLOOD LABORATORY	0	955,233	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-330	3,031,803	65.00
66.00	06600	PHYSICAL THERAPY	-580,694	3,604,002	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-31,266	1,176,338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	208,135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,489,634	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,067,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,609,708	73.00
74.00	07400	RENAL DIALYSIS	-1,589	700,917	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-9,060	552,675	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-20,943	84,481	90.00
90.01	09001	A. R. C. CLINIC	-118,453	1,464,389	90.01
90.02	09002	CANCER CTR CLINIC	-150	2,255,584	90.02
90.03	09003	UROLOGY CLINIC	0	121,514	90.03
90.04	09004	PAIN CLINIC	0	883,933	90.04
90.05	09005	EYE CENTER	-157,544	62,127	90.05
90.06	09006	WOUND CARE CLINIC	0	129,402	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	7,465,132	90.07
90.08	09008	O/P PHARMACY CLINIC	0	121,091	90.08
90.09	09010	O/P IV THERAPY	0	297,067	90.09
91.00	09100	EMERGENCY	-1,215,017	9,481,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-50,907,930	358,120,827	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	456	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-50,907,930	358,121,283	200.00



RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2019 11:21 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - CAFETERIA COSTS</b>					
1.00	CAFETERIA	11.00	866,470	616,210	1.00
	TOTALS		866,470	616,210	
<b>B - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,609,708	1.00
	TOTALS		0	16,609,708	
<b>C - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,375,549	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,074,166	2.00
	TOTALS		0	21,449,715	
<b>D - EQUIPMENT DEPRECIATION</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,647,326	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
	TOTALS		0	8,647,326	
<b>E - NURSERY</b>					
1.00	NURSERY	43.00	1,323,296	253,557	1.00
	TOTALS		1,323,296	253,557	
<b>F - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,557,145	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
<b>TOTALS</b>					42,557,145	
<b>G - RENT</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,160,062		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	609,220		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
<b>TOTALS</b>					1,769,282	
<b>H - IMPLANT COSTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,067,511		1.00
<b>TOTALS</b>					16,067,511	
<b>I - PHARMACY RESIDENT'S COST</b>						
1.00	PARAMED ED PHARMACY	23.03	290,722	13,327		1.00
<b>TOTALS</b>					290,722	13,327
<b>J - PAIN CLINIC COSTS</b>						
1.00	PAIN CLINIC	90.04	420,508	463,425		1.00
<b>TOTALS</b>					420,508	463,425
500.00	<b>Grand Total: Increases</b>		2,900,996	108,447,206		500.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA COSTS</b>						
1.00	DIETARY	10.00	866,470	616,210	0	1.00
	TOTALS		866,470	616,210		
<b>B - CHARGEABLE DRUGS</b>						
1.00	PHARMACY	15.00	0	16,609,708	0	1.00
	TOTALS		0	16,609,708		
<b>C - DEPRECIATION</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,375,549	9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,074,166	9	2.00
	TOTALS		0	21,449,715		
<b>D - EQUIPMENT DEPRECIATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,708	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	266	0	2.00
3.00	DATA PROCESSING	5.02	0	39,067	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	170,023	0	4.00
5.00	ADMINISTRATIVE	5.04	0	902	0	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	300	0	6.00
7.00	OPERATION OF PLANT	7.00	0	115,934	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	9,509	0	8.00
9.00	HOUSEKEEPING	9.00	0	5,759	0	9.00
10.00	DIETARY	10.00	0	74,931	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	714	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	174,773	0	12.00
13.00	PHARMACY	15.00	0	193,293	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,787	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	38,085	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	253,923	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	531,690	0	17.00
18.00	CORONARY CARE UNIT	32.00	0	39,359	0	18.00
19.00	SUBPROVIDER - IPF	40.00	0	6	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	10,995	0	20.00
21.00	OPERATING ROOM	50.00	0	3,631,240	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	112,224	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,076,525	0	23.00
24.00	RADIOISOTOPE	56.00	0	196,911	0	24.00
25.00	ULTRASOUND	56.01	0	2,578	0	25.00
26.00	CT SCAN	57.00	0	113,990	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	517,913	0	27.00
28.00	LABORATORY	60.00	0	11,462	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	215,492	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	18,124	0	30.00
32.00	ELECTROCARDIOLOGY	69.00	0	92,633	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,230	0	33.00
34.00	RENAL DIALYSIS	74.00	0	10,190	0	34.00
35.00	CLINIC	90.00	0	77,114	0	35.00
36.00	A. R. C. CLINIC	90.01	0	104,127	0	36.00
37.00	CANCER CENTER CLINIC	90.02	0	463,535	0	37.00
38.00	UROLOGY CLINIC	90.03	0	5,672	0	38.00
39.00	EYE CENTER	90.05	0	65,381	0	39.00
40.00	EMERGENCY	91.00	0	188,635	0	40.00
41.00	O/P IV THERAPY	90.09	0	42,238	0	41.00
42.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	389	0	42.00
43.00	CARDIAC REHABILITATION	76.97	0	15,866	0	43.00
44.00	CARDIAC REHABILITATION	76.97	0	12,671	0	44.00
45.00	WOUND CARE CLINIC	90.06	0	162	0	45.00
	TOTALS		0	8,647,326		
<b>E - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,323,296	253,557	0	1.00
	TOTALS		1,323,296	253,557		
<b>F - SUPPLIES</b>						
1.00	NONPATIENT TELEPHONES	5.01	0	378	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	33,447	0	2.00
3.00	OPERATION OF PLANT	7.00	0	52,597	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	5,880	0	4.00
5.00	HOUSEKEEPING	9.00	0	1,879	0	5.00
6.00	DIETARY	10.00	0	14,918	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	578	0	7.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,191,617	0	8.00	
9.00	PHARMACY	15.00	0	141,457	0	9.00	
10.00	ADMITTING	5.04	0	2,664	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	102	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	470	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	1,719,320	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	1,495,736	0	14.00	
15.00	CORONARY CARE UNIT	32.00	0	431,473	0	15.00	
16.00	SUBPROVIDER - IPF	40.00	0	21,975	0	16.00	
17.00	SUBPROVIDER - IRF	41.00	0	115,555	0	17.00	
18.00	OPERATING ROOM	50.00	0	24,491,584	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	916,296	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,785,240	0	20.00	
22.00	ULTRA SOUND	56.01	0	316,212	0	22.00	
23.00	CT SCAN	57.00	0	437,836	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	6,453,520	0	24.00	
25.00	LABORATORY	60.00	0	925,458	0	25.00	
26.00	BLOOD LABORATORY	60.01	0	115,292	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	408,734	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	95,340	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	13,673	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	31,921	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,986	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	118,679	0	32.00	
33.00	CLINIC	90.00	0	141,614	0	33.00	
34.00	A. R. C. CLINIC	90.01	0	26,553	0	34.00	
35.00	CANCER CTR CLINIC	90.02	0	114,525	0	35.00	
36.00	UROLOGY CLINIC	90.03	0	9,985	0	36.00	
37.00	EMERGENCY	91.00	0	770,273	0	37.00	
38.00	WOUND CARE CLINIC	90.06	0	94,802	0	38.00	
39.00	EYE CENTER	90.05	0	23,929	0	39.00	
40.00	O/P IV THERAPY	90.09	0	13,647	0	40.00	
	TOTALS		0	42,557,145			
G - RENT							
1.00		0.00	0	0	10	1.00	
2.00		0.00	0	0	10	2.00	
3.00	NONPATIENT TELEPHONES	5.01	0	89,209	10	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	225,082	0	4.00	
5.00	PURCHASING RECEIVING AND STORES	5.03	0	1,629	10	5.00	
6.00	ADMITTING	5.04	0	37,381	10	6.00	
7.00	OPERATION OF PLANT	7.00	0	5,629	10	7.00	
8.00		0.00	0	0	10	8.00	
9.00		0.00	0	0	10	9.00	
10.00		0.00	0	0	10	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	6,476	10	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	158,812	10	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	84,123	10	13.00	
14.00	CORONARY CARE UNIT	32.00	0	17,998	10	14.00	
15.00		0.00	0	0	10	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	13,162	10	16.00	
17.00	OPERATING ROOM	50.00	0	7,960	10	17.00	
18.00		0.00	0	0	10	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	300,078	10	19.00	
20.00	ULTRA SOUND	56.01	0	164,573	10	20.00	
21.00	CT SCAN	57.00	0	328,506	10	21.00	
22.00		0.00	0	0	10	22.00	
23.00		0.00	0	0	10	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	5,940	10	24.00	
25.00	RENAL DIALYSIS	74.00	0	9,220	0	25.00	
26.00		0.00	0	0	10	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	56,071	10	27.00	
28.00	CLINIC	90.00	0	202,016	10	28.00	
29.00		0.00	0	0	10	29.00	
30.00	CANCER CTR CLINIC	90.02	0	8,379	10	30.00	
32.00	EMERGENCY	91.00	0	1,978	10	32.00	
33.00	O/P IV THERAPY	90.09	0	45,060	0	33.00	
	TOTALS		0	1,769,282			

Provider CCN: 14-0182

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
H - IMPLANT COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,067,511	0	1.00
	TOTALS		0	16,067,511		
I - PHARMACY RESIDENT'S COST						
1.00	PHARMACY	15.00	290,722	13,327	0	1.00
	TOTALS		290,722	13,327		
J - PAIN CLINIC COSTS						
1.00	CLINIC	90.00	420,508	463,425	0	1.00
	TOTALS		420,508	463,425		
500.00	Grand Total: Decreases		2,900,996	108,447,206		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	36,893,543	1,907,570	0	1,907,570	0	1.00
2.00	Land Improvements	4,283,725	443,440	0	443,440	0	2.00
3.00	Buildings and Fixtures	242,410,396	10,917,609	0	10,917,609	5,620,153	3.00
4.00	Building Improvements	1,907,672	0	0	0	0	4.00
5.00	Fixed Equipment	78,204,970	5,629,921	0	5,629,921	1,199,113	5.00
6.00	Movable Equipment	447,856	0	0	0	0	6.00
7.00	HIT designated Assets	1,230,748	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	365,378,910	18,898,540	0	18,898,540	6,819,266	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	365,378,910	18,898,540	0	18,898,540	6,819,266	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	38,801,113	0				1.00
2.00	Land Improvements	4,727,165	-97,257				2.00
3.00	Buildings and Fixtures	247,707,852	32,811,307				3.00
4.00	Building Improvements	1,907,672	1,370,468				4.00
5.00	Fixed Equipment	82,635,778	22,953,579				5.00
6.00	Movable Equipment	447,856	371,477				6.00
7.00	HIT designated Assets	1,230,748	0				7.00
8.00	Subtotal (sum of lines 1-7)	377,458,184	57,409,574				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	377,458,184	57,409,574				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	14,025,620	0	14,025,620	0.485754	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,848,316	0	14,848,316	0.514246	0	2.00
3.00	Total (sum of lines 1-2)	28,873,936	0	28,873,936	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	12,375,549	1,160,062	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,074,166	609,220	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,449,715	1,769,282	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	716,331	14,251,942	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,207,418	11,890,804	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,923,749	26,142,746	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0182

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

Worksheet A-8

Date/Time Prepared:  
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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	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,590,003					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	-7,469,829					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 employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-20,304		CAP REL COSTS-BLDG & FIXT	1.00		14	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	20,304		CAP REL COSTS-MVBLE EQUIP	2.00		14	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		-209,764		ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 REVENUE OFFSET	B	-129		NONPATIENT TELEPHONES	5.01		14	33.00

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	
33.01 REVENUE OFFSET	B	-220	PURCHASING RECEIVING AND STORES	5.03	0 33.01	
33.02 REVENUE OFFSET	B	-94	ELECTROCARDIOLOGY	69.00	0 33.02	
33.03 REVENUE OFFSET	B	-1,595,857	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03	
34.00 REVENUE OFFSET	B	-473,916	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.00	
35.00 REVENUE OFFSET	B	-1,084,046	OPERATION OF PLANT	7.00	0 35.00	
36.00 REVENUE OFFSET	B		UROLOGY CLINIC	90.03	0 36.00	
37.00 REVENUE OFFSET	B	-1,497,302	DIETARY	10.00	0 37.00	
38.00 REVENUE OFFSET	B	-458	NURSING ADMINISTRATION	13.00	0 38.00	
38.01 REVENUE OFFSET	B	-5,676	PHARMACY	15.00	0 38.01	
38.02 REVENUE OFFSET	B	-781	ADMITTING	5.04	0 38.02	
39.00 REVENUE OFFSET	B	-1,589	RENAL DIALYSIS	74.00	0 39.00	
40.00 REVENUE OFFSET	B	-84,375	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.00	
41.00 REVENUE OFFSET	B	-301,301	ADULTS & PEDIATRICS	30.00	0 41.00	
42.00 REVENUE OFFSET	B	-44,550	SUBPROVIDER - IPF	40.00	0 42.00	
43.00 REVENUE OFFSET	B	-114,824	OPERATING ROOM	50.00	0 43.00	
44.00 REVENUE OFFSET	B	-75	RADIOLOGY-DIAGNOSTIC	54.00	0 44.00	
45.00 REVENUE OFFSET	B	-23,673	CARDIAC CATHETERIZATION	59.00	0 45.00	
45.01 REVENUE OFFSET	B	-441,535	LABORATORY	60.00	0 45.01	
45.02 REVENUE OFFSET	B	-330	RESPIRATORY THERAPY	65.00	0 45.02	
45.03 REVENUE OFFSET	B	-580,694	PHYSICAL THERAPY	66.00	0 45.03	
45.04 REVENUE OFFSET	B	-157,544	EYE CENTER	90.05	0 45.04	
45.05 REVENUE OFFSET	B	-9,060	CARDIAC REHABILITATION	76.97	0 45.05	
45.08 REVENUE OFFSET	B	-5,943	CLINIC	90.00	0 45.08	
45.09 REVENUE OFFSET	B	-150	CANCER CTR CLINIC	90.02	0 45.09	
45.10 REVENUE OFFSET	B	-3,750	EMERGENCY	91.00	0 45.10	
45.25 NONALLOWABLE EXPENSES	A	-5,393,198	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.25	
45.50 INTEREST	A	-4,310,786	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.50	
45.51 PUBLIC AID ASSESSMENT	A	-19,506,478	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.51	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-50,907,930			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: 14-0182  
 Period: From 01/01/2018 To 12/31/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 5/30/2019 11:21 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST	5,276,275	0 1.00
2.00	5.02	DATA PROCESSING	HOME OFFICE COST	8,623,180	0 2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COST	8,034,514	32,327,547 3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	736,635	0 4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	2,187,114	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,857,718	32,327,547 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	B	0.00	ADVOCATEHEALTH	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: 14-0182

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2019 11:21 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	5,276,275	0		1.00
2.00	8,623,180	0		2.00
3.00	-24,293,033	0		3.00
4.00	736,635	14		4.00
4.01	2,187,114	14		4.01
5.00	-7,469,829			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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	HEALTHCARE		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: 14-0182

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2019 11:21 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	40.00	DR. A	25,700	25,700	0	0	0	1.00
2.00	30.00	DR. B	3,264,945	3,264,945	0	0	0	2.00
3.00	31.00	DR. C	41,209	41,209	0	0	0	3.00
4.00	50.00	DR. D	2,252,991	2,252,991	0	0	0	4.00
5.00	54.00	DR. E	95,346	95,346	0	0	0	5.00
6.00	59.00	DR. F	533,920	533,920	0	0	0	6.00
7.00	69.00	DR. G	31,172	31,172	0	0	0	7.00
8.00	90.00	DR. H	15,000	15,000	0	0	0	8.00
9.00	90.01	DR. I	118,453	118,453	0	0	0	9.00
10.00	91.00	DR. J	1,211,267	1,211,267	0	0	0	10.00
200.00			7,590,003	7,590,003	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	31.00	DR. C	0	0	0	0	0	3.00
4.00	50.00	DR. D	0	0	0	0	0	4.00
5.00	54.00	DR. E	0	0	0	0	0	5.00
6.00	59.00	DR. F	0	0	0	0	0	6.00
7.00	69.00	DR. G	0	0	0	0	0	7.00
8.00	90.00	DR. H	0	0	0	0	0	8.00
9.00	90.01	DR. I	0	0	0	0	0	9.00
10.00	91.00	DR. J	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	40.00	DR. A	0	0	0	25,700		1.00
2.00	30.00	DR. B	0	0	0	3,264,945		2.00
3.00	31.00	DR. C	0	0	0	41,209		3.00
4.00	50.00	DR. D	0	0	0	2,252,991		4.00
5.00	54.00	DR. E	0	0	0	95,346		5.00
6.00	59.00	DR. F	0	0	0	533,920		6.00
7.00	69.00	DR. G	0	0	0	31,172		7.00
8.00	90.00	DR. H	0	0	0	15,000		8.00
9.00	90.01	DR. I	0	0	0	118,453		9.00
10.00	91.00	DR. J	0	0	0	1,211,267		10.00
200.00			0	0	0	7,590,003		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	14,251,942	14,251,942				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	11,890,804		11,890,804			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	31,244,862	55,270	46,113	31,346,245		4.00
5.01 00540 NONPATIENT TELEPHONES	1,656,349	57,660	48,108	87,322	1,849,439	5.01
5.02 00550 DATA PROCESSING	12,365,339	110,613	92,288	26,769	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	2,455,423	286,985	239,440	325,709	5,843	5.03
5.04 00570 ADMINISTRATION	1,173,580	28,001	23,362	156,377	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	15,489,046	197,397	164,694	0	27,464	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	28,069,936	892,126	744,326	2,279,951	181,146	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	14,862,769	93,320	77,860	948,375	114,531	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,337,982	64,344	53,684	34,560	1,169	8.00
9.00 00900 HOUSEKEEPING	5,371,949	306,741	255,923	956,782	34,476	9.00
10.00 01000 DIETARY	2,114,719	534,968	446,339	504,877	35,645	10.00
11.00 01100 CAFETERIA	1,482,680	15,147	12,637	202,531	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,167,485	6,951	5,800	651,954	19,283	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,429,272	174,713	145,768	263,636	27,464	14.00
15.00 01500 PHARMACY	5,114,843	132,785	110,786	858,384	40,904	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	98,683	39,270	32,764	0	59,603	16.00
17.00 01700 SOCIAL SERVICE	2,554,574	0	0	481,248	15,777	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	14,405,213	0	0	3,499,499	67,784	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	4,425,417	701,120	584,964	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMEDICAL PHARMACY	304,049	1,951	1,628	63,771	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	25,641,995	2,290,388	1,910,938	5,304,525	297,426	30.00
31.00 03100 INTENSIVE CARE UNIT	14,537,712	908,126	757,676	2,984,192	89,404	31.00
32.00 03200 CORONARY CARE UNIT	5,350,702	381,476	318,276	1,127,083	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	3,554,339	489,869	408,712	760,121	27,464	40.00
41.00 04100 SUBPROVIDER - I RF	3,257,079	209,690	174,950	425,467	14,609	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,576,853	177,323	147,945	304,409	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	14,934,390	1,736,738	1,449,011	2,421,914	149,007	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	389,092	241,252	201,283	26,150	26,880	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,771,005	746,634	622,938	1,308,553	129,724	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1,303,701	77,295	64,490	103,646	7,596	56.00
56.01 05601 ULTRA SOUND	1,088,619	18,464	15,405	219,747	2,337	56.01
57.00 05700 CT SCAN	922,359	15,513	12,943	181,562	2,922	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,517,968	452,697	377,698	559,048	39,151	59.00
60.00 06000 LABORATORY	7,246,061	318,352	265,610	0	57,850	60.00
60.01 06001 BLOOD LABORATORY	955,233	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	3,031,803	157,664	131,543	635,159	28,633	65.00
66.00 06600 PHYSICAL THERAPY	3,604,002	312,229	260,502	815,014	46,163	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
68.01 06801 RADIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	1,176,338	133,541	111,417	252,147	18,115	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	208,135	0	0	25,461	14,609	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	26,489,634	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16,067,511	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,609,708	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	700,917	13,757	11,477	155,560	2,922	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	552,675	41,367	34,514	74,826	2,922	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	84,481	89,661	74,807	57,537	0	90.00
90.01 09001 A. R. C. CLINIC	1,464,389	186,640	155,719	300,147	21,036	90.01
90.02 09002 CANCER CTR CLINIC	2,255,584	810,904	676,560	421,962	83,561	90.02
90.03 09003 UROLOGY CLINIC	121,514	0	0	14,147	14,609	90.03
90.04 09004 PAIN CLINIC	883,933	103,589	86,427	76,720	14,024	90.04
90.05 09005 EYE CENTER	62,127	0	0	22,226	0	90.05
90.06 09006 WOUND CARE CLINIC	129,402	0	0	9,901	4,090	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	7,465,132	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	121,091	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	297,067	27,245	22,731	72,782	5,843	90.09
91.00 09100 EMERGENCY	9,481,360	586,263	489,136	1,344,494	116,284	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	358,120,827	14,226,039	11,869,192	31,346,245	1,848,270	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	456	25,903	21,612	0	1,169	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	358,121,283	14,251,942	11,890,804	31,346,245	1,849,439	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	12,595,009					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,313,400				5.03
5.04	00570	ADMINITTING	0	1,452	1,382,772			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	15,878,601		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	44,162	0	0	32,211,647	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	63,421	0	0	16,160,276	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29	0	0	1,491,768	8.00
9.00	00900	HOUSEKEEPING	0	57,310	0	0	6,983,181	9.00
10.00	01000	DIETARY	0	156,265	0	0	3,792,813	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,712,995	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,803	0	0	3,855,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	157,360	0	0	3,198,213	14.00
15.00	01500	PHARMACY	0	7,386	0	0	6,265,088	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	656	0	0	230,976	16.00
17.00	01700	SOCIAL SERVICE	0	639	0	0	3,052,238	17.00
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	17,972,496	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,387	0	0	5,718,888	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	371,399	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,079,593	124,269	225,324	1,361,084	38,235,542	30.00
31.00	03100	INTENSIVE CARE UNIT	797,147	132,579	166,295	1,004,993	21,378,124	31.00
32.00	03200	CORONARY CARE UNIT	433,591	33,425	90,453	546,644	8,281,650	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	130,152	3,919	27,151	164,088	5,565,815	40.00
41.00	04100	SUBPROVIDER - I/RF	114,992	7,776	23,989	144,975	4,373,527	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	53,564	8,232	11,174	67,530	2,347,030	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,998,564	1,591,271	148,179	2,519,259	26,948,333	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	387,712	78,451	30,620	488,803	1,870,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	867,816	102,923	37,374	1,094,089	12,681,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	137,186	184	5,288	172,955	1,872,341	56.00
56.01	05601	ULTRA SOUND	136,169	10,937	3,051	171,673	1,666,402	56.01
57.00	05700	CT SCAN	547,755	0	42,870	690,576	2,416,500	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	355,396	443,768	30,158	448,061	5,223,945	59.00
60.00	06000	LABORATORY	741,089	69,802	91,444	934,319	9,724,527	60.00
60.01	06001	BLOOD LABORATORY	92,325	8,765	16,576	116,397	1,189,296	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	285,430	38,630	53,707	359,853	4,722,422	65.00
66.00	06600	PHYSICAL THERAPY	192,709	9,538	20,894	242,956	5,504,007	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	234,441	5,059	20,716	295,569	2,247,343	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,263	721	701	21,764	288,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	379,827	0	38,885	478,862	27,387,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	613,514	0	64,889	773,480	17,519,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,538,722	0	145,870	1,939,926	20,234,226	73.00
74.00	07400	RENAL DIALYSIS	40,449	10,887	7,850	50,996	994,815	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	14,315	9,994	283	18,048	748,944	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	10,331	3,250	0	13,025	333,092	90.00
90.01	09001	A. R. C. CLINIC	118,544	2,647	1,029	149,453	2,399,604	90.01
90.02	09002	CANCER CTR CLINIC	67,458	12,862	36	85,047	4,413,974	90.02
90.03	09003	UROLOGY CLINIC	2,403	1,597	0	3,029	157,299	90.03
90.04	09004	PAIN CLINIC	66,714	17,930	1	84,109	1,333,447	90.04
90.05	09005	EYE CENTER	540	6,065	0	681	91,639	90.05
90.06	09006	WOUND CARE CLINIC	7,740	3,128	4	9,759	164,024	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	7,465,132	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	121,091	90.08
90.09	09010	O/P IV THERAPY	21,722	387	2	27,385	475,164	90.09
91.00	09100	EMERGENCY	1,109,836	74,534	77,959	1,399,213	14,679,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,595,009	3,313,400	1,382,772	15,878,601	358,072,143	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	49,140	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,595,009	3,313,400	1,382,772	15,878,601	358,121,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 11:21 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	32,211,647					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,597,217	0	17,757,493			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	147,440	0	91,183	1,730,391		8.00
9.00	00900	HOUSEKEEPING	690,190	0	434,694	0	8,108,065	9.00
10.00	01000	DIETARY	374,866	0	758,122	0	356,722	10.00
11.00	01100	CAFETERIA	169,306	0	21,465	0	10,100	11.00
13.00	01300	NURSING ADMINISTRATION	381,040	0	9,851	0	4,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	316,099	0	247,592	0	116,500	14.00
15.00	01500	PHARMACY	619,216	0	188,174	0	88,542	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,829	0	55,650	0	26,185	16.00
17.00	01700	SOCIAL SERVICE	301,671	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,776,330	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	565,232	0	993,581	4,826	467,514	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	36,708	0	2,765	0	1,301	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,779,091	0	3,245,788	646,545	1,527,254	30.00
31.00	03100	INTENSIVE CARE UNIT	2,112,928	0	1,286,937	157,268	605,548	31.00
32.00	03200	CORONARY CARE UNIT	818,525	0	540,602	120,938	254,372	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	550,103	0	694,210	42,897	326,650	40.00
41.00	04100	SUBPROVIDER - I/RF	432,262	0	297,158	51,512	139,823	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	231,971	0	251,290	40,493	118,241	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,663,465	0	2,461,190	145,294	1,158,074	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	184,847	0	341,886	0	160,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,253,345	0	1,058,080	128,880	497,863	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	185,055	0	109,538	0	51,541	56.00
56.01	05601	ULTRA SOUND	164,701	0	26,166	0	12,312	56.01
57.00	05700	CT SCAN	238,837	0	21,984	0	10,344	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	516,314	0	641,533	18,766	301,863	59.00
60.00	06000	LABORATORY	961,133	0	451,147	0	212,280	60.00
60.01	06001	BLOOD LABORATORY	117,545	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	466,745	0	223,430	0	105,132	65.00
66.00	06600	PHYSICAL THERAPY	543,994	0	442,471	54,477	208,198	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	222,118	0	189,245	37,989	89,046	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,529	0	0	76	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,706,842	0	0	3,037	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,731,547	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,999,870	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	98,324	0	19,495	0	9,173	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	74,023	0	58,623	0	27,584	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	32,921	0	127,062	9,227	59,787	90.00
90.01	09001	A. R. C. CLINIC	237,167	0	264,494	0	124,453	90.01
90.02	09002	CANCER CTR CLINIC	436,260	0	1,149,159	76,196	540,719	90.02
90.03	09003	UROLOGY CLINIC	15,547	0	0	4,247	0	90.03
90.04	09004	PAIN CLINIC	131,793	0	146,799	0	69,074	90.04
90.05	09005	EYE CENTER	9,057	0	0	18,350	0	90.05
90.06	09006	WOUND CARE CLINIC	16,211	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	737,824	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	11,968	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	46,963	0	38,609	0	18,167	90.09
91.00	09100	EMERGENCY	1,450,821	0	830,812	169,373	390,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,206,790	0	17,720,785	1,730,391	8,090,792	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,857	0	36,708	0	17,273	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	32,211,647	0	17,757,493	1,730,391	8,108,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 11:21 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,282,523					10.00
11.00	01100	CAFETERIA	0	1,913,866				11.00
13.00	01300	NURSING ADMINISTRATION	0	23,804	4,274,606			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	37,293	1,189	3,916,886		14.00
15.00	01500	PHARMACY	0	56,337	0	4,212	7,221,569	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,424	30,915	10	342,529	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,189	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	169,011	0	324	234	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	1,587	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,061,622	424,512	1,710,063	148,735	559,225	30.00
31.00	03100	INTENSIVE CARE UNIT	1,201,303	245,978	942,911	152,336	477,557	31.00
32.00	03200	CORONARY CARE UNIT	913,942	116,641	438,757	42,180	244,302	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	676,253	69,826	174,789	2,696	714	40.00
41.00	04100	SUBPROVIDER - I RF	429,403	42,054	273,480	10,095	8,568	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	42,848	63,988	11,597	58,623	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	188,847	175,978	2,277,749	837,611	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	1,587	52,318	104,230	910,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,185	0	142,475	391,289	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	7,141	0	247	1,775,986	56.00
56.01	05601	ULTRA SOUND	0	15,076	0	15,831	3,408	56.01
57.00	05700	CT SCAN	0	13,489	5,945	41,395	74,143	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,326	39,238	638,258	132,967	59.00
60.00	06000	LABORATORY	0	0	0	101,951	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	12,834	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	53,956	0	47,529	5,287	65.00
66.00	06600	PHYSICAL THERAPY	0	38,880	1,189	8,413	19	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	17,456	23,781	5,232	13,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,587	2,378	949	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,522	8,323	15,111	77,732	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,174	4,756	478	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	10,315	2,378	1,843	26,918	90.00
90.01	09001	A. R. C. CLINIC	0	14,283	26,159	2,312	708	90.01
90.02	09002	CANCER CTR CLINIC	0	26,978	48,751	13,128	125,388	90.02
90.03	09003	UROLOGY CLINIC	0	0	5,945	1,647	6,426	90.03
90.04	09004	PAIN CLINIC	0	0	2,378	16,778	14,991	90.04
90.05	09005	EYE CENTER	0	1,587	0	8,427	1,827	90.05
90.06	09006	WOUND CARE CLINIC	0	793	7,134	4,574	15,760	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	3,174	22,592	439	42,730	90.09
91.00	09100	EMERGENCY	0	122,195	208,082	82,871	1,073,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,282,523	1,913,866	4,274,606	3,916,886	7,221,569	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,282,523	1,913,866	4,274,606	3,916,886	7,221,569	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	335,640					16.00
17.00 01700 SOCIAL SERVICE	0	3,748,787				17.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		19,750,015		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			7,919,610	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03 02303 PARAMED ED PHARMACY	0	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	28,741	1,463,048	0	19,620,470	7,867,664	30.00
31.00 03100 INTENSIVE CARE UNIT	21,222	852,515	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	11,543	648,586	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	3,465	479,909	0	41,320	16,569	40.00
41.00 04100 SUBPROVIDER - I/RF	3,061	304,729	0	88,225	35,377	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,426	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	53,542	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	10,322	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	23,103	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	3,652	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	3,625	0	0	0	0	56.01
57.00 05700 CT SCAN	14,582	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	9,461	0	0	0	0	59.00
60.00 06000 LABORATORY	19,729	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	2,458	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	7,599	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	5,130	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
68.01 06801 RADIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	6,241	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	460	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,112	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16,333	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	40,964	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,077	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	381	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	275	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	3,156	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	1,796	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	64	0	0	0	0	90.03
90.04 09004 PAIN CLINIC	1,776	0	0	0	0	90.04
90.05 09005 EYE CENTER	14	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	206	0	0	0	0	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	578	0	0	0	0	90.09
91.00 09100 EMERGENCY	29,546	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	335,640	3,748,787	0	19,750,015	7,919,610	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	335,640	3,748,787	0	19,750,015	7,919,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
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Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
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-(SPECIFY)	0	0			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0		0		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0			0	23.02
23.03	02303	PARAMED ED PHARMACY				413,760	23.03
		413,760				413,760	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	81,318,300	0	0	95,315	30.00
31.00	03100	INTENSIVE CARE UNIT	29,434,627	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,432,038	0	0	47,109	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	8,645,216	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	6,489,274	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,167,507	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,910,083	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,636,446	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,275,276	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,005,501	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,907,521	0	0	0	56.01
57.00	05700	CT SCAN	2,837,219	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,555,671	0	0	36,519	59.00
60.00	06000	LABORATORY	11,470,767	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,322,133	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,632,100	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,806,778	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
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,851,923	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,633	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,107,199	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,267,274	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,275,060	0	0	161,414	73.00
74.00	07400	RENAL DIALYSIS	1,233,572	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	917,963	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	603,818	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	3,072,336	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	6,832,349	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	191,175	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,717,036	0	0	0	0	90.04
90.05	09005	EYE CENTER	130,901	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	208,702	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	8,202,956	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	133,059	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	648,416	0	0	0	0	90.09
91.00	09100	EMERGENCY	19,036,716	0	0	0	73,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	358,013,305	0	0	0	413,760	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,978	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	358,121,283	0	0	0	413,760	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	81,413,615	-27,488,134	53,925,481	30.00
31.00	03100	INTENSIVE CARE UNIT	29,434,627	0	29,434,627	31.00
32.00	03200	CORONARY CARE UNIT	12,479,147	0	12,479,147	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	8,645,216	-57,889	8,587,327	40.00
41.00	04100	SUBPROVIDER - I/RF	6,489,274	-123,602	6,365,672	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,167,507	0	3,167,507	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	36,910,083	0	36,910,083	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,636,446	0	3,636,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,275,276	0	16,275,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,005,501	0	4,005,501	56.00
56.01	05601	ULTRA SOUND	1,907,521	0	1,907,521	56.01
57.00	05700	CT SCAN	2,837,219	0	2,837,219	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,592,190	0	7,592,190	59.00
60.00	06000	LABORATORY	11,470,767	0	11,470,767	60.00
60.01	06001	BLOOD LABORATORY	1,322,133	0	1,322,133	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,632,100	0	5,632,100	65.00
66.00	06600	PHYSICAL THERAPY	6,806,778	0	6,806,778	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,851,923	0	2,851,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,633	0	322,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,107,199	0	30,107,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,267,274	0	19,267,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,436,474	0	22,436,474	73.00
74.00	07400	RENAL DIALYSIS	1,233,572	0	1,233,572	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	917,963	0	917,963	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	603,818	0	603,818	90.00
90.01	09001 A. R. C. CLINIC	3,072,336	0	3,072,336	90.01
90.02	09002 CANCER CTR CLINIC	6,832,349	0	6,832,349	90.02
90.03	09003 UROLOGY CLINIC	191,175	0	191,175	90.03
90.04	09004 PAIN CLINIC	1,717,036	0	1,717,036	90.04
90.05	09005 EYE CENTER	130,901	0	130,901	90.05
90.06	09006 WOUND CARE CLINIC	208,702	0	208,702	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	8,202,956	0	8,202,956	90.07
90.08	09008 O/P PHARMACY CLINIC	133,059	0	133,059	90.08
90.09	09010 O/P IV THERAPY	648,416	0	648,416	90.09
91.00	09100 EMERGENCY	19,110,119	0	19,110,119	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	358,013,305	-27,669,625	330,343,680	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,978	0	107,978	190.00
190.01	19001 SUBCORPS	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	358,121,283	-27,669,625	330,451,658	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 11:21 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	55,270	46,113	101,383	101,383 4.00
5.01 00540	NONPATIENT TELEPHONES	0	57,660	48,108	105,768	282 5.01
5.02 00550	DATA PROCESSING	0	110,613	92,288	202,901	87 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	286,985	239,440	526,425	1,053 5.03
5.04 00570	ADMINITTING	0	28,001	23,362	51,363	506 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	197,397	164,694	362,091	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	892,126	744,326	1,636,452	7,371 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	93,320	77,860	171,180	3,066 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	64,344	53,684	118,028	112 8.00
9.00 00900	HOUSEKEEPING	0	306,741	255,923	562,664	3,093 9.00
10.00 01000	DIETARY	0	534,968	446,339	981,307	1,632 10.00
11.00 01100	CAFETERIA	0	15,147	12,637	27,784	655 11.00
13.00 01300	NURSING ADMINISTRATION	0	6,951	5,800	12,751	2,108 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	174,713	145,768	320,481	852 14.00
15.00 01500	PHARMACY	0	132,785	110,786	243,571	2,775 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	39,270	32,764	72,034	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	1,556 17.00
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	11,314 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	701,120	584,964	1,286,084	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0 23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0 23.02
23.03 02303	PARAMED ED PHARMACY	0	1,951	1,628	3,579	206 23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,290,388	1,910,938	4,201,326	17,191 30.00
31.00 03100	INTENSIVE CARE UNIT	0	908,126	757,676	1,665,802	9,648 31.00
32.00 03200	CORONARY CARE UNIT	0	381,476	318,276	699,752	3,644 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	489,869	408,712	898,581	2,457 40.00
41.00 04100	SUBPROVIDER - I/RF	0	209,690	174,950	384,640	1,376 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	177,323	147,945	325,268	984 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,736,738	1,449,011	3,185,749	7,830 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	241,252	201,283	442,535	85 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	746,634	622,938	1,369,572	4,231 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	77,295	64,490	141,785	335 56.00
56.01 05601	ULTRA SOUND	0	18,464	15,405	33,869	710 56.01
57.00 05700	CT SCAN	0	15,513	12,943	28,456	587 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	452,697	377,698	830,395	1,807 59.00
60.00 06000	LABORATORY	0	318,352	265,610	583,962	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	157,664	131,543	289,207	2,053 65.00
66.00 06600	PHYSICAL THERAPY	0	312,229	260,502	572,731	2,635 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
68.01 06801	CARDIOLOGY	0	0	0	0	0 68.01
69.00 06900	ELECTROCARDIOLOGY	0	133,541	111,417	244,958	815 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	82 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	0 73.00
74.00 07400	RENAL DIALYSIS	0	13,757	11,477	25,234	503 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0 76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.97 07697 CARDIAC REHABILITATION	0	41,367	34,514	75,881	242	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	89,661	74,807	164,468	186	90.00
90.01 09001 A.R.C. CLINIC	0	186,640	155,719	342,359	970	90.01
90.02 09002 CANCER CTR CLINIC	0	810,904	676,560	1,487,464	1,364	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	46	90.03
90.04 09004 PAIN CLINIC	0	103,589	86,427	190,016	248	90.04
90.05 09005 EYE CENTER	0	0	0	0	72	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	32	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	0	27,245	22,731	49,976	235	90.09
91.00 09100 EMERGENCY	0	586,263	489,136	1,075,399	4,347	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	14,226,039	11,869,192	26,095,231	101,383	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,903	21,612	47,515	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	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	14,251,942	11,890,804	26,142,746	101,383	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 11:21 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	106,050					5.01
5.02	00550	DATA PROCESSING	0	202,988				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	335	0	527,813			5.03
5.04	00570	ADMINITTING	0	0	231	52,100		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,575	0	0	0	363,666	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	10,387	0	7,035	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,567	0	10,102	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	67	0	5	0	0	8.00
9.00	00900	HOUSEKEEPING	1,977	0	9,129	0	0	9.00
10.00	01000	DIETARY	2,044	0	24,892	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,106	0	606	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,575	0	25,066	0	0	14.00
15.00	01500	PHARMACY	2,345	0	1,176	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,418	0	104	0	0	16.00
17.00	01700	SOCIAL SERVICE	905	0	102	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,887	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,177	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,051	17,389	19,795	8,657	31,156	30.00
31.00	03100	INTENSIVE CARE UNIT	5,127	12,840	21,119	6,242	23,005	31.00
32.00	03200	CORONARY CARE UNIT	0	6,984	5,324	3,395	12,513	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,575	2,096	624	1,019	3,756	40.00
41.00	04100	SUBPROVIDER - I/RF	838	1,852	1,239	900	3,319	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	863	1,311	419	1,546	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,544	32,306	253,492	5,562	57,865	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	1,541	6,245	12,497	1,149	11,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,439	13,978	16,395	1,403	25,044	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	436	2,210	29	198	3,959	56.00
56.01	05601	ULTRA SOUND	134	2,193	1,742	115	3,930	56.01
57.00	05700	CT SCAN	168	8,823	0	1,609	15,808	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,245	5,724	70,689	1,132	10,256	59.00
60.00	06000	LABORATORY	3,317	11,937	11,119	3,432	21,387	60.00
60.01	06001	BLOOD LABORATORY	0	1,487	1,396	622	2,664	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,642	4,598	6,153	2,016	8,237	65.00
66.00	06600	PHYSICAL THERAPY	2,647	3,104	1,519	784	5,561	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,039	3,776	806	778	6,766	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838	278	115	26	498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,118	0	1,459	10,961	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,882	0	2,436	17,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,785	0	5,475	44,406	73.00
74.00	07400	RENAL DIALYSIS	168	652	1,734	295	1,167	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	168	231	1,592	11	413	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	166	518	0	298	90.00
90.01	09001	A. R. C. CLINIC	1,206	1,909	422	39	3,421	90.01
90.02	09002	CANCER CTR CLINIC	4,792	1,087	2,049	1	1,947	90.02
90.03	09003	UROLOGY CLINIC	838	39	254	0	69	90.03
90.04	09004	PAIN CLINIC	804	1,075	2,856	0	1,925	90.04
90.05	09005	EYE CENTER	0	9	966	0	16	90.05
90.06	09006	WOUND CARE CLINIC	235	125	498	0	223	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	335	350	62	0	627	90.09
91.00	09100	EMERGENCY	6,668	17,877	11,873	2,926	32,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,983	202,988	527,813	52,100	363,666	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	106,050	202,988	527,813	52,100	363,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 11:21 am	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINI STRATIVE AND GENERAL	1,661,245					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	82,369	0	273,284			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,604	0	1,403	127,219		8.00
9.00	00900	HOUSEKEEPING	35,593	0	6,690	0	619,146	9.00
10.00	01000	DIETARY	19,332	0	11,667	0	27,240	10.00
11.00	01100	CAFETERIA	8,731	0	330	0	771	11.00
13.00	01300	NURSING ADMINISTRATION	19,650	0	152	0	354	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,301	0	3,810	0	8,896	14.00
15.00	01500	PHARMACY	31,933	0	2,896	0	6,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,177	0	856	0	2,000	16.00
17.00	01700	SOCIAL SERVICE	15,557	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	91,606	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	29,149	0	15,291	355	35,700	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	1,893	0	43	0	99	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	194,970	0	49,952	47,536	116,625	30.00
31.00	03100	INTENSIVE CARE UNIT	108,964	0	19,806	11,562	46,241	31.00
32.00	03200	CORONARY CARE UNIT	42,212	0	8,320	8,891	19,424	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	28,369	0	10,684	3,154	24,944	40.00
41.00	04100	SUBPROVIDER - I RF	22,292	0	4,573	3,787	10,677	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,963	0	3,867	2,977	9,029	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	137,356	0	37,877	10,682	88,433	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	9,533	0	5,262	0	12,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,635	0	16,284	9,475	38,018	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,543	0	1,686	0	3,936	56.00
56.01	05601	ULTRA SOUND	8,494	0	403	0	940	56.01
57.00	05700	CT SCAN	12,317	0	338	0	790	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,626	0	9,873	1,380	23,051	59.00
60.00	06000	LABORATORY	49,566	0	6,943	0	16,210	60.00
60.01	06001	BLOOD LABORATORY	6,062	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,070	0	3,439	0	8,028	65.00
66.00	06600	PHYSICAL THERAPY	28,054	0	6,810	4,005	15,898	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	11,455	0	2,912	2,793	6,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,471	0	0	6	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	139,593	0	0	223	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,296	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,134	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,071	0	300	0	700	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,817	0	902	0	2,106	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,698	0	1,955	678	90.00
90.01	09001	A. R. C. CLINIC	12,231	0	4,071	0	90.01
90.02	09002	CANCER CTR CLINIC	22,498	0	17,685	5,602	90.02
90.03	09003	UROLOGY CLINIC	802	0	0	312	90.03
90.04	09004	PAIN CLINIC	6,797	0	2,259	0	90.04
90.05	09005	EYE CENTER	467	0	0	1,349	90.05
90.06	09006	WOUND CARE CLINIC	836	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	38,050	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	617	0	0	617	90.08
90.09	09010	O/P IV THERAPY	2,422	0	594	0	90.09
91.00	09100	EMERGENCY	74,819	0	12,786	12,452	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,660,995	0	272,719	127,219	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	250	0	565	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,661,245	0	273,284	127,219	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 11:21 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,068,114					10.00
11.00	01100	CAFETERIA	0	38,271				11.00
13.00	01300	NURSING ADMINISTRATION	0	476	37,203			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	746	10	377,737		14.00
15.00	01500	PHARMACY	0	1,127	0	406	292,990	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	428	269	1	13,897	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	10	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,380	0	31	9	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	32	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	416,855	8,490	14,885	14,344	22,689	30.00
31.00	03100	INTENSIVE CARE UNIT	242,901	4,919	8,206	14,691	19,375	31.00
32.00	03200	CORONARY CARE UNIT	184,797	2,332	3,818	4,068	9,912	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	136,737	1,396	1,521	260	29	40.00
41.00	04100	SUBPROVIDER - I/RF	86,824	841	2,380	974	348	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	857	557	1,118	2,378	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	3,776	1,532	219,660	33,983	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	32	455	10,052	36,926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,983	0	13,740	15,875	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	143	0	24	72,054	56.00
56.01	05601	ULTRA SOUND	0	301	0	1,527	138	56.01
57.00	05700	CT SCAN	0	270	52	3,992	3,008	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	666	341	61,552	5,395	59.00
60.00	06000	LABORATORY	0	0	0	9,832	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	1,238	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,079	0	4,584	214	65.00
66.00	06600	PHYSICAL THERAPY	0	777	10	811	1	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	349	207	505	547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32	21	92	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	190	72	1,457	3,154	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	63	41	46	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	206	21	178	90.00
90.01	09001	A. R. C. CLINIC	0	286	228	223	90.01
90.02	09002	CANCER CTR CLINIC	0	539	424	1,266	90.02
90.03	09003	UROLOGY CLINIC	0	0	52	159	90.03
90.04	09004	PAIN CLINIC	0	0	21	1,618	90.04
90.05	09005	EYE CENTER	0	32	0	813	90.05
90.06	09006	WOUND CARE CLINIC	0	16	62	441	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	63	197	42	90.09
91.00	09100	EMERGENCY	0	2,444	1,811	7,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,068,114	38,271	37,203	377,737	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,068,114	38,271	37,203	377,737	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 11:21 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	16.00	17.00	20.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	79,589			16.00
17.00	01700	SOCIAL SERVICE	0	32,715		17.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	106,817	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	6,763	12,768		30.00
31.00	03100	INTENSIVE CARE UNIT	4,993	7,440		31.00
32.00	03200	CORONARY CARE UNIT	2,716	5,660		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - I/PF	815	4,188		40.00
41.00	04100	SUBPROVIDER - I/RF	720	2,659		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	336	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	13,213	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	2,429	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,436	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	859	0		56.00
56.01	05601	ULTRA SOUND	853	0		56.01
57.00	05700	CT SCAN	3,431	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	2,226	0		59.00
60.00	06000	LABORATORY	4,642	0		60.00
60.01	06001	BLOOD LABORATORY	578	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,788	0		65.00
66.00	06600	PHYSICAL THERAPY	1,207	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	CARDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	1,469	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,379	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,843	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,639	0		73.00
74.00	07400	RENAL DIALYSIS	253	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	90	0		76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	65	0				90.00
90.01 09001 A. R. C. CLINIC	743	0				90.01
90.02 09002 CANCER CTR CLINIC	423	0				90.02
90.03 09003 UROLOGY CLINIC	15	0				90.03
90.04 09004 PAIN CLINIC	418	0				90.04
90.05 09005 EYE CENTER	3	0				90.05
90.06 09006 WOUND CARE CLINIC	48	0				90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0				90.07
90.08 09008 O/P PHARMACY CLINIC	0	0				90.08
90.09 09010 O/P IV THERAPY	136	0				90.09
91.00 09100 EMERGENCY	6,952	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0				93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.10 09910 CORF	0	0				99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00 10100 HOME HEALTH AGENCY	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0				111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	79,589	32,715	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01 19001 SUBCORPS	0	0				190.01
190.02 19002 GRANTS	0	0				190.02
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01 19201 HOSPICE	0	0				192.01
192.02 19202 OUTPATIENT PHARMACY	0	0				192.02
193.00 19300 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			0	106,817	1,371,176	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	79,589	32,715	0	106,817	1,371,176	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 11:21 am	
Cost Center Description			PARAMED PRGM	PARAMED ANESTH SCHOOL	PARAMED RADIOLOGY SCHOOL	PARAMED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
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-(SPECIFY)	0					23.00
23.01	02301	PARAMED ANESTH SCHOOL		0				23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL			0			23.02
23.03	02303	PARAMED PHARMACY				5,852		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS					5,218,442	30.00
31.00	03100	INTENSIVE CARE UNIT					2,232,881	31.00
32.00	03200	CORONARY CARE UNIT					1,023,762	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - I PF					1,122,205	40.00
41.00	04100	SUBPROVIDER - I RF					530,239	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					363,473	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM					4,097,860	50.00
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					552,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,603,508	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					237,197	56.00
56.01	05601	ULTRA SOUND					55,349	56.01
57.00	05700	CT SCAN					79,649	57.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					1,053,358	59.00
60.00	06000	LABORATORY					722,347	60.00
60.01	06001	BLOOD LABORATORY					14,047	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					357,108	65.00
66.00	06600	PHYSICAL THERAPY					646,554	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					0	68.00
68.01	06801	CARDIOLOGY					0	68.01
69.00	06900	ELECTROCARDIOLOGY					285,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					3,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					160,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					123,162	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					187,439	73.00
74.00	07400	RENAL DIALYSIS					40,950	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER					0	76.00
76.97	07697	CARDIAC REHABILITATION					85,603	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC					0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
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Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					176,094	90.00
90.01	09001	A. R. C. CLINIC					377,640	90.01
90.02	09002	CANCER CTR CLINIC					1,593,518	90.02
90.03	09003	UROLOGY CLINIC					2,847	90.03
90.04	09004	PAIN CLINIC					213,920	90.04
90.05	09005	EYE CENTER					3,801	90.05
90.06	09006	WOUND CARE CLINIC					3,155	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES					38,050	90.07
90.08	09008	O/P PHARMACY CLINIC					617	90.08
90.09	09010	O/P IV THERAPY					58,160	90.09
91.00	09100	EMERGENCY					1,343,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER					0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	24,609,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					49,716	190.00
190.01	19001	SUBCORPS					0	190.01
190.02	19002	GRANTS					0	190.02
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201	HOSPICE					0	192.01
192.02	19202	OUTPATIENT PHARMACY					0	192.02
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	5,852	1,483,845	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	5,852	26,142,746	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
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-(SPECIFY)		23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL		23.02
23.03	02303	PARAMED ED PHARMACY		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	ULTRA SOUND	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	CARDIOLOGY	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	176,094	90.00
90.01	09001 A. R. C. CLINIC	0	377,640	90.01
90.02	09002 CANCER CTR CLINIC	0	1,593,518	90.02
90.03	09003 UROLOGY CLINIC	0	2,847	90.03
90.04	09004 PAIN CLINIC	0	213,920	90.04
90.05	09005 EYE CENTER	0	3,801	90.05
90.06	09006 WOUND CARE CLINIC	0	3,155	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	38,050	90.07
90.08	09008 O/P PHARMACY CLINIC	0	617	90.08
90.09	09010 O/P IV THERAPY	0	58,160	90.09
91.00	09100 EMERGENCY	0	1,343,761	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	24,609,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,716	190.00
190.01	19001 SUBCORPS	0	0	190.01
190.02	19002 GRANTS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 HOSPICE	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	1,483,845	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	26,142,746	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description	CAPITAL RELATED COSTS				
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT RE VENUE)
	1.00	2.00	4.00	5.01	5.02
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT	584,311				
2.00 00200 CAP REL COSTS-MVBLE EQUIP		584,311			
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,266	2,266	138,445,011		
5.01 00540 NONPATIENT TELEPHONES	2,364	2,364	385,669	3,165	
5.02 00550 DATA PROCESSING	4,535	4,535	118,228		1,408,825,432
5.03 00560 PURCHASING RECEIVING AND STORES	11,766	11,766	1,438,537	10	
5.04 00570 ADMINISTRATION	1,148	1,148	690,661	0	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	8,093	8,093	0	47	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	36,576	36,576	10,069,699	310	
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	
7.00 00700 OPERATION OF PLANT	3,826	3,826	4,188,621	196	
8.00 00800 LAUNDRY & LINEN SERVICE	2,638	2,638	152,640	2	
9.00 00900 HOUSEKEEPING	12,576	12,576	4,225,753	59	
10.00 01000 DIETARY	21,933	21,933	2,229,853	61	
11.00 01100 CAFETERIA	621	621	894,503	0	
13.00 01300 NURSING ADMINISTRATION	285	285	2,879,441	33	
14.00 01400 CENTRAL SERVICES & SUPPLY	7,163	7,163	1,164,382	47	
15.00 01500 PHARMACY	5,444	5,444	3,791,162	70	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,610	1,610	0	102	
17.00 01700 SOCIAL SERVICE	0	0	2,125,495	27	
20.00 02000 NURSING SCHOOL	0	0	0	0	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	15,455,989	116	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	28,745	28,745	0	0	
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	
23.01 02301 PARAMEDICAL ANESTH SCHOOL	0	0	0	0	
23.02 02302 PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	
23.03 02303 PARAMEDICAL PHARMACY	80	80	281,651	0	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	93,903	93,903	23,428,386	509	120,759,842
31.00 03100 INTENSIVE CARE UNIT	37,232	37,232	13,180,070	153	89,166,308
32.00 03200 CORONARY CARE UNIT	15,640	15,640	4,977,906	0	48,500,071
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - I/PF	20,084	20,084	3,357,171	47	14,558,438
41.00 04100 SUBPROVIDER - I/RF	8,597	8,597	1,879,129	25	12,862,668
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	7,270	7,270	1,344,460	0	5,991,477
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	71,204	71,204	10,696,699	255	223,540,786
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300 ANESTHESIOLOGY	9,891	9,891	115,496	46	43,368,215
54.00 05400 RADIOLOGY-DIAGNOSTIC	30,611	30,611	5,779,394	222	97,071,113
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	3,169	3,169	457,766	13	15,345,159
56.01 05601 ULTRA SOUND	757	757	970,540	4	15,231,424
57.00 05700 CT SCAN	636	636	801,892	5	61,270,178
58.00 05800 MRI	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	18,560	18,560	2,469,110	67	39,753,419
60.00 06000 LABORATORY	13,052	13,052	0	99	82,895,817
60.01 06001 BLOOD LABORATORY	0	0	0	0	10,327,159
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	6,464	6,464	2,805,261	49	31,927,301
66.00 06600 PHYSICAL THERAPY	12,801	12,801	3,599,615	79	21,555,839
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0
68.01 06801 RADIOLOGY	0	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	5,475	5,475	1,113,642	31	26,223,874
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	112,453	25	1,930,962
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	42,486,230
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	68,625,694
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	172,116,595
74.00 07400 RENAL DIALYSIS	564	564	687,051	5	4,524,530
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,696	1,696	330,477	5	1,601,234	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,676	3,676	254,118	0	1,155,630	90.00
90.01	09001	A. R. C. CLINIC	7,652	7,652	1,325,640	36	13,259,931	90.01
90.02	09002	CANCER CTR CLINIC	33,246	33,246	1,863,649	143	7,545,657	90.02
90.03	09003	UROLOGY CLINIC	0	0	62,480	25	268,742	90.03
90.04	09004	PAIN CLINIC	4,247	4,247	338,845	24	7,462,441	90.04
90.05	09005	EYE CENTER	0	0	98,162	0	60,408	90.05
90.06	09006	WOUND CARE CLINIC	0	0	43,730	7	865,827	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	1,117	1,117	321,452	10	2,429,730	90.09
91.00	09100	EMERGENCY	24,036	24,036	5,938,133	199	124,142,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	583,249	583,249	138,445,011	3,163	1,408,825,432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	2	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,251,942	11,890,804	31,346,245	1,849,439	12,595,009	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.391021	20.350129	0.226417	584.340916	0.008940	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			101,383	106,050	202,988	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000732	33.507109	0.000144	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: 14-0182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE RECEIVABLE EQUIP)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	46,440,350					5.03
5.04	00570	ADMITTING	20,346	741,375,842				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,408,825,432			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	618,975	0	0	-32,211,647	325,909,636	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	888,913	0	0	0	16,160,276	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	401	0	0	0	1,491,768	8.00
9.00	00900	HOUSEKEEPING	803,258	0	0	0	6,983,181	9.00
10.00	01000	DIETARY	2,190,207	0	0	0	3,792,813	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,712,995	11.00
13.00	01300	NURSING ADMINISTRATION	53,302	0	0	0	3,855,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,205,563	0	0	0	3,198,213	14.00
15.00	01500	PHARMACY	103,519	0	0	0	6,265,088	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,193	0	0	0	230,976	16.00
17.00	01700	SOCIAL SERVICE	8,963	0	0	0	3,052,238	17.00
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	17,972,496	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	103,530	0	0	0	5,718,888	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	371,399	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,741,756	120,759,842	120,759,842	0	38,235,542	30.00
31.00	03100	INTENSIVE CARE UNIT	1,858,230	89,166,308	89,166,308	0	21,378,124	31.00
32.00	03200	CORONARY CARE UNIT	468,479	48,500,071	48,500,071	0	8,281,650	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	54,935	14,558,438	14,558,438	0	5,565,815	40.00
41.00	04100	SUBPROVIDER - IRF	108,984	12,862,668	12,862,668	0	4,373,527	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	115,382	5,991,477	5,991,477	0	2,347,030	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,302,989	79,452,434	223,540,786	0	26,948,333	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	1,099,565	16,418,455	43,368,215	0	1,870,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,442,564	20,039,846	97,071,113	0	12,681,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,575	2,835,509	15,345,159	0	1,872,341	56.00
56.01	05601	ULTRA SOUND	153,292	1,636,037	15,231,424	0	1,666,402	56.01
57.00	05700	CT SCAN	0	22,986,510	61,270,178	0	2,416,500	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,219,849	16,170,393	39,753,419	0	5,223,945	59.00
60.00	06000	LABORATORY	978,350	49,031,455	82,895,817	0	9,724,527	60.00
60.01	06001	BLOOD LABORATORY	122,848	8,888,097	10,327,159	0	1,189,296	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	541,442	28,797,086	31,927,301	0	4,722,422	65.00
66.00	06600	PHYSICAL THERAPY	133,684	11,203,093	21,555,839	0	5,504,007	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	70,906	11,107,566	26,223,874	0	2,247,343	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,111	375,897	1,930,962	0	288,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,849,901	42,486,230	0	27,387,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,793,147	68,625,694	0	17,519,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,214,638	172,116,595	0	20,234,226	73.00
74.00	07400	RENAL DIALYSIS	152,588	4,209,195	4,524,530	0	994,815	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	140,078	151,890	1,601,234	0	748,944	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASE R EQUIP)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00	09000 CLINIC	45,548	155	1,155,630	0	333,092	90.00
90.01	09001 A. R. C. CLINIC	37,104	551,672	13,259,931	0	2,399,604	90.01
90.02	09002 CANCER CTR CLINIC	180,272	19,222	7,545,657	0	4,413,974	90.02
90.03	09003 UROLOGY CLINIC	22,378	0	268,742	0	157,299	90.03
90.04	09004 PAIN CLINIC	251,309	600	7,462,441	0	1,333,447	90.04
90.05	09005 EYE CENTER	85,011	0	60,408	0	91,639	90.05
90.06	09006 WOUND CARE CLINIC	43,849	2,390	865,827	0	164,024	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	7,465,132	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	121,091	90.08
90.09	09010 O/P IV THERAPY	5,428	805	2,429,730	0	475,164	90.09
91.00	09100 EMERGENCY	1,044,674	41,801,045	124,142,733	0	14,679,079	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	46,440,350	741,375,842	1,408,825,432	-32,211,647	325,860,496	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	49,140	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,313,400	1,382,772	15,878,601		32,211,647	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.071347	0.001865	0.011271		0.098836	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	527,813	52,100	363,666		1,661,245	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.011365	0.000070	0.000258		0.005097	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	517,563					6.00
7.00	00700	3,826	513,737				7.00
8.00	00800	2,638	2,638	1,695,382			8.00
9.00	00900	12,576	12,576	0	498,523		9.00
10.00	01000	21,933	21,933	0	21,933	62,851	10.00
11.00	01100	621	621	0	621	0	11.00
13.00	01300	285	285	0	285	0	13.00
14.00	01400	7,163	7,163	0	7,163	0	14.00
15.00	01500	5,444	5,444	0	5,444	0	15.00
16.00	01600	1,610	1,610	0	1,610	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	28,745	28,745	4,728	28,745	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	80	80	0	80	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	93,903	93,903	633,467	93,903	24,529	30.00
31.00	03100	37,232	37,232	154,086	37,232	14,293	31.00
32.00	03200	15,640	15,640	118,491	15,640	10,874	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	20,084	20,084	42,029	20,084	8,046	40.00
41.00	04100	8,597	8,597	50,470	8,597	5,109	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,270	7,270	39,674	7,270	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	71,204	71,204	142,354	71,204	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	9,891	9,891	0	9,891	0	53.00
54.00	05400	30,611	30,611	126,272	30,611	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	3,169	3,169	0	3,169	0	56.00
56.01	05601	757	757	0	757	0	56.01
57.00	05700	636	636	0	636	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	18,560	18,560	18,386	18,560	0	59.00
60.00	06000	13,052	13,052	0	13,052	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	6,464	6,464	0	6,464	0	65.00
66.00	06600	12,801	12,801	53,375	12,801	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	5,475	5,475	37,220	5,475	0	69.00
70.00	07000	0	0	74	0	0	70.00
71.00	07100	0	0	2,976	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	564	564	0	564	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	1,696	1,696	0	1,696	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,676	3,676	9,040	3,676	0	90.00
90.01	09001 A. R. C. CLINIC	7,652	7,652	0	7,652	0	90.01
90.02	09002 CANCER CTR CLINIC	33,246	33,246	74,654	33,246	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	4,161	0	0	90.03
90.04	09004 PAIN CLINIC	4,247	4,247	0	4,247	0	90.04
90.05	09005 EYE CENTER	0	0	17,979	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	1,117	1,117	0	1,117	0	90.09
91.00	09100 EMERGENCY	24,036	24,036	165,946	24,036	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	516,501	512,675	1,695,382	497,461	62,851	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	1,062	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	17,757,493	1,730,391	8,108,065	5,282,523	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	34.565338	1.020650	16.264174	84.048352	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	273,284	127,219	619,146	1,068,114	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.531953	0.075039	1.241961	16.994384	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: 14-0182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION  (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,412					11.00
13.00	01300	NURSING ADMINISTRATION	30	7,477,600				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47	2,080	37,492,247			14.00
15.00	01500	PHARMACY	71	0	40,319	2,225,129		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,408,825,432	16.00
17.00	01700	SOCIAL SERVICE	27	54,080	98	105,541	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,080	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	213	0	3,104	72	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	535	2,991,426	1,423,685	172,310	120,759,842	30.00
31.00	03100	INTENSIVE CARE UNIT	310	1,649,440	1,458,156	147,146	89,166,308	31.00
32.00	03200	CORONARY CARE UNIT	147	767,520	403,744	75,275	48,500,071	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	88	305,760	25,808	220	14,558,438	40.00
41.00	04100	SUBPROVIDER - I/RF	53	478,400	96,628	2,640	12,862,668	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	54	111,934	111,006	18,063	5,991,477	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	238	307,840	21,802,528	258,087	223,540,786	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	2	91,520	997,686	280,436	43,368,215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125	0	1,363,758	120,565	97,071,113	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	2,360	547,222	15,345,159	56.00
56.01	05601	ULTRA SOUND	19	0	151,537	1,050	15,231,424	56.01
57.00	05700	CT SCAN	17	10,400	396,226	22,845	61,270,178	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42	68,640	6,109,368	40,970	39,753,419	59.00
60.00	06000	LABORATORY	0	0	975,869	0	82,895,817	60.00
60.01	06001	BLOOD LABORATORY	0	0	122,848	0	10,327,159	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68	0	454,942	1,629	31,927,301	65.00
66.00	06600	PHYSICAL THERAPY	49	2,080	80,531	6	21,555,839	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	22	41,600	50,082	4,151	26,223,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	4,160	9,084	0	1,930,962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	42,486,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	68,625,694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	172,116,595	73.00
74.00	07400	RENAL DIALYSIS	12	14,560	144,640	23,951	4,524,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4	8,320	4,571	0	1,601,234	76.97



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
		11.00	13.00	14.00	15.00	16.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	13	4,160	17,641	8,294	1,155,630	90.00
90.01	09001 A. R. C. CLINIC	18	45,760	22,126	218	13,259,931	90.01
90.02	09002 CANCER CTR CLINIC	34	85,280	125,660	38,635	7,545,657	90.02
90.03	09003 UROLOGY CLINIC	0	10,400	15,768	1,980	268,742	90.03
90.04	09004 PAIN CLINIC	0	4,160	160,596	4,619	7,462,441	90.04
90.05	09005 EYE CENTER	2	0	80,662	563	60,408	90.05
90.06	09006 WOUND CARE CLINIC	1	12,480	43,778	4,856	865,827	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	4	39,520	4,206	13,166	2,429,730	90.09
91.00	09100 EMERGENCY	154	364,000	793,232	330,619	124,142,733	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,412	7,477,600	37,492,247	2,225,129	1,408,825,432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,913,866	4,274,606	3,916,886	7,221,569	335,640	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	793.476783	0.571655	0.104472	3.245461	0.000238	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	38,271	37,203	377,737	292,990	79,589	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	15.866915	0.004975	0.010075	0.131673	0.000056	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: 14-0182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	62,851				17.00
20.00 02000	NURSING SCHOOL	0	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		17,685		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			17,685	22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0			0	23.00
23.01 02301	PARAMEDICAL ANESTH SCHOOL	0			0	23.01
23.02 02302	PARAMEDICAL RADIOLOGY SCHOOL	0			0	23.02
23.03 02303	PARAMEDICAL PHARMACY	0			0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	24,529	0	17,569	17,569	0 30.00
31.00 03100	INTENSIVE CARE UNIT	14,293	0	0	0	0 31.00
32.00 03200	CORONARY CARE UNIT	10,874	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	8,046	0	37	37	0 40.00
41.00 04100	SUBPROVIDER - I/RF	5,109	0	79	79	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05601	ULTRA SOUND	0	0	0	0	0 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORAGE, 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
68.01 06801	CARDIOLOGY	0	0	0	0	0 68.01
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	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation 23A	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04 09004 PAIN CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	62,851	0	17,685	17,685	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,748,787	0	19,750,015	7,919,610		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	59.645622	0.000000	1,116.766469	447.815098		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	32,715	0	106,817	1,371,176		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.520517	0.000000	6.039977	77.533277		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000				207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		PARAMED PRGM (ACCUM. COST)	PARAMED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)		
		23.00	23.01	23.02	23.03		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
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-(SPECIFY)	358,121,283				23.00
23.01	02301	PARAMED ANESTH SCHOOL		0			23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL			0		23.02
23.03	02303	PARAMED PHARMACY			2,266		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	81,318,300	0	0	522	30.00
31.00	03100	INTENSIVE CARE UNIT	29,434,627	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,432,038	0	0	258	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,645,216	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,489,274	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,167,507	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,910,083	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,636,446	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,275,276	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,005,501	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,907,521	0	0	0	56.01
57.00	05700	CT SCAN	2,837,219	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,555,671	0	0	200	59.00
60.00	06000	LABORATORY	11,470,767	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,322,133	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,632,100	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,806,778	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
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,851,923	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,633	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,107,199	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,267,274	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,275,060	0	0	884	73.00
74.00	07400	RENAL DIALYSIS	1,233,572	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	917,963	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	603,818	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	3,072,336	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	6,832,349	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	191,175	0	0	0	90.03
90.04	09004 PAIN CLINIC	1,717,036	0	0	0	90.04
90.05	09005 EYE CENTER	130,901	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	208,702	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	8,202,956	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	133,059	0	0	0	90.08
90.09	09010 O/P IV THERAPY	648,416	0	0	0	90.09
91.00	09100 EMERGENCY	19,036,716	0	0	402	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	358,013,305	0	0	2,266	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,978	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	413,760	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	182.594881	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	5,852	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	2.582524	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	53,925,481	53,925,481	0	53,925,481	30.00
31.00	03100	INTENSIVE CARE UNIT	29,434,627	29,434,627	0	29,434,627	31.00
32.00	03200	CORONARY CARE UNIT	12,479,147	12,479,147	0	12,479,147	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,587,327	8,587,327	0	8,587,327	40.00
41.00	04100	SUBPROVIDER - IRF	6,365,672	6,365,672	0	6,365,672	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,167,507	3,167,507	0	3,167,507	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,910,083	36,910,083	0	36,910,083	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	3,636,446	3,636,446	0	3,636,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,275,276	16,275,276	0	16,275,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,005,501	4,005,501	0	4,005,501	56.00
56.01	05601	ULTRA SOUND	1,907,521	1,907,521	0	1,907,521	56.01
57.00	05700	CT SCAN	2,837,219	2,837,219	0	2,837,219	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,592,190	7,592,190	0	7,592,190	59.00
60.00	06000	LABORATORY	11,470,767	11,470,767	0	11,470,767	60.00
60.01	06001	BLOOD LABORATORY	1,322,133	1,322,133	0	1,322,133	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,632,100	5,632,100	0	5,632,100	65.00
66.00	06600	PHYSICAL THERAPY	6,806,778	6,806,778	0	6,806,778	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,851,923	2,851,923	0	2,851,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,633	322,633	0	322,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,107,199	30,107,199	0	30,107,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,267,274	19,267,274	0	19,267,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,436,474	22,436,474	0	22,436,474	73.00
74.00	07400	RENAL DIALYSIS	1,233,572	1,233,572	0	1,233,572	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	917,963	917,963	0	917,963	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	603,818	603,818	0	603,818	90.00
90.01	09001	A. R. C. CLINIC	3,072,336	3,072,336	0	3,072,336	90.01
90.02	09002	CANCER CTR CLINIC	6,832,349	6,832,349	0	6,832,349	90.02
90.03	09003	UROLOGY CLINIC	191,175	191,175	0	191,175	90.03
90.04	09004	PAIN CLINIC	1,717,036	1,717,036	0	1,717,036	90.04
90.05	09005	EYE CENTER	130,901	130,901	0	130,901	90.05
90.06	09006	WOUND CARE CLINIC	208,702	208,702	0	208,702	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	8,202,956	8,202,956	0	8,202,956	90.07
90.08	09008	O/P PHARMACY CLINIC	133,059	133,059	0	133,059	90.08
90.09	09010	O/P IV THERAPY	648,416	648,416	0	648,416	90.09
91.00	09100	EMERGENCY	19,110,119	19,110,119	0	19,110,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,495,984	11,495,984	0	11,495,984	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	341,839,664	0	341,839,664	0	341,839,664	200.00
201.00		Less Observation Beds	11,495,984		11,495,984		11,495,984	201.00
202.00		Total (see instructions)	330,343,680	0	330,343,680	0	330,343,680	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	117,449,014		117,449,014				30.00
31.00	03100	INTENSIVE CARE UNIT	78,644,791		78,644,791				31.00
32.00	03200	CORONARY CARE UNIT	46,064,588		46,064,588				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	13,464,010		13,464,010				40.00
41.00	04100	SUBPROVIDER - I/RF	13,052,271		13,052,271				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,828,270		5,828,270				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	77,150,411	150,806,482	227,956,893	0.161917	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	15,520,184	27,148,474	42,668,658	0.085225	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,595,006	79,606,680	101,201,686	0.160820	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,861,257	15,976,425	18,837,682	0.212632	0.000000		56.00
56.01	05601	ULTRA SOUND	1,584,045	16,079,730	17,663,775	0.107991	0.000000		56.01
57.00	05700	CT SCAN	22,474,136	41,055,974	63,530,110	0.044659	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,997,987	21,870,301	36,868,288	0.205927	0.000000		59.00
60.00	06000	LABORATORY	41,625,401	33,119,398	74,744,799	0.153466	0.000000		60.00
60.01	06001	BLOOD LABORATORY	10,438,237	2,044,045	12,482,282	0.105921	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	24,569,991	3,490,893	28,060,884	0.200710	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,325,383	12,930,793	24,256,176	0.280620	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
68.01	06801	CARDIOLOGY	0	0	0	0.000000	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	10,220,847	12,803,315	23,024,162	0.123867	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	432,290	2,236,875	2,669,165	0.120874	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,465,626	26,961,449	49,427,075	0.609124	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,130,117	28,834,228	65,964,345	0.292086	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,880,491	101,558,148	174,438,639	0.128621	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,203,435	201,925	3,405,360	0.362244	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	132,844	2,232,084	2,364,928	0.388157	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	1,620,415	1,620,415	0.372632	0.000000		90.00
90.01	09001	A. R. C. CLINIC	660,345	16,354,955	17,015,300	0.180563	0.000000		90.01
90.02	09002	CANCER CTR CLINIC	13,941	10,333,499	10,347,440	0.660294	0.000000		90.02
90.03	09003	UROLOGY CLINIC	0	159,405	159,405	1.199304	0.000000		90.03
90.04	09004	PAIN CLINIC	605	6,793,493	6,794,098	0.252725	0.000000		90.04
90.05	09005	EYE CENTER	0	61,369	61,369	2.133015	0.000000		90.05
90.06	09006	WOUND CARE CLINIC	4,610	1,387,089	1,391,699	0.149962	0.000000		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	260,795	8,228,274	8,489,069	0.966296	0.000000		90.07
90.08	09008	O/P PHARMACY CLINIC	847	686,944	687,791	0.193458	0.000000		90.08
90.09	09010	O/P IV THERAPY	4,650	2,258,473	2,263,123	0.286514	0.000000		90.09
91.00	09100	EMERGENCY	40,180,312	85,048,295	125,228,607	0.152602	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,122,365	16,548,905	20,671,270	0.556133	0.000000		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182			Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 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		
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
200.00		Subtotal (see instructions)	710,359,102	728,438,335	1,438,797,437				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	710,359,102	728,438,335	1,438,797,437				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.161917		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	0.085225		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160820		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.212632		56.00
56.01	05601	ULTRA SOUND	0.107991		56.01
57.00	05700	CT SCAN	0.044659		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205927		59.00
60.00	06000	LABORATORY	0.153466		60.00
60.01	06001	BLOOD LABORATORY	0.105921		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.200710		65.00
66.00	06600	PHYSICAL THERAPY	0.280620		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	CARDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.123867		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.120874		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292086		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128621		73.00
74.00	07400	RENAL DIALYSIS	0.362244		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.388157		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.372632		90.00
90.01	09001	A. R. C. CLINIC	0.180563		90.01
90.02	09002	CANCER CTR CLINIC	0.660294		90.02
90.03	09003	UROLOGY CLINIC	1.199304		90.03
90.04	09004	PAIN CLINIC	0.252725		90.04
90.05	09005	EYE CENTER	2.133015		90.05
90.06	09006	WOUND CARE CLINIC	0.149962		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.966296		90.07
90.08	09008	O/P PHARMACY CLINIC	0.193458		90.08
90.09	09010	O/P IV THERAPY	0.286514		90.09
91.00	09100	EMERGENCY	0.152602		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.556133		92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am		
		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	53,925,481		53,925,481	0	53,925,481	30.00
31.00	03100	INTENSIVE CARE UNIT	29,434,627		29,434,627	0	29,434,627	31.00
32.00	03200	CORONARY CARE UNIT	12,479,147		12,479,147	0	12,479,147	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,587,327		8,587,327	0	8,587,327	40.00
41.00	04100	SUBPROVIDER - IRF	6,365,672		6,365,672	0	6,365,672	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,167,507		3,167,507	0	3,167,507	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,910,083		36,910,083	0	36,910,083	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	3,636,446		3,636,446	0	3,636,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,275,276		16,275,276	0	16,275,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,005,501		4,005,501	0	4,005,501	56.00
56.01	05601	ULTRA SOUND	1,907,521		1,907,521	0	1,907,521	56.01
57.00	05700	CT SCAN	2,837,219		2,837,219	0	2,837,219	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,592,190		7,592,190	0	7,592,190	59.00
60.00	06000	LABORATORY	11,470,767		11,470,767	0	11,470,767	60.00
60.01	06001	BLOOD LABORATORY	1,322,133		1,322,133	0	1,322,133	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,632,100	0	5,632,100	0	5,632,100	65.00
66.00	06600	PHYSICAL THERAPY	6,806,778	0	6,806,778	0	6,806,778	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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,851,923		2,851,923	0	2,851,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,633		322,633	0	322,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,107,199		30,107,199	0	30,107,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,267,274		19,267,274	0	19,267,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,436,474		22,436,474	0	22,436,474	73.00
74.00	07400	RENAL DIALYSIS	1,233,572		1,233,572	0	1,233,572	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	917,963		917,963	0	917,963	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	603,818		603,818	0	603,818	90.00
90.01	09001	A. R. C. CLINIC	3,072,336		3,072,336	0	3,072,336	90.01
90.02	09002	CANCER CTR CLINIC	6,832,349		6,832,349	0	6,832,349	90.02
90.03	09003	UROLOGY CLINIC	191,175		191,175	0	191,175	90.03
90.04	09004	PAIN CLINIC	1,717,036		1,717,036	0	1,717,036	90.04
90.05	09005	EYE CENTER	130,901		130,901	0	130,901	90.05
90.06	09006	WOUND CARE CLINIC	208,702		208,702	0	208,702	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	8,202,956		8,202,956	0	8,202,956	90.07
90.08	09008	O/P PHARMACY CLINIC	133,059		133,059	0	133,059	90.08
90.09	09010	O/P IV THERAPY	648,416		648,416	0	648,416	90.09
91.00	09100	EMERGENCY	19,110,119		19,110,119	0	19,110,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,495,984		11,495,984	0	11,495,984	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0				115.00
200.00		Subtotal (see instructions)	341,839,664	0	341,839,664	0	341,839,664	200.00	200.00
201.00		Less Observation Beds	11,495,984		11,495,984		11,495,984	201.00	201.00
202.00		Total (see instructions)	330,343,680	0	330,343,680	0	330,343,680	202.00	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	117,449,014		117,449,014				30.00
31.00	03100	INTENSIVE CARE UNIT	78,644,791		78,644,791				31.00
32.00	03200	CORONARY CARE UNIT	46,064,588		46,064,588				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	13,464,010		13,464,010				40.00
41.00	04100	SUBPROVIDER - I/RF	13,052,271		13,052,271				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,828,270		5,828,270				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	77,150,411	150,806,482	227,956,893	0.161917	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	15,520,184	27,148,474	42,668,658	0.085225	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,595,006	79,606,680	101,201,686	0.160820	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,861,257	15,976,425	18,837,682	0.212632	0.000000		56.00
56.01	05601	ULTRA SOUND	1,584,045	16,079,730	17,663,775	0.107991	0.000000		56.01
57.00	05700	CT SCAN	22,474,136	41,055,974	63,530,110	0.044659	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,997,987	21,870,301	36,868,288	0.205927	0.000000		59.00
60.00	06000	LABORATORY	41,625,401	33,119,398	74,744,799	0.153466	0.000000		60.00
60.01	06001	BLOOD LABORATORY	10,438,237	2,044,045	12,482,282	0.105921	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	24,569,991	3,490,893	28,060,884	0.200710	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,325,383	12,930,793	24,256,176	0.280620	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
68.01	06801	CARDIOLOGY	0	0	0	0.000000	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	10,220,847	12,803,315	23,024,162	0.123867	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	432,290	2,236,875	2,669,165	0.120874	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,465,626	26,961,449	49,427,075	0.609124	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,130,117	28,834,228	65,964,345	0.292086	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,880,491	101,558,148	174,438,639	0.128621	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,203,435	201,925	3,405,360	0.362244	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	132,844	2,232,084	2,364,928	0.388157	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	1,620,415	1,620,415	0.372632	0.000000		90.00
90.01	09001	A. R. C. CLINIC	660,345	16,354,955	17,015,300	0.180563	0.000000		90.01
90.02	09002	CANCER CTR CLINIC	13,941	10,333,499	10,347,440	0.660294	0.000000		90.02
90.03	09003	UROLOGY CLINIC	0	159,405	159,405	1.199304	0.000000		90.03
90.04	09004	PAIN CLINIC	605	6,793,493	6,794,098	0.252725	0.000000		90.04
90.05	09005	EYE CENTER	0	61,369	61,369	2.133015	0.000000		90.05
90.06	09006	WOUND CARE CLINIC	4,610	1,387,089	1,391,699	0.149962	0.000000		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	260,795	8,228,274	8,489,069	0.966296	0.000000		90.07
90.08	09008	O/P PHARMACY CLINIC	847	686,944	687,791	0.193458	0.000000		90.08
90.09	09010	O/P IV THERAPY	4,650	2,258,473	2,263,123	0.286514	0.000000		90.09
91.00	09100	EMERGENCY	40,180,312	85,048,295	125,228,607	0.152602	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,122,365	16,548,905	20,671,270	0.556133	0.000000		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182			Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 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		
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
200.00		Subtotal (see instructions)	710,359,102	728,438,335	1,438,797,437				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	710,359,102	728,438,335	1,438,797,437				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
56.01	05601	ULTRA SOUND	0.000000			56.01
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	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.000000			68.01
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	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	A. R. C. CLINIC	0.000000			90.01
90.02	09002	CANCER CTR CLINIC	0.000000			90.02
90.03	09003	UROLOGY CLINIC	0.000000			90.03
90.04	09004	PAIN CLINIC	0.000000			90.04
90.05	09005	EYE CENTER	0.000000			90.05
90.06	09006	WOUND CARE CLINIC	0.000000			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000			90.07
90.08	09008	O/P PHARMACY CLINIC	0.000000			90.08
90.09	09010	O/P IV THERAPY	0.000000			90.09
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)				115.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
				Cost
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)	11.00		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am		
			Title V	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	53,925,481	53,925,481	0	53,925,481	30.00
31.00	03100	INTENSIVE CARE UNIT	29,434,627	29,434,627	0	29,434,627	31.00
32.00	03200	CORONARY CARE UNIT	12,479,147	12,479,147	0	12,479,147	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	8,587,327	8,587,327	0	8,587,327	40.00
41.00	04100	SUBPROVIDER - I/RF	6,365,672	6,365,672	0	6,365,672	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,167,507	3,167,507	0	3,167,507	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,910,083	36,910,083	0	36,910,083	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	3,636,446	3,636,446	0	3,636,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,275,276	16,275,276	0	16,275,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,005,501	4,005,501	0	4,005,501	56.00
56.01	05601	ULTRA SOUND	1,907,521	1,907,521	0	1,907,521	56.01
57.00	05700	CT SCAN	2,837,219	2,837,219	0	2,837,219	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,592,190	7,592,190	0	7,592,190	59.00
60.00	06000	LABORATORY	11,470,767	11,470,767	0	11,470,767	60.00
60.01	06001	BLOOD LABORATORY	1,322,133	1,322,133	0	1,322,133	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,632,100	5,632,100	0	5,632,100	65.00
66.00	06600	PHYSICAL THERAPY	6,806,778	6,806,778	0	6,806,778	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,851,923	2,851,923	0	2,851,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,633	322,633	0	322,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,107,199	30,107,199	0	30,107,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,267,274	19,267,274	0	19,267,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,436,474	22,436,474	0	22,436,474	73.00
74.00	07400	RENAL DIALYSIS	1,233,572	1,233,572	0	1,233,572	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	917,963	917,963	0	917,963	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	603,818	603,818	0	603,818	90.00
90.01	09001	A. R. C. CLINIC	3,072,336	3,072,336	0	3,072,336	90.01
90.02	09002	CANCER CTR CLINIC	6,832,349	6,832,349	0	6,832,349	90.02
90.03	09003	UROLOGY CLINIC	191,175	191,175	0	191,175	90.03
90.04	09004	PAIN CLINIC	1,717,036	1,717,036	0	1,717,036	90.04
90.05	09005	EYE CENTER	130,901	130,901	0	130,901	90.05
90.06	09006	WOUND CARE CLINIC	208,702	208,702	0	208,702	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	8,202,956	8,202,956	0	8,202,956	90.07
90.08	09008	O/P PHARMACY CLINIC	133,059	133,059	0	133,059	90.08
90.09	09010	O/P IV THERAPY	648,416	648,416	0	648,416	90.09
91.00	09100	EMERGENCY	19,110,119	19,110,119	0	19,110,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,495,984	11,495,984	0	11,495,984	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am

			Title V		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	341,839,664	0	341,839,664	0	341,839,664	200.00
201.00		Less Observation Beds	11,495,984		11,495,984		11,495,984	201.00
202.00		Total (see instructions)	330,343,680	0	330,343,680	0	330,343,680	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am		
			Title V			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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	117,449,014		117,449,014				30.00
31.00	03100	INTENSIVE CARE UNIT	78,644,791		78,644,791				31.00
32.00	03200	CORONARY CARE UNIT	46,064,588		46,064,588				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	13,464,010		13,464,010				40.00
41.00	04100	SUBPROVIDER - I/RF	13,052,271		13,052,271				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,828,270		5,828,270				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	77,150,411	150,806,482	227,956,893	0.161917	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	15,520,184	27,148,474	42,668,658	0.085225	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,595,006	79,606,680	101,201,686	0.160820	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,861,257	15,976,425	18,837,682	0.212632	0.000000		56.00
56.01	05601	ULTRA SOUND	1,584,045	16,079,730	17,663,775	0.107991	0.000000		56.01
57.00	05700	CT SCAN	22,474,136	41,055,974	63,530,110	0.044659	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,997,987	21,870,301	36,868,288	0.205927	0.000000		59.00
60.00	06000	LABORATORY	41,625,401	33,119,398	74,744,799	0.153466	0.000000		60.00
60.01	06001	BLOOD LABORATORY	10,438,237	2,044,045	12,482,282	0.105921	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	24,569,991	3,490,893	28,060,884	0.200710	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,325,383	12,930,793	24,256,176	0.280620	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
68.01	06801	CARDIOLOGY	0	0	0	0.000000	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	10,220,847	12,803,315	23,024,162	0.123867	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	432,290	2,236,875	2,669,165	0.120874	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,465,626	26,961,449	49,427,075	0.609124	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,130,117	28,834,228	65,964,345	0.292086	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,880,491	101,558,148	174,438,639	0.128621	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,203,435	201,925	3,405,360	0.362244	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	132,844	2,232,084	2,364,928	0.388157	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	1,620,415	1,620,415	0.372632	0.000000		90.00
90.01	09001	A. R. C. CLINIC	660,345	16,354,955	17,015,300	0.180563	0.000000		90.01
90.02	09002	CANCER CTR CLINIC	13,941	10,333,499	10,347,440	0.660294	0.000000		90.02
90.03	09003	UROLOGY CLINIC	0	159,405	159,405	1.199304	0.000000		90.03
90.04	09004	PAIN CLINIC	605	6,793,493	6,794,098	0.252725	0.000000		90.04
90.05	09005	EYE CENTER	0	61,369	61,369	2.133015	0.000000		90.05
90.06	09006	WOUND CARE CLINIC	4,610	1,387,089	1,391,699	0.149962	0.000000		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	260,795	8,228,274	8,489,069	0.966296	0.000000		90.07
90.08	09008	O/P PHARMACY CLINIC	847	686,944	687,791	0.193458	0.000000		90.08
90.09	09010	O/P IV THERAPY	4,650	2,258,473	2,263,123	0.286514	0.000000		90.09
91.00	09100	EMERGENCY	40,180,312	85,048,295	125,228,607	0.152602	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,122,365	16,548,905	20,671,270	0.556133	0.000000		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182			Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am	
			Title V			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		
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
200.00		Subtotal (see instructions)	710,359,102	728,438,335	1,438,797,437				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	710,359,102	728,438,335	1,438,797,437				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital Cost
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
56.01	05601	ULTRA SOUND	0.000000		56.01
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	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	CARDIOLOGY	0.000000		68.01
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	OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	A. R. C. CLINIC	0.000000		90.01
90.02	09002	CANCER CTR CLINIC	0.000000		90.02
90.03	09003	UROLOGY CLINIC	0.000000		90.03
90.04	09004	PAIN CLINIC	0.000000		90.04
90.05	09005	EYE CENTER	0.000000		90.05
90.06	09006	WOUND CARE CLINIC	0.000000		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000		90.07
90.08	09008	O/P PHARMACY CLINIC	0.000000		90.08
90.09	09010	O/P IV THERAPY	0.000000		90.09
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:21 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
				Cost
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: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 11:21 am
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Cost Center Description	Title XVIII			Hospital	PPS
	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)

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,218,442	0	5,218,442	31,269	166.89	30.00
31.00	INTENSIVE CARE UNIT	2,232,881		2,232,881	12,789	174.59	31.00
32.00	CORONARY CARE UNIT	1,023,762		1,023,762	10,264	99.74	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,122,205	0	1,122,205	7,454	150.55	40.00
41.00	SUBPROVIDER - IRF	530,239	0	530,239	5,214	101.70	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	363,473		363,473	3,368	107.92	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	10,491,002		10,491,002	70,358		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,358	727,307				30.00
31.00	INTENSIVE CARE UNIT	1,142	199,382				31.00
32.00	CORONARY CARE UNIT	4,478	446,636				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,902	286,346				40.00
41.00	SUBPROVIDER - IRF	2,266	230,452				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	14,146	1,890,123				200.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0182

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)
					Inpatient Program Charges	PPS	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,097,860	227,956,893	0.017976	14,015,158	251,936	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	552,214	42,668,658	0.012942	2,603,824	33,699	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,603,508	101,201,686	0.015845	5,094,187	80,717	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	237,197	18,837,682	0.012592	883,678	11,127	56.00
56.01	05601 ULTRA SOUND	55,349	17,663,775	0.003133	302,125	947	56.01
57.00	05700 CT SCAN	79,649	63,530,110	0.001254	5,550,937	6,961	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,053,358	36,868,288	0.028571	3,837,128	109,631	59.00
60.00	06000 LABORATORY	722,347	74,744,799	0.009664	7,810,783	75,483	60.00
60.01	06001 BLOOD LABORATORY	14,047	12,482,282	0.001125	1,935,865	2,178	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	357,108	28,060,884	0.012726	5,565,176	70,822	65.00
66.00	06600 PHYSICAL THERAPY	646,554	24,256,176	0.026655	1,673,887	44,617	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	285,975	23,024,162	0.012421	2,986,617	37,097	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,567	2,669,165	0.001336	136,614	183	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	160,733	49,427,075	0.003252	3,969,672	12,909	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	123,162	65,964,345	0.001867	9,055,813	16,907	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	187,439	174,438,639	0.001075	14,682,857	15,784	73.00
74.00	07400 RENAL DIALYSIS	40,950	3,405,360	0.012025	1,353,592	16,277	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	85,603	2,364,928	0.036197	32,269	1,168	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	176,094	1,620,415	0.108672	0	0	90.00
90.01	09001 A. R. C. CLINIC	377,640	17,015,300	0.022194	12,397	275	90.01
90.02	09002 CANCER CTR CLINIC	1,593,518	10,347,440	0.154001	13,941	2,147	90.02
90.03	09003 UROLOGY CLINIC	2,847	159,405	0.017860	0	0	90.03
90.04	09004 PAIN CLINIC	213,920	6,794,098	0.031486	297	9	90.04
90.05	09005 EYE CENTER	3,801	61,369	0.061937	0	0	90.05
90.06	09006 WOUND CARE CLINIC	3,155	1,391,699	0.002267	4,610	10	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	38,050	8,489,069	0.004482	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	617	687,791	0.000897	0	0	90.08
90.09	09010 O/P IV THERAPY	58,160	2,263,123	0.025699	4,610	118	90.09
91.00	09100 EMERGENCY	1,343,761	125,228,607	0.010730	9,202,976	98,748	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,112,478	20,671,270	0.053818	1,063,971	57,261	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	15,230,661	1,164,294,493		91,792,984	947,011	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 11:21 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	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	95,315	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	47,109	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	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	142,424	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	95,315	31,269	3.05	4,358	30.00
31.00	03100	INTENSIVE CARE UNIT		0	12,789	0.00	1,142	31.00
32.00	03200	CORONARY CARE UNIT		47,109	10,264	4.59	4,478	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,454	0.00	1,902	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,214	0.00	2,266	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	3,368	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)		142,424	70,358		14,146	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,292					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	20,554					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	33,846					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 am
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Cost Center Description	Title XVIII				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	56.01
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	36,519	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
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	161,414	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	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	0	0	73,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	20,325	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	291,661	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	227,956,893	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	42,668,658	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	101,201,686	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	18,837,682	0.000000	56.00
56.01	05601 ULTRA SOUND	0	0	0	17,663,775	0.000000	56.01
57.00	05700 CT SCAN	0	0	0	63,530,110	0.000000	57.00
58.00	05800 MRI	0	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	36,519	36,519	36,868,288	0.000991	59.00
60.00	06000 LABORATORY	0	0	0	74,744,799	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	12,482,282	0.000000	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	28,060,884	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	24,256,176	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
68.01	06801 CARDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	23,024,162	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,669,165	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,427,075	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	65,964,345	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	161,414	161,414	174,438,639	0.000925	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	3,405,360	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,364,928	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	1,620,415	0.000000	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	17,015,300	0.000000	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	10,347,440	0.000000	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	159,405	0.000000	90.03
90.04	09004 PAIN CLINIC	0	0	0	6,794,098	0.000000	90.04
90.05	09005 EYE CENTER	0	0	0	61,369	0.000000	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	1,391,699	0.000000	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	8,489,069	0.000000	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	687,791	0.000000	90.08
90.09	09010 O/P IV THERAPY	0	0	0	2,263,123	0.000000	90.09
91.00	09100 EMERGENCY	0	73,403	73,403	125,228,607	0.000586	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,325	20,325	20,671,270	0.000983	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00	Total (lines 50 through 199)	0	291,661	291,661	1,164,294,493		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0182

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		Title XVIII			Hospital		PPS	
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	14,015,158	0	17,743,511	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	0.000000	2,603,824	0	3,515,663	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,094,187	0	13,507,463	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	883,678	0	3,387,110	0	56.00	
56.01	05601 ULTRA SOUND	0.000000	302,125	0	1,141,815	0	56.01	
57.00	05700 CT SCAN	0.000000	5,550,937	0	6,620,243	0	57.00	
58.00	05800 MRI	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000991	3,837,128	3,803	5,564,596	5,515	59.00	
60.00	06000 LABORATORY	0.000000	7,810,783	0	4,410,091	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	1,935,865	0	210,817	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	5,565,176	0	634,166	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,673,887	0	1,354,307	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	
68.01	06801 CARDIOLOGY	0.000000	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,986,617	0	2,084,702	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	136,614	0	280,350	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,969,672	0	2,964,190	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,055,813	0	7,443,272	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000925	14,682,857	13,582	18,011,365	16,661	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	1,353,592	0	70,516	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	32,269	0	583,747	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	236,280	0	90.00	
90.01	09001 A. R. C. CLINIC	0.000000	12,397	0	56,303	0	90.01	
90.02	09002 CANCER CTR CLINIC	0.000000	13,941	0	1,391,374	0	90.02	
90.03	09003 UROLOGY CLINIC	0.000000	0	0	34,563	0	90.03	
90.04	09004 PAIN CLINIC	0.000000	297	0	1,481,187	0	90.04	
90.05	09005 EYE CENTER	0.000000	0	0	8,396	0	90.05	
90.06	09006 WOUND CARE CLINIC	0.000000	4,610	0	511,357	0	90.06	
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.000000	0	0	0	0	90.07	
90.08	09008 O/P PHARMACY CLINIC	0.000000	0	0	0	0	90.08	
90.09	09010 O/P IV THERAPY	0.000000	4,610	0	853,590	0	90.09	
91.00	09100 EMERGENCY	0.000586	9,202,976	5,393	9,209,407	5,397	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000983	1,063,971	1,046	3,083,608	3,031	92.00	
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00	Total (lines 50 through 199)		91,792,984	23,824	106,393,989	30,604	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:21 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.161917	17,743,511	0	0	2,872,976	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	0.085225	3,515,663	0	0	299,622	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160820	13,507,463	0	0	2,172,270	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.212632	3,387,110	0	0	720,208	56.00
56.01	05601	ULTRA SOUND	0.107991	1,141,815	0	0	123,306	56.01
57.00	05700	CT SCAN	0.044659	6,620,243	0	0	295,653	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205927	5,564,596	0	0	1,145,901	59.00
60.00	06000	LABORATORY	0.153466	4,410,091	0	0	676,799	60.00
60.01	06001	BLOOD LABORATORY	0.105921	210,817	0	0	22,330	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200710	634,166	0	0	127,283	65.00
66.00	06600	PHYSICAL THERAPY	0.280620	1,354,307	0	0	380,046	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
68.01	06801	CARDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.123867	2,084,702	0	0	258,226	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.120874	280,350	0	0	33,887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	2,964,190	122,265	0	1,805,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292086	7,443,272	0	0	2,174,076	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128621	18,011,365	0	43,458	2,316,640	73.00
74.00	07400	RENAL DIALYSIS	0.362244	70,516	0	0	25,544	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.388157	583,747	0	0	226,585	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.372632	236,280	0	0	88,045	90.00
90.01	09001	A. R. C. CLINIC	0.180563	56,303	0	0	10,166	90.01
90.02	09002	CANCER CTR CLINIC	0.660294	1,391,374	0	0	918,716	90.02
90.03	09003	UROLOGY CLINIC	1.199304	34,563	0	0	41,452	90.03
90.04	09004	PAIN CLINIC	0.252725	1,481,187	0	0	374,333	90.04
90.05	09005	EYE CENTER	2.133015	8,396	0	0	17,909	90.05
90.06	09006	WOUND CARE CLINIC	0.149962	511,357	0	0	76,684	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.966296	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.193458	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0.286514	853,590	0	0	244,565	90.09
91.00	09100	EMERGENCY	0.152602	9,209,407	0	0	1,405,374	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	3,083,608	0	0	1,714,896	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		106,393,989	122,265	43,458	20,569,051	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		106,393,989	122,265	43,458	20,569,051	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:21 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
56.01 05601 ULTRA SOUND	0	0		56.01
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 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	74,475	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,590		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 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 A. R. C. CLINIC	0	0		90.01
90.02 09002 CANCER CTR CLINIC	0	0		90.02
90.03 09003 UROLOGY CLINIC	0	0		90.03
90.04 09004 PAIN CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	0	0		90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	0	0		90.08
90.09 09010 O/P IV THERAPY	0	0		90.09
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	74,475	5,590		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	74,475	5,590		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 11:21 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,097,860	227,956,893	0.017976	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	552,214	42,668,658	0.012942	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,603,508	101,201,686	0.015845	14,096	223 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	237,197	18,837,682	0.012592	15,317	193 56.00
56.01	05601	ULTRA SOUND	55,349	17,663,775	0.003133	1,265	4 56.01
57.00	05700	CT SCAN	79,649	63,530,110	0.001254	16,697	21 57.00
58.00	05800	MRI	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,053,358	36,868,288	0.028571	0	59.00
60.00	06000	LABORATORY	722,347	74,744,799	0.009664	258,505	2,498 60.00
60.01	06001	BLOOD LABORATORY	14,047	12,482,282	0.001125	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	357,108	28,060,884	0.012726	80,671	1,027 65.00
66.00	06600	PHYSICAL THERAPY	646,554	24,256,176	0.026655	3,067	82 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0	0	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	285,975	23,024,162	0.012421	23,333	290 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,567	2,669,165	0.001336	1,093	1 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	160,733	49,427,075	0.003252	3,038	10 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,162	65,964,345	0.001867	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	187,439	174,438,639	0.001075	401,912	432 73.00
74.00	07400	RENAL DIALYSIS	40,950	3,405,360	0.012025	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	85,603	2,364,928	0.036197	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	176,094	1,620,415	0.108672	0	0 90.00
90.01	09001	A. R. C. CLINIC	377,640	17,015,300	0.022194	0	0 90.01
90.02	09002	CANCER CTR CLINIC	1,593,518	10,347,440	0.154001	0	0 90.02
90.03	09003	UROLOGY CLINIC	2,847	159,405	0.017860	0	0 90.03
90.04	09004	PAIN CLINIC	213,920	6,794,098	0.031486	0	0 90.04
90.05	09005	EYE CENTER	3,801	61,369	0.061937	0	0 90.05
90.06	09006	WOUND CARE CLINIC	3,155	1,391,699	0.002267	0	0 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	38,050	8,489,069	0.004482	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	617	687,791	0.000897	0	0 90.08
90.09	09010	O/P IV THERAPY	58,160	2,263,123	0.025699	0	0 90.09
91.00	09100	EMERGENCY	1,343,761	125,228,607	0.010730	303,358	3,255 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,671,270	0.000000	11,949	0 92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50 through 199)	14,118,183	1,164,294,493		1,134,301	8,036 200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
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	36,519	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
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	161,414	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 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	73,403	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50 through 199)	0	0	0	0	271,336	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 am		
				Title XVIII		Subprovider - IPF	PPS	
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	227,956,893	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	42,668,658	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	101,201,686	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	18,837,682	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	17,663,775	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	63,530,110	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,519	36,519	36,868,288	0.000991	59.00
60.00	06000	LABORATORY	0	0	0	74,744,799	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	12,482,282	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,060,884	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,256,176	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,024,162	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,669,165	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,427,075	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	65,964,345	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161,414	161,414	174,438,639	0.000925	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,405,360	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,364,928	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,620,415	0.000000	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	17,015,300	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	10,347,440	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	159,405	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	6,794,098	0.000000	90.04
90.05	09005	EYE CENTER	0	0	0	61,369	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	1,391,699	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	8,489,069	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	687,791	0.000000	90.08
90.09	09010	O/P IV THERAPY	0	0	0	2,263,123	0.000000	90.09
91.00	09100	EMERGENCY	0	73,403	73,403	125,228,607	0.000586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,671,270	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	271,336	271,336	1,164,294,493		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	14,096	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	15,317	0	0	0	56.00
56.01	05601 ULTRA SOUND	0.000000	1,265	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	16,697	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000991	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	258,505	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	80,671	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,067	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
68.01	06801 RADIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	23,333	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,093	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,038	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	0.000925	401,912	372	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 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 EYE CENTER	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.000000	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000586	303,358	178	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	11,949	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		1,134,301	550	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 11:21 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,097,860	227,956,893	0.017976	1,293	23
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	552,214	42,668,658	0.012942	675	9
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,603,508	101,201,686	0.015845	65,663	1,040
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	237,197	18,837,682	0.012592	15,018	189
56.01	05601	ULTRA SOUND	55,349	17,663,775	0.003133	2,443	8
57.00	05700	CT SCAN	79,649	63,530,110	0.001254	46,706	59
58.00	05800	MRI	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,053,358	36,868,288	0.028571	0	0
60.00	06000	LABORATORY	722,347	74,744,799	0.009664	190,165	1,838
60.01	06001	BLOOD LABORATORY	14,047	12,482,282	0.001125	16,138	18
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	357,108	28,060,884	0.012726	226,135	2,878
66.00	06600	PHYSICAL THERAPY	646,554	24,256,176	0.026655	2,608,314	69,525
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
68.01	06801	CARDIOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	285,975	23,024,162	0.012421	15,640	194
70.00	07000	ELECTROENCEPHALOGRAPHY	3,567	2,669,165	0.001336	4,830	6
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	160,733	49,427,075	0.003252	106,236	345
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,162	65,964,345	0.001867	2,860	5
73.00	07300	DRUGS CHARGED TO PATIENTS	187,439	174,438,639	0.001075	1,007,065	1,083
74.00	07400	RENAL DIALYSIS	40,950	3,405,360	0.012025	172,503	2,074
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	85,603	2,364,928	0.036197	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	176,094	1,620,415	0.108672	0	0
90.01	09001	A. R. C. CLINIC	377,640	17,015,300	0.022194	0	0
90.02	09002	CANCER CTR CLINIC	1,593,518	10,347,440	0.154001	0	0
90.03	09003	UROLOGY CLINIC	2,847	159,405	0.017860	0	0
90.04	09004	PAIN CLINIC	213,920	6,794,098	0.031486	0	0
90.05	09005	EYE CENTER	3,801	61,369	0.061937	0	0
90.06	09006	WOUND CARE CLINIC	3,155	1,391,699	0.002267	0	0
90.07	09007	BEHAVIORAL HEALTH SERVICES	38,050	8,489,069	0.004482	0	0
90.08	09008	O/P PHARMACY CLINIC	617	687,791	0.000897	0	0
90.09	09010	O/P IV THERAPY	58,160	2,263,123	0.025699	0	0
91.00	09100	EMERGENCY	1,343,761	125,228,607	0.010730	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,671,270	0.000000	3,607	0
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	14,118,183	1,164,294,493		4,485,291	79,294

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
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	36,519	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
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	161,414	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 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	73,403	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50 through 199)	0	0	0	0	271,336	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 am		
				Title XVIII		Subprovider - IRF	PPS	
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	227,956,893	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	42,668,658	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	101,201,686	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	18,837,682	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	17,663,775	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	63,530,110	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,519	36,519	36,868,288	0.000991	59.00
60.00	06000	LABORATORY	0	0	0	74,744,799	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	12,482,282	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,060,884	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,256,176	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,024,162	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,669,165	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,427,075	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	65,964,345	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161,414	161,414	174,438,639	0.000925	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,405,360	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,364,928	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,620,415	0.000000	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	17,015,300	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	10,347,440	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	159,405	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	6,794,098	0.000000	90.04
90.05	09005	EYE CENTER	0	0	0	61,369	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	1,391,699	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	8,489,069	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	687,791	0.000000	90.08
90.09	09010	O/P IV THERAPY	0	0	0	2,263,123	0.000000	90.09
91.00	09100	EMERGENCY	0	73,403	73,403	125,228,607	0.000586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,671,270	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	271,336	271,336	1,164,294,493		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:21 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	1,293	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	0.000000	675	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	65,663	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	15,018	0	0	0	56.00
56.01	05601 ULTRA SOUND	0.000000	2,443	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	46,706	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000991	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	190,165	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	16,138	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	226,135	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,608,314	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
68.01	06801 RADIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	15,640	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,830	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	106,236	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,860	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000925	1,007,065	932	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	172,503	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 EYE CENTER	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.000000	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000586	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,607	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		4,485,291	932	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:21 am
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		Title XIX		Hospital		Cost	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.161917	0	2,237,842	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	0.085225	0	431,337	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160820	0	1,471,599	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.212632	0	282,240	0	0	56.00
56.01	05601 ULTRA SOUND	0.107991	0	375,960	0	0	56.01
57.00	05700 CT SCAN	0.044659	0	1,098,415	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.205927	0	64,451	0	0	59.00
60.00	06000 LABORATORY	0.153466	0	1,402,631	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.105921	0	71,041	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.200710	0	105,302	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.280620	0	193,744	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
68.01	06801 RADIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.123867	0	439,175	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.120874	0	33,495	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	0	293,321	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.292086	0	338,977	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.128621	0	2,837,138	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.362244	0	2,100	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.388157	0	43,310	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.372632	0	41,645	0	0	90.00
90.01	09001 A. R. C. CLINIC	0.180563	0	1,688,080	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.660294	0	222,611	0	0	90.02
90.03	09003 UROLOGY CLINIC	1.199304	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0.252725	0	0	0	0	90.04
90.05	09005 EYE CENTER	2.133015	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.149962	0	2,140	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.966296	0	4,887,357	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.193458	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0.286514	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.152602	0	4,373,554	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	0	756,850	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		0	23,694,315	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	23,694,315	0	0	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:21 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	362,345	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	36,761	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	236,663	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	60,013	0		56.00
56.01 05601 ULTRA SOUND	40,600	0		56.01
57.00 05700 CT SCAN	49,054	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	13,272	0		59.00
60.00 06000 LABORATORY	215,256	0		60.00
60.01 06001 BLOOD LABORATORY	7,525	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	21,135	0		65.00
66.00 06600 PHYSICAL THERAPY	54,368	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	54,399	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,049	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	178,669	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	99,010	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	364,916	0		73.00
74.00 07400 RENAL DIALYSIS	761	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	16,811	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	15,518	0		90.00
90.01 09001 A. R. C. CLINIC	304,805	0		90.01
90.02 09002 CANCER CTR CLINIC	146,989	0		90.02
90.03 09003 UROLOGY CLINIC	0	0		90.03
90.04 09004 PAIN CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	321	0		90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	4,722,634	0		90.07
90.08 09008 O/P PHARMACY CLINIC	0	0		90.08
90.09 09010 O/P IV THERAPY	0	0		90.09
91.00 09100 EMERGENCY	667,413	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	420,909	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	8,094,196	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)	8,094,196	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 11:21 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,269	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,269	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)		24,603	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)		4,358	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
<b>SWING BED ADJUSTMENT</b>				
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)		53,925,481	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)		53,925,481	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		53,925,481	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,724.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,515,676	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)		7,515,676	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 11:21 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	29,434,627	12,789	2,301.56	1,142	2,628,382	43.00
44.00	CORONARY CARE UNIT	12,479,147	10,264	1,215.82	4,478	5,444,442	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,410,059	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,998,559	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)					1,407,171	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					970,835	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,378,006	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,620,553	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)					6,666	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,724.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,495,984	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 11:21 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	5,218,442	53,925,481	0.096771	11,495,984	1,112,478	90.00
91.00	Nursing School cost	0	53,925,481	0.000000	11,495,984	0	91.00
92.00	Allied health cost	95,315	53,925,481	0.001768	11,495,984	20,325	92.00
93.00	All other Medical Education	0	53,925,481	0.000000	11,495,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Component CCN: 14-S182		Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,454	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,454	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)		7,454	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)		1,902	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
<b>SWING BED ADJUSTMENT</b>				
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)		8,587,327	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)		8,587,327	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		8,587,327	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,152.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,191,180	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)		2,191,180	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 14-S182				Date/Time Prepared: 5/30/2019 11:21 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		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
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	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					172,636		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,363,816		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					286,346		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,586		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					294,932		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,068,884		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0182 Component CCN: 14-S182		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 11:21 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	1,122,205	8,587,327	0.130682	0	0	90.00
91.00	Nursing School cost	0	8,587,327	0.000000	0	0	91.00
92.00	Allied health cost	0	8,587,327	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,587,327	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,214 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,214 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)			5,214 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)			2,266 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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,365,672 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			6,365,672 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,365,672 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,220.88 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,766,514 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)			2,766,514 41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 14-T182				Date/Time Prepared: 5/30/2019 11:21 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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
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	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,086,687		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,853,201		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					230,452		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					80,226		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					310,678		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,542,523		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0182 Component CCN: 14-T182		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 11:21 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	530,239	6,365,672	0.083297	0	0	90.00
91.00	Nursing School cost	0	6,365,672	0.000000	0	0	91.00
92.00	Allied health cost	0	6,365,672	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,365,672	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		13,536,589	30.00
31.00	03100	INTENSIVE CARE UNIT		11,294,264	31.00
32.00	03200	CORONARY CARE UNIT		15,600,273	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.161917	14,015,158	2,269,292 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.085225	2,603,824	221,911 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160820	5,094,187	819,247 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.212632	883,678	187,898 56.00
56.01	05601	ULTRA SOUND	0.107991	302,125	32,627 56.01
57.00	05700	CT SCAN	0.044659	5,550,937	247,899 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205927	3,837,128	790,168 59.00
60.00	06000	LABORATORY	0.153466	7,810,783	1,198,690 60.00
60.01	06001	BLOOD LABORATORY	0.105921	1,935,865	205,049 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.200710	5,565,176	1,116,986 65.00
66.00	06600	PHYSICAL THERAPY	0.280620	1,673,887	469,726 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.123867	2,986,617	369,943 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.120874	136,614	16,513 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	3,969,672	2,418,022 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292086	9,055,813	2,645,076 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128621	14,682,857	1,888,524 73.00
74.00	07400	RENAL DIALYSIS	0.362244	1,353,592	490,331 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.388157	32,269	12,525 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.372632	0	0 90.00
90.01	09001	A. R. C. CLINIC	0.180563	12,397	2,238 90.01
90.02	09002	CANCER CTR CLINIC	0.660294	13,941	9,205 90.02
90.03	09003	UROLOGY CLINIC	1.199304	0	0 90.03
90.04	09004	PAIN CLINIC	0.252725	297	75 90.04
90.05	09005	EYE CENTER	2.133015	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.149962	4,610	691 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.966296	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.193458	0	0 90.08
90.09	09010	O/P IV THERAPY	0.286514	4,610	1,321 90.09
91.00	09100	EMERGENCY	0.152602	9,202,976	1,404,393 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	1,063,971	591,709 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		91,792,984	17,410,059 200.00
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)		91,792,984	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Component CCN: 14-S182		Date/Time Prepared: 5/30/2019 11:21 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		4,014,772		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.161917	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.085225	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160820	14,096	2,267	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.212632	15,317	3,257	56.00
56.01	05601 ULTRA SOUND	0.107991	1,265	137	56.01
57.00	05700 CT SCAN	0.044659	16,697	746	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.205927	0	0	59.00
60.00	06000 LABORATORY	0.153466	258,505	39,672	60.00
60.01	06001 BLOOD LABORATORY	0.105921	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.200710	80,671	16,191	65.00
66.00	06600 PHYSICAL THERAPY	0.280620	3,067	861	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.123867	23,333	2,890	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.120874	1,093	132	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	3,038	1,851	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.292086	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.128621	401,912	51,694	73.00
74.00	07400 RENAL DIALYSIS	0.362244	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.388157	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.372632	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.180563	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.660294	0	0	90.02
90.03	09003 UROLOGY CLINIC	1.199304	0	0	90.03
90.04	09004 PAIN CLINIC	0.252725	0	0	90.04
90.05	09005 EYE CENTER	2.133015	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.149962	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.966296	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.193458	0	0	90.08
90.09	09010 O/P IV THERAPY	0.286514	0	0	90.09
91.00	09100 EMERGENCY	0.152602	303,358	46,293	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	11,949	6,645	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,134,301	172,636	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)		1,134,301		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Component CCN: 14-T182		Date/Time Prepared: 5/30/2019 11:21 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		5,487,959	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.161917	1,293	209 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.085225	675	58 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160820	65,663	10,560 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.212632	15,018	3,193 56.00
56.01	05601	ULTRA SOUND	0.107991	2,443	264 56.01
57.00	05700	CT SCAN	0.044659	46,706	2,086 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205927	0	0 59.00
60.00	06000	LABORATORY	0.153466	190,165	29,184 60.00
60.01	06001	BLOOD LABORATORY	0.105921	16,138	1,709 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.200710	226,135	45,388 65.00
66.00	06600	PHYSICAL THERAPY	0.280620	2,608,314	731,945 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.123867	15,640	1,937 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.120874	4,830	584 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	106,236	64,711 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292086	2,860	835 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128621	1,007,065	129,530 73.00
74.00	07400	RENAL DIALYSIS	0.362244	172,503	62,488 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.388157	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.372632	0	0 90.00
90.01	09001	A.R.C. CLINIC	0.180563	0	0 90.01
90.02	09002	CANCER CTR CLINIC	0.660294	0	0 90.02
90.03	09003	UROLOGY CLINIC	1.199304	0	0 90.03
90.04	09004	PAIN CLINIC	0.252725	0	0 90.04
90.05	09005	EYE CENTER	2.133015	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.149962	0	0 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.966296	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.193458	0	0 90.08
90.09	09010	O/P IV THERAPY	0.286514	0	0 90.09
91.00	09100	EMERGENCY	0.152602	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	3,607	2,006 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,485,291	1,086,687 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		4,485,291	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 11:21 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,293,502	30.00
31.00	03100	INTENSIVE CARE UNIT		15,622,975	31.00
32.00	03200	CORONARY CARE UNIT		1,517,979	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,054,585	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.161917	3,884,344	628,941 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.085225	755,258	64,367 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160820	1,069,407	171,982 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.212632	0	0 56.00
56.01	05601	ULTRA SOUND	0.107991	192,590	20,798 56.01
57.00	05700	CT SCAN	0.044659	1,271,662	56,791 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205927	11,948	2,460 59.00
60.00	06000	LABORATORY	0.153466	3,133,252	480,848 60.00
60.01	06001	BLOOD LABORATORY	0.105921	1,058,380	112,105 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.200710	3,730,395	748,728 65.00
66.00	06600	PHYSICAL THERAPY	0.280620	99,031	27,790 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.123867	529,562	65,595 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.120874	45,325	5,479 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	1,660,386	1,011,381 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292086	1,160,770	339,045 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128621	5,462,379	702,577 73.00
74.00	07400	RENAL DIALYSIS	0.362244	69,960	25,343 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.388157	1,830	710 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.372632	0	0 90.00
90.01	09001	A. R. C. CLINIC	0.180563	101,579	18,341 90.01
90.02	09002	CANCER CTR CLINIC	0.660294	0	0 90.02
90.03	09003	UROLOGY CLINIC	1.199304	0	0 90.03
90.04	09004	PAIN CLINIC	0.252725	0	0 90.04
90.05	09005	EYE CENTER	2.133015	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.149962	0	0 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.966296	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.193458	0	0 90.08
90.09	09010	O/P IV THERAPY	0.286514	0	0 90.09
91.00	09100	EMERGENCY	0.152602	1,988,538	303,455 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	190,005	105,668 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,416,601	4,892,404 200.00
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)		26,416,601	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Component CCN: 14-S182		Date/Time Prepared: 5/30/2019 11:21 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,841,100	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.161917	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085225	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160820	13,820	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.212632	0	56.00
56.01	05601	ULTRA SOUND	0.107991	0	56.01
57.00	05700	CT SCAN	0.044659	24,325	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205927	0	59.00
60.00	06000	LABORATORY	0.153466	292,070	60.00
60.01	06001	BLOOD LABORATORY	0.105921	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200710	14,760	65.00
66.00	06600	PHYSICAL THERAPY	0.280620	1,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.123867	17,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.120874	1,525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292086	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128621	177,937	73.00
74.00	07400	RENAL DIALYSIS	0.362244	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.388157	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.372632	0	90.00
90.01	09001	A.R.C. CLINIC	0.180563	0	90.01
90.02	09002	CANCER CTR CLINIC	0.660294	0	90.02
90.03	09003	UROLOGY CLINIC	1.199304	0	90.03
90.04	09004	PAIN CLINIC	0.252725	0	90.04
90.05	09005	EYE CENTER	2.133015	0	90.05
90.06	09006	WOUND CARE CLINIC	0.149962	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.966296	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.193458	0	90.08
90.09	09010	O/P IV THERAPY	0.286514	0	90.09
91.00	09100	EMERGENCY	0.152602	363,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		906,620	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)		906,620	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Component CCN: 14-T182		Date/Time Prepared: 5/30/2019 11:21 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		444,205	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.161917	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085225	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160820	1,950	314 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.212632	825	175 56.00
56.01	05601	ULTRA SOUND	0.107991	0	56.01
57.00	05700	CT SCAN	0.044659	3,245	145 57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205927	0	59.00
60.00	06000	LABORATORY	0.153466	12,989	1,993 60.00
60.01	06001	BLOOD LABORATORY	0.105921	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200710	4,749	953 65.00
66.00	06600	PHYSICAL THERAPY	0.280620	202,699	56,881 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.123867	2,745	340 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.120874	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.609124	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292086	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128621	71,337	9,175 73.00
74.00	07400	RENAL DIALYSIS	0.362244	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.388157	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.372632	0	90.00
90.01	09001	A.R.C. CLINIC	0.180563	0	90.01
90.02	09002	CANCER CTR CLINIC	0.660294	0	90.02
90.03	09003	UROLOGY CLINIC	1.199304	0	90.03
90.04	09004	PAIN CLINIC	0.252725	0	90.04
90.05	09005	EYE CENTER	2.133015	0	90.05
90.06	09006	WOUND CARE CLINIC	0.149962	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.966296	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.193458	0	90.08
90.09	09010	O/P IV THERAPY	0.286514	0	90.09
91.00	09100	EMERGENCY	0.152602	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.556133	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		300,539	69,976 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		300,539	202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		23,431,797	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)		491,796	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		16,003,000	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		242.84	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		216.57	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)		14.84	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).		-60.60	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)		141.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		166.73	10.00
11.00	FTE count for residents in dental and podiatric programs.		12.95	11.00
12.00	Current year allowable FTE (see instructions)		154.08	12.00
13.00	Total allowable FTE count for the prior year.		155.28	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.		148.96	14.00
15.00	Sum of lines 12 through 14 divided by 3.		152.77	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		152.77	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.629097	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.629715	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.629097	21.00
22.00	IME payment adjustment (see instructions)		6,912,942	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,721,269	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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)		25.60	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)		6,912,942	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,721,269	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.73	31.00
32.00	Sum of lines 30 and 31		32.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.89	33.00
34.00	Disproportionate share adjustment (see instructions)		989,408	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
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)		3,801,745	4,181,815 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,843,496	1,054,047 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,897,543	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		35,723,486	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		40,444,755	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,815,919	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).		4,340,070	52.00
53.00	Nursing and Allied Health Managed Care payment		26,101	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		33,846	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		23,824	58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,684,515	59.00
60.00	Primary payer payments		51,686	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,632,829	61.00
62.00	Deductibles billed to program beneficiaries		2,170,248	62.00
63.00	Coinurance billed to program beneficiaries		97,485	63.00
64.00	Allowable bad debts (see instructions)		966,591	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		628,284	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		721,221	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,993,380	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		37,472	70.93
70.94	HRR adjustment amount (see instructions)		-153,115	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,877,737	71.00
71.01	Sequestration adjustment (see instructions)		917,555	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		44,536,020	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)		424,162	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,002,951	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		80,065	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,538,447	2.00
3.00	OPPS payments		18,427,515	3.00
4.00	Outlier payment (see instructions)		154,244	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		17,642,526	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		30,604	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		80,065	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		165,723	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)		165,723	14.00
<b>Customary charges</b>				
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)		165,723	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		85,658	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)		80,065	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)		18,612,363	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,266,993	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)		15,425,435	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,288,227	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		17,713,662	30.00
31.00	Primary payer payments		626	31.00
32.00	Subtotal (line 30 minus line 31)		17,713,036	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		880,845	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		572,549	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		650,329	36.00
37.00	Subtotal (see instructions)		18,285,585	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,285,585	40.00
40.01	Sequestration adjustment (see instructions)		365,712	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,614,938	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		304,935	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 14-0182

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 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		44,175,908		17,493,438	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	07/30/2018	24,777	07/30/2018	67,661	3.01	
3.02		12/17/2018	335,335	12/17/2018	53,839	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)		360,112		121,500	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)		44,536,020		17,614,938	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		424,162		304,935	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		44,960,182		17,919,873	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: 14-0182  
Component CCN: 14-S182

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am  
PPS

Title XVIII

Subprovider -  
IPF

		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		1,444,238		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,444,238		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		117,953		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,562,191		0	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: 14-0182  
Component CCN: 14-T182

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 11:21 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,373,116		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	07/30/2018	31,043		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)		31,043		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,404,159		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		102,885		0	6.02
7.00	Total Medicare program liability (see instructions)		3,301,274		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0182

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2019 11:21 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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>		
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: 14-0182 Component CCN: 14-S182	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,660,285 1.00
2.00	Net IPF PPS Outlier Payments			9,430 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			1.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.50 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.50 8.00
9.00	Average Daily Census (see instructions)			20.421918 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.012535 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			20,812 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,690,527 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,690,527 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,690,527 18.00
19.00	Deductibles			117,872 19.00
20.00	Subtotal (line 18 minus line 19)			1,572,655 20.00
21.00	Coinsurance			78,120 21.00
22.00	Subtotal (line 20 minus line 21)			1,494,535 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			152,287 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			98,987 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			99,325 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,593,522 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)			550 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)			1,594,072 31.00
31.01	Sequestration adjustment (see instructions)			31,881 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,444,238 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)			117,953 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			9,430 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: 14-0182 Component CCN: 14-T182	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,180,758 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0310 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			91,288 3.00
4.00	Outlier Payments			129,580 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)			1.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			14.284932 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,401,626 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)			3,401,626 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,401,626 19.00
20.00	Deductibles			20,076 20.00
21.00	Subtotal (line 19 minus line 20)			3,381,550 21.00
22.00	Coinsurance			20,100 22.00
23.00	Subtotal (line 21 minus line 22)			3,361,450 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			9,639 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			6,265 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)			3,367,715 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)			932 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)			3,368,647 32.00
32.01	Sequestration adjustment (see instructions)			67,373 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,404,159 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)			-102,885 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			129,580 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 11:21 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			217.60	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			11.62	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-58.92	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)			147.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			167.38	6.00
7.00	Enter the lesser of line 5 or line 6			147.06	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.	87.99	70.22	158.21	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.	77.31	61.70	139.01	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		12.95		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	77.31	74.65		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.40	73.81		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	70.80	68.30		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	74.17	72.25		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	74.17	72.25		17.00
18.00	Per resident amount	139,557.25	132,215.26		18.00
19.00	Approved amount for resident costs	10,350,961	9,552,553	19,903,514	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)			20.32	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)			19,903,514	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	14,146	7,352		26.00
27.00	Total Inpatient Days (see instructions)	61,435	61,435		27.00
28.00	Ratio of inpatient days to total inpatient days	0.230260	0.119671		28.00
29.00	Program direct GME amount	4,582,983	2,381,873		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		336,559		30.00
31.00	Net Program direct GME amount			6,628,297	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 11:21 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		3,405,360	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		39,215,576	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)		51,686	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		39,163,890	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		20,649,116	42.00
43.00	Primary payer payments (see instructions)		626	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,648,490	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		59,812,380	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.654779	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.345221	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		6,628,297	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,340,070	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,288,227	50.00

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

Provider CCN: 14-0182

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

Worksheet G  
Date/Time Prepared:  
5/30/2019 11:21 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	584,887,000	0	0	0	1.00
2.00	Temporary investments	106,244,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,486,260,000	0	0	0	4.00
5.00	Other receivable	17,793,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	531,425,000	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)	2,726,609,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	473,862,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,409,153,000	0	0	0	15.00
16.00	Accumulated depreciation	-5,213,262,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,956,722,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,626,475,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,379,705,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,379,705,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,732,789,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	0	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	2,327,939,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,327,939,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	4,161,873,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,161,873,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,489,812,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	10,242,977,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	10,242,977,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,732,789,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0182

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

Worksheet G-1

Date/Time Prepared:  
5/30/2019 11:21 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		615,822,000		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		58,729,590				2.00
3.00	Total (sum of line 1 and line 2)		674,551,590		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		674,551,590		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		674,551,590		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0182

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2019 11:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	123,277,284		123,277,284	1.00
2.00	SUBPROVIDER - IPF	13,464,010		13,464,010	2.00
3.00	SUBPROVIDER - IRF	13,052,271		13,052,271	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	149,793,565		149,793,565	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	78,644,791		78,644,791	11.00
12.00	CORONARY CARE UNIT	46,064,588		46,064,588	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	124,709,379		124,709,379	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	274,502,944		274,502,944	17.00
18.00	Ancillary services	435,856,158	728,438,335	1,164,294,493	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	710,359,102	728,438,335	1,438,797,437	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		409,029,213		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		409,029,213		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0182

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

Worksheet G-3

Date/Time Prepared:  
5/30/2019 11:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,438,797,437	1.00
2.00	Less contractual allowances and discounts on patients' accounts	984,023,264	2.00
3.00	Net patient revenues (line 1 minus line 2)	454,774,173	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	409,029,213	4.00
5.00	Net income from service to patients (line 3 minus line 4)	45,744,960	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	14,854,262	24.00
25.00	Total other income (sum of lines 6-24)	14,854,262	25.00
26.00	Total (line 5 plus line 25)	60,599,222	26.00
27.00	NEG. INCOME RELATED TO OVERHEAD CC	1,869,632	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,869,632	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,729,590	29.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0182	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 11:21 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,907,865	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		50,087	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)		133.61	3.00
4.00	Number of interns & residents (see instructions)		152.77	4.00
5.00	Indirect medical education percentage (see instructions)		38.09	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)		726,706	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.73	8.00
9.00	Sum of lines 7 and 8		32.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.88	10.00
11.00	Disproportionate share adjustment (see instructions)		131,261	11.00
12.00	Total prospective capital payments (see instructions)		2,815,919	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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