

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: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 7:11 pm
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**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for Full or "L" for Low.

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

Date: 5/30/2019 Time: 7:11 pm

**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 RIVERSIDE MEDICAL CENTER ( 14-0186 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-511,082	172,002	0	0	1.00
2.00 Subprovider - IPF	0	38,464	-1		0	2.00
3.00 Subprovider - IRF	0	-24,439	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
9.00 HOME HEALTH AGENCY I	0	0	-46		0	9.00
10.00 RURAL HEALTH CLINIC I	0		40,202		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-497,057	212,157	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 7:11 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60901		County: USA		1.00
2.00 Street: 350 NORTH WALL STREET		2.00 City: KANKAKEE								2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	RI VERSI DE MEDICAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	RI VERSI DE MEDICAL CENTER - PSY	14S186	28100	4	01/01/2015	N	P	O	4.00
5.00	Subprovider - IRF	RI VERSI DE MEDICAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	RI VERSI DE MEDICAL CENTER - HHA	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC									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)	2		21.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 7:11 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	4,547	2,618	0	0	8,266	235		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.	112	123	0	0	194			25.00
						Urban/Rural	S	Date of Geogr	
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.01
		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
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N		63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
				1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
		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.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.	N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
<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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 7:11 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	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.				0			118.00
		Premiums		Losses		Insurance		
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	0		0		0		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
DO NOT USE THIS LINE								
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		119.00 120.00
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
All Providers								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 7:11 pm	
		1.00	2.00				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y					144.00
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y					167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	
						1.00	
						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)	01/01/2018			12/31/2018		170.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 7:11 pm
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 7:11 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/02/2019	Y	05/02/2019		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: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 7:11 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<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.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<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.				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.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
<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.	RICHARD		SCHILTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RI VERSIDE MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8159357256 X3492		RPSCHILTZ@RHC.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 7:11 pm
		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.	DIRECTOR OF FINANCE		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: 14-0186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	260	94,900	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)		260	94,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,745	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		291	106,215	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		335			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,902	6,311	46,403			1.00
2.00 HMO and other (see instructions)	4,505	8,265				2.00
3.00 HMO IPF Subprovider	0	39				3.00
4.00 HMO IRF Subprovider	0	194				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,902	6,311	46,403			7.00
8.00 INTENSIVE CARE UNIT	2,101	543	3,991			8.00
9.00 CORONARY CARE UNIT	0	0	0			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		312	2,292			13.00
14.00 Total (see instructions)	20,003	7,166	52,686	21.55	2,018.30	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,100	72	2,728	0.00	21.35	16.00
17.00 SUBPROVIDER - IRF	6,719	235	8,728	0.00	41.90	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	16,834	1,148	24,542	0.00	47.40	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			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	231	0	1,621	0.00	2.50	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)				21.55	2,131.45	27.00
28.00 Observation Bed Days		7	1,468			28.00
29.00 Ambulance Trips	2,512					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	235	554			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: 14-0186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,584	2,370	11,035	1.00
2.00 HMO and other (see instructions)				1,015	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,584	2,370	11,035	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		190	12	264	16.00
17.00 SUBPROVIDER - IRF	0.00	0		605	36	803	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
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: 14-0186

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 7:11 pm

	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	150,644,247	4,838,494	155,482,741	4,377,739.00	35.52 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		178,890	0	178,890	1,038.00	172.34 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		490,789	0	490,789	6,993.00	70.18 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		57,923	0	57,923	3,541.00	16.36 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		1,509,661	0	1,509,661	39,040.00	38.67 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)		53,429,637	1,798,242	55,227,879	1,046,743.00	52.76 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		2,309,495	0	2,309,495	25,466.00	90.69 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		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		29,269,367	0	29,269,367		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		9,531,798	0	9,531,798		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		11,587	0	11,587		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		78,060	0	78,060		
24.00	Wage-related costs (RHC/FQHC)		27,659	0	27,659		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 7:11 pm

	Wkst. A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	686,629	15,900	702,529	18,590.00	37.79	26.00
27.00	Administrative & General	5.00	21,714,684	2,509,663	24,224,347	666,973.00	36.32	27.00
28.00	Administrative & General under contract (see inst.)		438,268	0	438,268	2,788.00	157.20	28.00
29.00	Maintenance & Repairs	6.00	1,941,237	76,940	2,018,177	91,221.00	22.12	29.00
30.00	Operation of Plant	7.00	562,803	14,743	577,546	31,417.00	18.38	30.00
31.00	Laundry & Linen Service	8.00	528,017	11,388	539,405	37,750.00	14.29	31.00
32.00	Housekeeping	9.00	2,070,702	40,868	2,111,570	176,587.00	11.96	32.00
33.00	Housekeeping under contract (see instructions)		176,080	0	176,080	3,840.00	45.85	33.00
34.00	Dietary	10.00	1,623,766	-908,077	715,689	49,562.00	14.44	34.00
35.00	Dietary under contract (see instructions)		388,547	0	388,547	7,680.00	50.59	35.00
36.00	Cafeteria	11.00	0	936,814	936,814	63,191.00	14.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,759,296	-2,407,065	352,231	15,132.00	23.28	38.00
39.00	Central Services and Supply	14.00	442,896	17,709	460,605	26,032.00	17.69	39.00
40.00	Pharmacy	15.00	3,182,461	-3,182,461	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,380,611	46,082	1,426,693	53,774.00	26.53	41.00
42.00	Social Service	17.00	1,676,792	-517,959	1,158,833	34,860.00	33.24	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2019 7:11 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	149,588,769	4,838,494	154,427,263	4,342,473.00	35.56	1.00
2.00	Excluded area salaries (see instructions)	53,429,637	1,798,242	55,227,879	1,046,743.00	52.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,159,132	3,040,252	99,199,384	3,295,730.00	30.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,309,495	0	2,309,495	25,466.00	90.69	4.00
5.00	Subtotal wage-related costs (see inst.)	29,280,954	0	29,280,954	0.00	29.52	5.00
6.00	Total (sum of lines 3 thru 5)	127,749,581	3,040,252	130,789,833	3,321,196.00	39.38	6.00
7.00	Total overhead cost (see instructions)	39,572,789	-3,345,455	36,227,334	1,279,397.00	28.32	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 7:11 pm
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		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	5,357,820	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<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)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	20,410,477	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	303,523	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	616,986	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)	431,155	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,424,999	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	10,014,115	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	192,000	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))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	167,396	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	38,918,471	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: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 7:11 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,747,763	38,918,471	1.00
2.00	Hospital	2,747,763	29,269,367	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	9,649,104	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet S-4 Date/Time Prepared: 5/30/2019 7:11 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	KANKAKEE				0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,463	79	143	1,685	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	999.00	12.00	516.00	1,527.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			18.83	0.00	18.83	5.00
6.00	Direct Nursing Service			12.97	0.00	12.97	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			11.24	0.00	11.24	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.72	0.00	1.72	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.80	0.00	1.80	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.81	0.00	0.81	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16580					20.00
20.01		16974					20.01
20.02		28100					20.02
20.03		99914					20.03

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,788	346	265	167	8,566	21.00
22.00	Skilled Nursing Visit Charges	1,942,000	86,250	64,000	41,750	2,134,000	22.00
23.00	Physical Therapy Visits	6,069	149	83	145	6,446	23.00
24.00	Physical Therapy Visit Charges	1,668,425	40,975	22,825	39,875	1,772,100	24.00
25.00	Occupational Therapy Visits	841	64	0	41	946	25.00
26.00	Occupational Therapy Visit Charges	231,000	17,600	0	11,275	259,875	26.00
27.00	Speech Pathology Visits	39	0	0	2	41	27.00
28.00	Speech Pathology Visit Charges	10,725	0	0	550	11,275	28.00
29.00	Medical Social Service Visits	22	1	0	0	23	29.00
30.00	Medical Social Service Visit Charges	6,050	275	0	0	6,325	30.00
31.00	Home Health Aide Visits	735	52	4	21	812	31.00
32.00	Home Health Aide Visit Charges	55,125	3,900	300	1,575	60,900	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	15,494	612	352	376	16,834	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,913,325	149,000	87,125	95,025	4,244,475	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,152		116	31	1,299	36.00
37.00	Total Number of Outlier Episodes		19		1	20	37.00
38.00	Total Non-Routine Medical Supply Charges	65,059	5,289	3,500	727	74,575	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2018 To 12/31/2018		Worksheet S-8 Date/Time Prepared: 5/30/2019 7:11 pm	
		RHC I		Cost			
				1.00			
1.00	Clinic Address and Identification Street	3400 SOUTH MAIN				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	HOPKINS PARK		IL		6094400000	
						1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0	
		Grant Award		Date			
		1.00		2.00			
4.00		Source of Federal Funds				4.00	
5.00		Community Health Center (Section 330(d), PHS Act)				5.00	
6.00		Migrant Health Center (Section 329(d), PHS Act)				6.00	
7.00		Health Services for the Homeless (Section 340(d), PHS Act)				7.00	
8.00		Appalachian Regional Commission				8.00	
9.00		Look-Alikes				8.00	
		OTHER (SPECIFY)				9.00	
						1.00	
						2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N				0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	08:00		12:00		08:30	
						1.00	
						2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N				12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N				0	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00	
				XVIII		XIX	
				3.00		4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County					
		4.00					
2.00	City, State, ZIP Code, County	KANKAKEE				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) CLINIC	16:30		08:30		16:30	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2018 To 12/31/2018		Worksheet S-8 Date/Time Prepared: 5/30/2019 7:11 pm	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:30	16:30				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 7:11 pm
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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)		0.204224	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		36,372,858	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		189,063,757	6.00	
7.00	Medicaid cost (line 1 times line 6)		38,611,357	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)		2,238,499	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)		2,238,499	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,265,687	904,732	10,170,419	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,892,276	904,732	2,797,008	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)	1,892,276	904,732	2,797,008	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)			11,302,141	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,452,080	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,233,968	27.01
28.00	Non-Medicare bad debt expense (see instructions)			9,068,173	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,633,827	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,430,835	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,669,334	31.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		16,097,212	16,097,212	1,329,760	17,426,972	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,173,980	9,173,980	380,423	9,554,403	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	686,629	40,825,863	41,512,492	-2,707,700	38,804,792	4.00
5.01	01160	COMMUNICATIONS	0	0	0	1,366,940	1,366,940	5.01
5.02	00550	DATA PROCESSING	4,914,270	8,169,443	13,083,713	146,679	13,230,392	5.02
5.03	00591	PURCHASING	606,994	1,542,673	2,149,667	-425,669	1,723,998	5.03
5.05	00590	BUSINESS OFFICE	5,561,302	-181,171	5,380,131	132,325	5,512,456	5.05
5.06	00592	OTHER ADMIN & GENERAL	10,632,118	28,261,162	38,893,280	-1,786,190	37,107,090	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,941,237	7,202,508	9,143,745	-683,290	8,460,455	6.00
7.00	00700	OPERATION OF PLANT	562,803	145,348	708,151	14,743	722,894	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	528,017	66,424	594,441	11,388	605,829	8.00
9.00	00900	HOUSEKEEPING	2,070,702	855,482	2,926,184	40,868	2,967,052	9.00
10.00	01000	DIETARY	1,623,766	2,339,075	3,962,841	-2,257,581	1,705,260	10.00
11.00	01100	CAFETERIA	0	0	0	2,286,318	2,286,318	11.00
13.00	01300	NURSING ADMINISTRATION	2,759,296	54,540	2,813,836	-2,407,065	406,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	442,896	561,423	1,004,319	17,709	1,022,028	14.00
15.00	01500	PHARMACY	3,182,461	-3,167,799	14,662	852,256	866,918	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,380,611	326,050	1,706,661	-57,821	1,648,840	16.00
17.00	01700	SOCIAL SERVICE	1,676,792	-22,823	1,653,969	-517,959	1,136,010	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	320,718	2,162,333	2,483,051	24,056	2,507,107	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	60,134	4,978	65,112	4,095	69,207	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	15,601,848	1,445,489	17,047,337	841,828	17,889,165	30.00
31.00	03100	INTENSIVE CARE UNIT	4,057,154	676,654	4,733,808	144,485	4,878,293	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,280,543	29,672	1,310,215	40,141	1,350,356	40.00
41.00	04100	SUBPROVIDER - I RF	2,321,821	722,447	3,044,268	100,449	3,144,717	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	908,160	225,955	1,134,115	66,721	1,200,836	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,026,710	5,792,164	9,818,874	276,913	10,095,787	50.00
51.00	05100	RECOVERY ROOM	1,605,390	94,394	1,699,784	286,878	1,986,662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,363,252	159,391	1,522,643	61,009	1,583,652	52.00
53.00	05300	ANESTHESIOLOGY	0	426,270	426,270	890,000	1,316,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,753,392	4,886,129	9,639,521	-1,650,775	7,988,746	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	258,761	457,109	715,870	4,835	720,705	54.01
54.02	05404	ULTRASOUND	706,629	118,288	824,917	19,319	844,236	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,809,124	8,584,925	10,394,049	-7,505,066	2,888,983	55.00
57.00	05700	CT SCAN	837,805	211,265	1,049,070	15,173	1,064,243	57.00
58.00	05800	MRI	333,483	95,099	428,582	10,980	439,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,685,773	5,513,982	7,199,755	219,480	7,419,235	59.00
60.00	06000	LABORATORY	2,725,331	5,457,714	8,183,045	113,139	8,296,184	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	203,190	95,454	298,644	1,769,135	2,067,779	64.00
65.00	06500	RESPIRATORY THERAPY	1,485,914	515,674	2,001,588	61,039	2,062,627	65.00
66.00	06600	PHYSICAL THERAPY	3,433,803	552,347	3,986,150	151,786	4,137,936	66.00
69.00	06900	ELECTROCARDIOLOGY	1,176,977	408,385	1,585,362	139,892	1,725,254	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	663,039	663,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,204,710	12,204,710	0	12,204,710	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,286,240	13,286,240	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	758,897	758,897	0	758,897	75.01
76.00	03956	CARDIAC REHAB	379,573	17,450	397,023	24,336	421,359	76.00
76.01	03950	OP PSY/CDU	1,958,105	90,231	2,048,336	49,683	2,098,019	76.01
76.02	03957	RI MMS	934,219	353,667	1,287,886	6,586	1,294,472	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	471,219	26,453	497,672	8,424	506,096	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	585,635	413,401	999,036	33,453	1,032,489	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	163,358	68,795	232,153	-11,467	220,686	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	4,632,234	814,814	5,447,048	264,233	5,711,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	723,237	59,787	783,024	32,689	815,713	92.01
93.00	04951	INFUSION	520,118	6,220,388	6,740,506	-5,727,754	1,012,752	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	983,604	69,237	1,052,841	-967,205	85,636	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,950,871	425,947	3,376,818	176,209	3,553,027	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/30/2019 7:11 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,679,851	302,948	3,982,799	97,570	4,080,369	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		5,878,153	5,878,153	-1,050,096	4,828,057	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,507,830	178,590,386	286,098,216	-1,292,414	284,805,802	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	9,420	3,039	12,459	0	12,459	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,126,997	11,574,817	54,701,814	1,292,414	55,994,228	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	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)	150,644,247	190,168,242	340,812,489	0	340,812,489	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A  
Date/Time Prepared: 5/30/2019 7:11 pm

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	0	17,426,972	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,554,403	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-76,289	38,728,503	4.00
5.01	01160	COMMUNICATIONS	0	1,366,940	5.01
5.02	00550	DATA PROCESSING	0	13,230,392	5.02
5.03	00591	PURCHASING	0	1,723,998	5.03
5.05	00590	BUSINESS OFFICE	0	5,512,456	5.05
5.06	00592	OTHER ADMIN & GENERAL	-13,701,688	23,405,402	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,460,455	6.00
7.00	00700	OPERATION OF PLANT	0	722,894	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	605,829	8.00
9.00	00900	HOUSEKEEPING	0	2,967,052	9.00
10.00	01000	DIETARY	-2,900	1,702,360	10.00
11.00	01100	CAFETERIA	-1,825,010	461,308	11.00
13.00	01300	NURSING ADMINISTRATION	0	406,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,022,028	14.00
15.00	01500	PHARMACY	0	866,918	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,630	1,627,210	16.00
17.00	01700	SOCIAL SERVICE	0	1,136,010	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,507,107	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	69,207	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-242,012	17,647,153	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,222	4,877,071	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,350,356	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,144,717	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,200,836	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-98,760	9,997,027	50.00
51.00	05100	RECOVERY ROOM	0	1,986,662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,583,652	52.00
53.00	05300	ANESTHESIOLOGY	-890,000	426,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,429	7,986,317	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	720,705	54.01
54.02	05404	ULTRASOUND	0	844,236	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,888,983	55.00
57.00	05700	CT SCAN	0	1,064,243	57.00
58.00	05800	MRI	0	439,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	-73,640	7,345,595	59.00
60.00	06000	LABORATORY	-58,050	8,238,134	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	2,067,779	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,062,627	65.00
66.00	06600	PHYSICAL THERAPY	0	4,137,936	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,725,254	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-13,841	649,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,204,710	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,883	13,292,123	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	758,897	75.01
76.00	03956	CARDIAC REHAB	0	421,359	76.00
76.01	03950	OP PSY/CDU	-71,474	2,026,545	76.01
76.02	03957	RI MMS	-415,743	878,729	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	0	506,096	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	-4,544	1,027,945	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	-105,747	114,939	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-51,895	5,659,386	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	0	815,713	92.01
93.00	04951	INFUSION	0	1,012,752	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	-36,408	49,228	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-314,888	3,238,139	95.00
99.10	09910	CORF	0	0	99.10

5/30/2019 7:11 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
101.00	10100 HOME HEALTH AGENCY	0	4,080,369	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	-4,828,057	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-22,830,344	261,975,458	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	191.01
191.02	19102 CARE-A-VAN	0	12,459	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	55,994,228	192.00
192.01	19201 REFERENCE LAB	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-22,830,344	317,982,145	200.00

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2019 7:11 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - PROFESSIONAL FEES</b>						
1.00	OPERATING ROOM	50.00	0	98,760	1.00	
2.00	ANESTHESIOLOGY	53.00	0	890,000	2.00	
3.00	LABORATORY	60.00	0	58,050	3.00	
4.00	EMERGENCY	91.00	0	51,895	4.00	
	O		0	1,098,705		
<b>B - BONUSES AND VACATION ACCRUAL</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,900	0	1.00	
2.00	DATA PROCESSING	5.02	146,679	0	2.00	
3.00	PURCHASING	5.03	14,316	0	3.00	
4.00	BUSINESS OFFICE	5.05	132,325	0	4.00	
5.00	OTHER ADMIN & GENERAL	5.06	1,606,593	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	76,940	0	6.00	
7.00	OPERATION OF PLANT	7.00	14,743	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	11,388	0	8.00	
9.00	HOUSEKEEPING	9.00	40,868	0	9.00	
10.00	DIETARY	10.00	28,737	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	43,338	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	7,295	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	46,082	0	13.00	
14.00	SOCIAL SERVICE	17.00	42,674	0	14.00	
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	24,056	0	15.00	
16.00	PARAMED EDUCATION PROGRAM	23.00	231	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	301,917	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	69,943	0	18.00	
19.00	SUBPROVIDER - IPF	40.00	18,268	0	19.00	
20.00	SUBPROVIDER - IRF	41.00	40,003	0	20.00	
21.00	NURSERY	43.00	26,079	0	21.00	
22.00	OPERATING ROOM	50.00	83,467	0	22.00	
23.00	RECOVERY ROOM	51.00	44,653	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	108,012	0	24.00	
25.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	4,835	0	25.00	
26.00	ULTRASOUND	54.02	19,319	0	26.00	
27.00	RADIOLOGY-THERAPEUTIC	55.00	49,411	0	27.00	
28.00	CT SCAN	57.00	15,173	0	28.00	
29.00	MRI	58.00	10,980	0	29.00	
30.00	CARDIAC CATHETERIZATION	59.00	23,766	0	30.00	
31.00	LABORATORY	60.00	55,089	0	31.00	
32.00	INTRAVENOUS THERAPY	64.00	4,858	0	32.00	
33.00	RESPIRATORY THERAPY	65.00	28,509	0	33.00	
34.00	PHYSICAL THERAPY	66.00	62,391	0	34.00	
35.00	ELECTROCARDIOLOGY	69.00	89,778	0	35.00	
36.00	DRUGS CHARGED TO PATIENTS	73.00	84,545	0	36.00	
37.00	CARDIAC REHAB	76.00	8,174	0	37.00	
38.00	OP PSY/CDU	76.01	29,340	0	38.00	
39.00	RIMMS	76.02	13,405	0	39.00	
40.00	DIABETES	76.05	8,424	0	40.00	
41.00	HYPERBARIC OXYGEN THERAPY	76.98	10,700	0	41.00	
42.00	RURAL HEALTH CLINIC	88.00	2,943	0	42.00	
43.00	EMERGENCY	91.00	77,001	0	43.00	
44.00	OBSERVATION BEDS (DISTINCT PART	92.01	11,094	0	44.00	
45.00	INFUSION	93.00	25,178	0	45.00	
46.00	COMMUNITY HEALTH CENTERS	93.01	63,374	0	46.00	
47.00	AMBULANCE SERVICES	95.00	63,020	0	47.00	
48.00	HOME HEALTH AGENCY	101.00	106,719	0	48.00	
49.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,025,964	0	49.00	
	O		4,838,497	0		
<b>C - CAFETERIA</b>						
1.00	CAFETERIA	11.00	936,814	1,349,504	1.00	
	O		936,814	1,349,504		
<b>D - NURSING ADMINISTRATION</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	10,414	0	1.00	
2.00	PARAMED EDUCATION PROGRAM	23.00	3,864	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	214,994	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	50,342	0	4.00	
5.00	SUBPROVIDER - IPF	40.00	21,873	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	60,446	0	6.00	
7.00	NURSERY	43.00	40,642	0	7.00	
8.00	OPERATING ROOM	50.00	94,686	0	8.00	
9.00	RECOVERY ROOM	51.00	37,750	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	61,009	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	25,976	0	11.00	

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RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	CARDIAC CATHETERIZATION	59.00	71,778	0	12.00
13.00	RESPIRATORY THERAPY	65.00	14,230	0	13.00
14.00	PHYSICAL THERAPY	66.00	89,395	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	50,114	0	15.00
16.00	CARDIAC REHAB	76.00	16,162	0	16.00
17.00	OP PSY/CDU	76.01	20,343	0	17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	10,328	0	18.00
19.00	EMERGENCY	91.00	135,337	0	19.00
20.00	OBSERVATION BEDS (DISTINCT PART	92.01	21,595	0	20.00
21.00	AMBULANCE SERVICES	95.00	114,362	0	21.00
			1,165,640	0	
E - COST OF GOODS SOLD					
1.00	INTRAVENOUS THERAPY	64.00	0	1,053,113	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	663,039	2.00
3.00	PHARMACY	15.00	0	4,034,717	3.00
			0	5,750,869	
F - UTILIZATION REVIEW					
1.00	OTHER ADMIN & GENERAL	5.06	560,633	0	1.00
			560,633	0	
G - RECOVERY ROOM					
1.00	RECOVERY ROOM	51.00	204,475	0	1.00
			204,475	0	
H - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	711,164	0	1.00
			711,164	0	
I - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,114,813	1.00
			0	2,114,813	
J - INTEREST					
1.00	OTHER ADMIN & GENERAL	5.06	0	1,050,096	1.00
			0	1,050,096	
K - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	386,620	0	1.00
			386,620	0	
L - ESTABLISH OTHER CRC					
1.00	OTHER CAP REL COSTS	3.00	0	1,710,183	1.00
			0	1,710,183	
M - NEW LIFE GRANT					
1.00	NONPAID WORKERS	193.00	0	3	1.00
			0	3	
N - RX SALARIES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,182,461	0	1.00
			3,182,461	0	
O - FLOAT NURSING					
1.00	ADULTS & PEDIATRICS	30.00	1,284,763	0	1.00
			1,284,763	0	
P - CHC DIRECTORS					
1.00	RURAL HEALTH CLINIC	88.00	3,629	407	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	958,122	68,421	2.00
			961,751	68,828	
Q - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,097,487	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	15,097,487	
R - IT CONTRACT LABOR					
1.00	OTHER ADMIN & GENERAL	5.06	0	103,903	1.00
			0	103,903	
S - UTILITIES					
1.00	MAINTENANCE & REPAIRS	6.00	0	606,710	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
			0	606,710	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
T - POSTAGE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	84	1.00	
2.00	PURCHASING	5.03	0	232,631	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	116	3.00	
	O		0	232,831		
U - MED DIRECTOR						
1.00	OTHER ADMIN & GENERAL	5.06	49,117	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	24,200	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	123,965	0	3.00	
4.00	RESPIRATORY THERAPY	65.00	18,300	0	4.00	
5.00	HYPERBARIC OXYGEN THERAPY	76.98	12,425	0	5.00	
	O		228,007	0		
V - COMMUNICATIONS						
1.00	COMMUNICATIONS	5.01	0	1,366,940	1.00	
	O		0	1,366,940		
500.00	Grand Total: Increases		14,460,825	30,550,872	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0186

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 - PROFESSIONAL FEES</b>						
1.00 OTHER ADMIN & GENERAL	5.06	0	1,098,705	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
0		0	1,098,705			
<b>B - BONUSES AND VACATION ACCRUAL</b>						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,838,497	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
13.00	0.00	0	0	0		13.00
14.00	0.00	0	0	0		14.00
15.00	0.00	0	0	0		15.00
16.00	0.00	0	0	0		16.00
17.00	0.00	0	0	0		17.00
18.00	0.00	0	0	0		18.00
19.00	0.00	0	0	0		19.00
20.00	0.00	0	0	0		20.00
21.00	0.00	0	0	0		21.00
22.00	0.00	0	0	0		22.00
23.00	0.00	0	0	0		23.00
24.00	0.00	0	0	0		24.00
25.00	0.00	0	0	0		25.00
26.00	0.00	0	0	0		26.00
27.00	0.00	0	0	0		27.00
28.00	0.00	0	0	0		28.00
29.00	0.00	0	0	0		29.00
30.00	0.00	0	0	0		30.00
31.00	0.00	0	0	0		31.00
32.00	0.00	0	0	0		32.00
33.00	0.00	0	0	0		33.00
34.00	0.00	0	0	0		34.00
35.00	0.00	0	0	0		35.00
36.00	0.00	0	0	0		36.00
37.00	0.00	0	0	0		37.00
38.00	0.00	0	0	0		38.00
39.00	0.00	0	0	0		39.00
40.00	0.00	0	0	0		40.00
41.00	0.00	0	0	0		41.00
42.00	0.00	0	0	0		42.00
43.00	0.00	0	0	0		43.00
44.00	0.00	0	0	0		44.00
45.00	0.00	0	0	0		45.00
46.00	0.00	0	0	0		46.00
47.00	0.00	0	0	0		47.00
48.00	0.00	0	0	0		48.00
49.00	0.00	0	0	0		49.00
0		0	4,838,497			
<b>C - CAFETERIA</b>						
1.00 DIETARY	10.00	936,814	1,349,504	0		1.00
0		936,814	1,349,504			
<b>D - NURSING ADMINISTRATION</b>						
1.00 NURSING ADMINISTRATION	13.00	1,165,640	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
13.00	0.00	0	0	0		13.00

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
0			1,165,640	0				
E - COST OF GOODS SOLD								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,078,253	0	0		1.00
2.00	PURCHASING	5.03	0	672,616	0	0		2.00
3.00		0.00	0	0	0	0		3.00
0			0	5,750,869				
F - UTILIZATION REVIEW								
1.00	SOCIAL SERVICE	17.00	560,633	0	0	0		1.00
0			560,633	0				
G - RECOVERY ROOM								
1.00	ADULTS & PEDIATRICS	30.00	204,475	0	0	0		1.00
0			204,475	0				
H - IV THERAPY								
1.00	ADULTS & PEDIATRICS	30.00	711,164	0	0	0		1.00
0			711,164	0				
I - INSURANCE								
1.00	OTHER ADMIN & GENERAL	5.06	0	2,114,813	0	0		1.00
0			0	2,114,813				
J - INTEREST								
1.00	INTEREST EXPENSE	113.00	0	1,050,096	0	0		1.00
0			0	1,050,096				
K - RADIOLOGY								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	386,620	0	0	0		1.00
0			386,620	0				
L - ESTABLISH OTHER CRC								
1.00	OTHER ADMIN & GENERAL	5.06	0	1,710,183	0	0		1.00
0			0	1,710,183				
M - NEW LIFE GRANT								
1.00	NONPAID WORKERS	193.00	3	0	0	0		1.00
0			3	0				
N - RX SALARIES								
1.00	PHARMACY	15.00	3,182,461	0	0	0		1.00
0			3,182,461	0				
O - FLOAT NURSING								
1.00	NURSING ADMINISTRATION	13.00	1,284,763	0	0	0		1.00
0			1,284,763	0				
P - CHC DIRECTORS								
1.00	COMMUNITY HEALTH CENTERS	93.01	961,751	68,828	0	0		1.00
2.00		0.00	0	0	0	0		2.00
0			961,751	68,828				
Q - BILLABLE DRUGS								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,857,814	0	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,486,741	0	0		2.00
3.00	INFUSION	93.00	0	5,752,932	0	0		3.00
0			0	15,097,487				
R - IT CONTRACT LABOR								
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	103,903	0	0		1.00
0			0	103,903				
S - UTILITIES								
1.00	ADULTS & PEDIATRICS	30.00	0	44,323	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	313,569	0	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,736	0	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	29	0	0		4.00
5.00	RIIMS	76.02	0	6,819	0	0		5.00
6.00	RURAL HEALTH CLINIC	88.00	0	18,446	0	0		6.00
7.00	AMBULANCE SERVICES	95.00	0	1,173	0	0		7.00
8.00	HOME HEALTH AGENCY	101.00	0	9,149	0	0		8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	145,466	0	0		9.00
0			0	606,710				
T - POSTAGE								
1.00	OTHER ADMIN & GENERAL	5.06	0	232,831	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
0			0	232,831				

Provider CCN: 14-0186

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		
	U - MED DIRECTOR						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	228,007	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		228,007	0			
	V - COMMUNICATIONS						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,366,940	0		1.00
	0		0	1,366,940			
500.00	Grand Total: Decreases		9,622,331	35,389,366			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	7,974,131	42,000	0	42,000	0 1.00	
2.00	Land Improvements	350,846	3,303,422	0	3,303,422	0 2.00	
3.00	Buildings and Fixtures	138,416,690	113,162,361	0	113,162,361	0 3.00	
4.00	Building Improvements	9,627,795	63,017,432	0	63,017,432	0 4.00	
5.00	Fixed Equipment	475,554	1,503,485	0	1,503,485	0 5.00	
6.00	Movable Equipment	13,875,694	82,784,494	0	82,784,494	0 6.00	
7.00	HIT designated Assets	0	0	0	0	0 7.00	
8.00	Subtotal (sum of lines 1-7)	170,720,710	263,813,194	0	263,813,194	0 8.00	
9.00	Reconciling Items	0	0	0	0	0 9.00	
10.00	Total (line 8 minus line 9)	170,720,710	263,813,194	0	263,813,194	0 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	8,016,131	0			1.00	
2.00	Land Improvements	3,654,268	0			2.00	
3.00	Buildings and Fixtures	251,579,051	0			3.00	
4.00	Building Improvements	72,645,227	0			4.00	
5.00	Fixed Equipment	1,979,039	0			5.00	
6.00	Movable Equipment	96,660,188	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	434,533,904	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	434,533,904	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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	16,097,212	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,173,980	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	25,271,192	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	16,097,212				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,173,980				2.00
3.00	Total (sum of lines 1-2)	0	25,271,192				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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	337,873,716	0	337,873,716	0.777554	386,598	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	96,660,188	0	96,660,188	0.222446	110,599	2.00
3.00	Total (sum of lines 1-2)	434,533,904	0	434,533,904	1.000000	497,197	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	943,162	0	1,329,760	16,097,212	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	269,824	0	380,423	9,173,980	0	2.00
3.00	Total (sum of lines 1-2)	1,212,986	0	1,710,183	25,271,192	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	386,598	943,162	0	17,426,972	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	110,599	269,824	0	9,554,403	2.00
3.00	Total (sum of lines 1-2)	0	497,197	1,212,986	0	26,981,375	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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	-1,590,888			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,429	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,557,977	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-13,841	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00 Sale of drugs to other than patients	B	5,883	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-21,630	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-2,900	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.		
			Cost Center	Line #				
			1.00	2.00	3.00			4.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***			68.00	31.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00	
33.00 FAMILY RESOURCE	B		OTHER ADMIN & GENERAL			5.06	0	33.00
33.01 ACLS REVENUE	B	-7,658	AMBULANCE SERVICES			95.00	0	33.01
33.02 GOURMET COFFEE	B	-267,033	CAFETERIA			11.00	0	33.02
33.03 AMBULANCE REVENUE	B	-307,230	AMBULANCE SERVICES			95.00	0	33.03
33.04 MISCELLANEOUS INCOME	B	-390,091	OTHER ADMIN & GENERAL			5.06	0	33.04
33.05 IHA DUES	A	-30,280	OTHER ADMIN & GENERAL			5.06	0	33.05
33.06 VOCATIONAL TRAINING	A	-120,110	ADULTS & PEDIATRICS			30.00	0	33.06
33.07 VOCATIONAL TRAINING	A	-65,188	OP PSY/CDU			76.01	0	33.07
33.08 VOCATIONAL TRAINING	A		OTHER ADMIN & GENERAL			5.06	0	33.08
33.09 NON-ALLOWABLE MARKETING	A	-560,852	OTHER ADMIN & GENERAL			5.06	0	33.09
33.10 NON-ALLOWABLE ADMIN	A		OTHER ADMIN & GENERAL			5.06	0	33.10
33.11 CHARITY CARE	A	-85,855	OTHER ADMIN & GENERAL			5.06	0	33.11
33.12 NON-ALLOWABLE INTEREST	A	-4,970,526	INTEREST EXPENSE			113.00	0	33.12
33.13 MEDICAID ASSESSMENT	A	-11,390,976	OTHER ADMIN & GENERAL			5.06	0	33.13
33.14 INTEREST INCOME	B	142,469	INTEREST EXPENSE			113.00	0	33.14
33.15 REAL ESTATE TAX	A	-1,212,986	OTHER ADMIN & GENERAL			5.06	0	33.15
33.16 NON OPERATING INC UNRESTRICT DONOR	B	-13,639	OTHER ADMIN & GENERAL			5.06	0	33.16
33.17 NURSE PRACTITIONER PART B BENEFITS	A	-76,289	EMPLOYEE BENEFITS DEPARTMENT			4.00	0	33.17
33.18 NURSE PRACTITIONER PART B SALARIES	A		ELECTROCARDIOLOGY			69.00	0	33.18
33.19 NURSE PRACTITIONER PART B SALARIES	A	-147,377	RIMMS			76.02	0	33.19
33.20 NURSE PRACTITIONER PART B SALARIES	A	-97,717	RURAL HEALTH CLINIC			88.00	0	33.20
33.21 NURSE PRACTITIONER PART B SALARIES	A	-36,408	COMMUNITY HEALTH CENTERS			93.01	0	33.21
33.22 NURSE PRACTITIONER PART B SALARIES	A		RADIOLOGY-DIAGNOSTIC			54.00	0	33.22
33.23 EMT REVENUE	B		AMBULANCE SERVICES			95.00	0	33.23
33.24 WOMEN'S CENTER	B		DELIVERY ROOM & LABOR ROOM			52.00	0	33.24
33.25 FINANCE RECLASS	B	-8,816	OTHER ADMIN & GENERAL			5.06	0	33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,830,344					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: 14-0186  
 Period: From 01/01/2018 To 12/31/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 5/30/2019 7:11 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	30.00	ADULTS & PEDIATRICS	60,000	60,000	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	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		60,000	60,000	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	A	RESOLVE CENTER	100.00	OAKSIDE CORP	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: 14-0186

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2019 7:11 pm

	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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			5.00

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

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CHEM DEPENDENCY		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: 14-0186

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

Worksheet A-8-2  
Date/Time Prepared:  
5/30/2019 7:11 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	121,902	121,902	0	197,500	0	1.00
2.00	50.00	OPERATING ROOM	98,760	98,760	0	246,400	0	2.00
3.00	53.00	ANESTHESIOLOGY	890,000	890,000	0	239,400	0	3.00
4.00	60.00	LABORATORY	58,050	58,050	0	197,500	0	4.00
5.00	76.01	OP PSY/CDU	6,286	6,286	0	197,500	0	5.00
6.00	76.02	RIMMS	268,366	268,366	0	197,500	0	6.00
7.00	88.00	RURAL HEALTH CLINIC	8,030	8,030	0	197,500	0	7.00
8.00	91.00	EMERGENCY	51,895	51,895	0	197,500	0	8.00
9.00	5.06	OTHER ADMIN & GENERAL	49,117	0	49,117	197,500	431	9.00
10.00	31.00	INTENSIVE CARE UNIT	24,200	0	24,200	197,500	242	10.00
11.00	59.00	CARDIAC CATHETERIZATION	123,965	0	123,965	197,500	530	11.00
12.00	65.00	RESPIRATORY THERAPY	18,300	0	18,300	260,300	183	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	12,425	0	12,425	197,500	83	13.00
200.00			1,731,296	1,503,289	228,007		1,469	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	76.01	OP PSY/CDU	0	0	0	0	0	5.00
6.00	76.02	RIMMS	0	0	0	0	0	6.00
7.00	88.00	RURAL HEALTH CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	5.06	OTHER ADMIN & GENERAL	40,924	2,046	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	22,978	1,149	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	50,325	2,516	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	22,901	1,145	0	0	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	7,881	394	0	0	0	13.00
200.00			145,009	7,250	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	30.00	ADULTS & PEDIATRICS	0	0	0	121,902	1.00
2.00	50.00	OPERATING ROOM	0	0	0	98,760	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	890,000	3.00
4.00	60.00	LABORATORY	0	0	0	58,050	4.00
5.00	76.01	OP PSY/CDU	0	0	0	6,286	5.00
6.00	76.02	RIMMS	0	0	0	268,366	6.00
7.00	88.00	RURAL HEALTH CLINIC	0	0	0	8,030	7.00
8.00	91.00	EMERGENCY	0	0	0	51,895	8.00
9.00	5.06	OTHER ADMIN & GENERAL	0	40,924	8,193	8,193	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	22,978	1,222	1,222	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	50,325	73,640	73,640	11.00
12.00	65.00	RESPIRATORY THERAPY	0	22,901	0	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	0	7,881	4,544	4,544	13.00
200.00			0	145,009	87,599	1,590,888	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,426,972	17,426,972			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,554,403		9,554,403		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	38,728,503	79,973	3,527	38,812,003	4.00
5.01 01160	COMMUNICATIONS	1,366,940	4,768	0	1,371,708	5.01
5.02 00550	DATA PROCESSING	13,230,392	258,904	1,992,213	1,533,808	5.02
5.03 00591	PURCHASING	1,723,998	530,805	337,834	244,638	5.03
5.05 00590	BUSINESS OFFICE	5,512,456	306,382	37,722	1,918,898	5.05
5.06 00592	OTHER ADMIN & GENERAL	23,405,402	1,444,900	121,586	2,888,282	5.06
6.00 00600	MAINTENANCE & REPAIRS	8,460,455	417,884	551,676	784,240	6.00
7.00 00700	OPERATION OF PLANT	722,894	3,756,671	277,300	248,906	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	605,829	113,261	6,148	228,187	8.00
9.00 00900	HOUSEKEEPING	2,967,052	68,905	71,750	890,414	9.00
10.00 01000	DIETARY	1,702,360	289,922	29,976	234,776	10.00
11.00 01100	CAFETERIA	461,308	265,289	0	319,528	11.00
13.00 01300	NURSING ADMINISTRATION	406,771	0	100,474	36,888	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,022,028	180,832	53,875	167,132	14.00
15.00 01500	PHARMACY	866,918	67,145	101,192	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,627,210	161,052	7,010	505,906	16.00
17.00 01700	SOCIAL SERVICE	1,136,010	15,069	11,218	350,831	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,507,107	7,379	1,501	123,787	22.00
23.00 02301	PARAMED EDUCATION PROGRAM	69,207	9,876	727	43,184	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	17,647,153	1,809,885	144,896	4,444,147	30.00
31.00 03100	INTENSIVE CARE UNIT	4,877,071	259,017	166,335	1,184,028	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	1,350,356	0	18,765	324,708	40.00
41.00 04100	SUBPROVIDER - IRF	3,144,717	227,005	17,264	629,146	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,200,836	49,096	16,947	302,475	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,997,027	445,355	1,666,324	1,243,055	50.00
51.00 05100	RECOVERY ROOM	1,986,662	117,604	17,512	506,760	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,583,652	149,360	93,220	391,792	52.00
53.00 05300	ANESTHESIOLOGY	426,270	11,579	10,424	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,986,317	282,771	717,348	1,330,033	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	720,705	13,906	15,652	62,236	54.01
54.02 05404	ULTRASOUND	844,236	12,827	149,805	185,523	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	2,888,983	0	592,205	437,509	55.00
57.00 05700	CT SCAN	1,064,243	16,318	162,042	177,964	57.00
58.00 05800	MRI	439,562	33,828	321,046	88,601	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,345,595	98,618	426,366	497,852	59.00
60.00 06000	LABORATORY	8,238,134	184,777	266,158	865,254	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	2,067,779	0	4,860	244,270	64.00
65.00 06500	RESPIRATORY THERAPY	2,062,627	35,531	146,381	495,080	65.00
66.00 06600	PHYSICAL THERAPY	4,137,936	520,021	39,485	981,353	66.00
69.00 06900	ELECTROCARDIOLOGY	1,725,254	78,951	254,770	336,584	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	649,198	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,204,710	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,292,123	0	0	828,229	73.00
75.01 03955	RENAL DIALYSIS (IP)	758,897	0	0	0	75.01
76.00 03956	CARDIAC REHAB	421,359	51,991	12,876	124,223	76.00
76.01 03950	OP PSY/CDU	2,026,545	332,888	2,527	580,566	76.01
76.02 03957	RI MMS	878,729	112,126	12,183	263,735	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	0	76.04
76.05 03953	DIABETES	506,096	14,019	399	146,579	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,027,945	42,796	9,307	108,734	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	114,939	164,968	4,353	52,647	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	5,659,386	246,474	123,380	1,221,226	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	815,713	134,943	4,041	157,397	92.01
93.00 04951	INFUSION	1,012,752	0	5,636	172,691	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	49,228	839,145	10,530	17,072	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	3,238,139	172,092	181,528	1,058,554	4,775	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	4,080,369	80,824	8,989	1,027,615	22,683	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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	261,975,458	14,517,732	9,329,283	31,007,043	1,252,325	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	36,439	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	12,459	0	0	1,259	0	191.02
192.00 19200	PHYSICIANS' PRIVATE OFFICES	55,994,228	1,829,978	224,984	7,803,699	57,304	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	0	1,042,823	136	2	62,079	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)	317,982,145	17,426,972	9,554,403	38,812,003	1,371,708	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 7:11 pm	
Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
<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	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	17,110,823					5.02
5.03	00591	PURCHASING	272,465	3,127,647				5.03
5.05	00590	BUSINESS OFFICE	2,633,832	3,707	10,467,913			5.05
5.06	00592	OTHER ADMIN & GENERAL	2,670,164	5,748	0	30,820,215	30,820,215	5.06
6.00	00600	MAINTENANCE & REPAIRS	381,451	14,144	0	10,656,409	1,143,720	6.00
7.00	00700	OPERATION OF PLANT	308,794	505	0	5,335,365	572,629	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,455	0	969,074	104,008	8.00
9.00	00900	HOUSEKEEPING	108,986	24,592	0	4,141,250	444,468	9.00
10.00	01000	DIETARY	181,644	22,119	0	2,477,511	265,904	10.00
11.00	01100	CAFETERIA	0	0	0	1,046,125	112,277	11.00
13.00	01300	NURSING ADMINISTRATION	199,808	212	0	763,254	81,918	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90,822	20,609	0	1,540,073	165,291	14.00
15.00	01500	PHARMACY	345,123	64,715	0	1,457,031	156,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	526,766	165	0	2,888,994	310,067	16.00
17.00	01700	SOCIAL SERVICE	381,451	301	0	1,905,624	204,525	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	660	0	2,641,628	283,518	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	43	0	123,037	13,205	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,761,942	56,630	517,358	26,577,799	2,852,515	30.00
31.00	03100	INTENSIVE CARE UNIT	308,794	38,574	200,192	7,056,694	757,374	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,080	30,090	1,724,999	185,139	40.00
41.00	04100	SUBPROVIDER - IRF	272,465	10,814	68,702	4,386,827	470,825	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	54,493	6,776	20,742	1,656,140	177,749	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	454,109	386,889	900,583	15,125,575	1,623,383	50.00
51.00	05100	RECOVERY ROOM	254,301	6,738	124,995	3,039,642	326,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,657	11,788	16,745	2,326,377	249,683	52.00
53.00	05300	ANESTHESIOLOGY	0	30,128	353,499	833,094	89,413	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	417,780	77,950	1,044,488	11,875,788	1,274,593	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	18,164	37,073	81,520	951,644	102,137	54.01
54.02	05404	ULTRASOUND	108,986	6,077	147,975	1,460,204	156,719	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	199,808	24,524	669,388	4,831,518	518,552	55.00
57.00	05700	CT SCAN	145,315	15,052	784,728	2,372,825	254,668	57.00
58.00	05800	MRI	163,479	7,358	188,749	1,249,786	134,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,329	438,598	748,627	9,597,954	1,030,120	59.00
60.00	06000	LABORATORY	1,126,190	461,388	1,287,692	12,468,989	1,338,259	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	54,493	8,063	9,780	2,391,633	256,687	64.00
65.00	06500	RESPIRATORY THERAPY	145,315	33,391	207,824	3,134,506	336,417	65.00
66.00	06600	PHYSICAL THERAPY	1,126,190	16,560	277,640	7,133,806	765,650	66.00
69.00	06900	ELECTROCARDIOLOGY	217,972	21,682	255,631	2,909,945	312,316	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	127,857	777,055	83,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,064,559	294,265	13,563,534	1,455,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	505,201	14,625,553	1,569,717	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	7,393	766,290	82,244	75.01
76.00	03956	CARDIAC REHAB	127,150	811	15,859	759,044	81,466	76.00
76.01	03950	OP PSY/CDU	217,972	2,963	84,930	3,248,391	348,640	76.01
76.02	03957	RI MMS	0	12,281	13,492	1,306,872	140,263	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	90,822	357	8,474	771,521	82,805	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	16,573	58,694	1,264,049	135,667	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	493	2,637	344,812	37,008	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	454,109	58,432	751,165	8,577,445	920,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	4,553	4,427	1,121,074	120,322	92.01
93.00	04951	INFUSION	0	37,160	467,990	1,696,229	182,051	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	88	74,512	992,963	106,572	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	127,150	3,480	67,627	4,853,345	520,895	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	635,752	9,419	46,442	5,912,093	634,527	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
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Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
<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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,693,043	3,080,277	10,467,913	250,451,605	23,572,380
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	36,439	3,911
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	13,718	1,472
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	47,370	0	65,957,563	7,079,012
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	417,780	0	0	1,522,820	163,440
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,110,823	3,127,647	10,467,913	317,982,145	30,820,215

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 7:11 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<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	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	11,800,129					6.00
7.00	00700	OPERATION OF PLANT	0	5,907,994				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,073,082			8.00
9.00	00900	HOUSEKEEPING	0	53,942	0	4,639,660		9.00
10.00	01000	DIETARY	0	226,967	6,702	206,282	3,183,366	10.00
11.00	01100	CAFETERIA	0	207,682	0	188,756	1,843,511	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,894	141,565	50,702	128,664	0	14.00
15.00	01500	PHARMACY	0	52,565	0	47,775	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	126,080	0	114,590	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,797	0	10,722	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,776	0	5,250	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	7,731	0	7,027	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	858,429	1,416,878	488,746	1,287,752	929,781	30.00
31.00	03100	INTENSIVE CARE UNIT	518,543	202,772	70,867	184,293	245,463	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	10,894	0	58,997	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	34,860	177,712	72,986	161,517	158,301	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	150,334	38,435	0	34,932	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,610,096	348,648	46,838	316,875	0	50.00
51.00	05100	RECOVERY ROOM	348,601	92,066	42,352	83,676	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	169,943	116,927	0	106,271	0	52.00
53.00	05300	ANESTHESIOLOGY	773,457	9,064	2,206	8,238	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,139,488	166,070	64,067	150,936	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	91,508	10,886	0	9,894	0	54.01
54.02	05404	ULTRASOUND	283,238	10,042	0	9,127	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	122,010	0	0	0	0	55.00
57.00	05700	CT SCAN	61,005	12,775	0	11,610	0	57.00
58.00	05800	MRI	47,933	26,482	0	24,069	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	668,877	77,203	16,881	70,168	0	59.00
60.00	06000	LABORATORY	444,466	149,541	0	135,913	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,028,372	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	599,157	27,815	2,878	25,281	0	65.00
66.00	06600	PHYSICAL THERAPY	233,127	407,100	20,014	370,000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	581,727	61,807	6,016	56,174	0	69.00
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
75.01	03955	RENAL DIALYSIS (IP)	89,329	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	215,697	40,701	0	36,992	0	76.00
76.01	03950	OP PSY/CDU	0	260,603	0	236,853	0	76.01
76.02	03957	RI MMS	34,860	87,778	1,932	79,779	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	4,358	10,975	0	9,975	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,715	33,503	1,103	30,450	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	15,251	129,146	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	692,844	192,953	83,998	175,368	6,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	113,295	105,641	0	96,013	0	92.01
93.00	04951	INFUSION	80,614	0	5,173	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	100,223	134,722	6,271	122,445	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	63,273	0	57,507	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
<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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,142,145	5,245,623	1,048,729	4,601,174	3,183,366	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,526	0	25,927	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	653,626	620,026	24,353	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	4,358	13,819	0	12,559	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)	11,800,129	5,907,994	1,073,082	4,639,660	3,183,366	202.00



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 7:11 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<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	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & 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	3,398,351					11.00
13.00	01300	NURSING ADMINISTRATION	52,581	897,753				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,564	12,807	2,091,560			14.00
15.00	01500	PHARMACY	118,184	0	0	1,831,934		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,439,731	16.00
17.00	01700	SOCIAL SERVICE	56,042	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,987	4,618	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	6,117	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	778,907	256,601	0	0	170,029	30.00
31.00	03100	INTENSIVE CARE UNIT	204,514	63,016	0	0	65,793	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	70,844	21,829	0	0	9,889	40.00
41.00	04100	SUBPROVIDER - I/RF	139,266	42,912	0	0	22,579	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	34,818	10,728	0	0	6,817	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	191,973	59,152	0	0	295,975	50.00
51.00	05100	RECOVERY ROOM	88,842	27,375	0	0	41,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,335	22,905	0	0	5,503	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	116,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	124,721	0	0	0	343,269	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	9,622	0	0	0	26,791	54.01
54.02	05404	ULTRASOUND	29,191	0	0	0	48,632	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	47,087	0	0	0	219,993	55.00
57.00	05700	CT SCAN	44,842	0	0	0	257,899	57.00
58.00	05800	MRI	14,882	0	0	0	62,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	82,575	25,444	0	0	246,035	59.00
60.00	06000	LABORATORY	156,772	0	0	0	422,667	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	71,805	22,125	0	0	3,214	64.00
65.00	06500	RESPIRATORY THERAPY	65,764	20,264	0	0	68,301	65.00
66.00	06600	PHYSICAL THERAPY	87,991	51,431	0	0	91,246	66.00
69.00	06900	ELECTROCARDIOLOGY	65,582	20,208	0	0	84,013	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,091,560	0	42,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	96,710	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,831,934	166,033	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	2,430	75.01
76.00	03956	CARDIAC REHAB	20,175	6,216	0	0	5,212	76.00
76.01	03950	OP PSY/CDU	43,036	35,596	0	0	27,912	76.01
76.02	03957	RI MMS	0	0	0	0	4,434	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	2,785	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,953	0	0	0	19,290	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	867	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	257,183	80,399	0	0	246,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	33,860	10,433	0	0	1,455	92.01
93.00	04951	INFUSION	24,015	0	0	0	153,804	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	24,488	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	64,035	0	0	22,226	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	15,263	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,060,030	858,094	2,091,560	1,831,934	3,439,731
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	338,321	39,659	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	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)	3,398,351	897,753	2,091,560	1,831,934	3,439,731

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		17.00	21.00			
<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 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00591	PURCHASING					5.03
5.05 00590	BUSINESS OFFICE					5.05
5.06 00592	OTHER ADMIN & 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	2,188,710				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,955,777			22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0		157,117		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,301,550	0	1,475,070	98,281	38,492,338
31.00 03100	INTENSIVE CARE UNIT	86,541	0	209,704	19,484	9,685,058
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	2,082,591
41.00 04100	SUBPROVIDER - IRF	751,854	0	0	19,484	6,439,123
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	2,109,953
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	39,607	0	85,310	0	19,743,432
51.00 05100	RECOVERY ROOM	0	0	0	0	4,089,869
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,071,944
53.00 05300	ANESTHESIOLOGY	0	0	0	0	1,831,649
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	45,098	0	15,184,030
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	56,748	0	1,259,230
54.02 05404	ULTRASOUND	0	0	0	0	1,997,153
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	48,856	0	5,788,016
57.00 05700	CT SCAN	0	0	0	0	3,015,624
58.00 05800	MRI	0	0	0	0	1,559,320
59.00 05900	CARDIAC CATHETERIZATION	0	0	263,070	0	12,078,327
60.00 06000	LABORATORY	0	0	11,650	0	15,128,257
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	3,773,836
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	4,280,383
66.00 06600	PHYSICAL THERAPY	0	0	0	0	9,160,365
69.00 06900	ELECTROCARDIOLOGY	0	0	74,035	0	4,171,823
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,994,034
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,115,977
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,193,237
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	940,293
76.00 03956	CARDIAC REHAB	0	0	0	0	1,165,503
76.01 03950	OP PSY/CDU	0	0	0	0	4,201,031
76.02 03957	RIMMS	0	0	0	0	1,655,918
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04 03952	PAIN CLINIC	0	0	0	0	0
76.05 03953	DIABETES	0	0	0	0	882,419
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,500,730
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	527,084
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	64,264	19,868	11,318,092
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	1,602,093
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,141,886
93.00 04951	INFUSION	0	0	0	0	1,124,023
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	5,824,162

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		17.00	21.00	22.00			
99.10 09910 CORF	0	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	6,682,663	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
118.00	2,179,552	0	2,333,805	157,117	240,811,466		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	94,803		190.00
191.00 19100 RESEARCH	0	0	0	0	0		191.00
191.01 19101 SENIOR ADVAN	0	0	0	0	0		191.01
191.02 19102 CARE-A-VAN	0	0	0	0	15,190		191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	621,972	0	75,334,532		192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0		192.01
192.02 19202 MEALS ON WHEELS	0	0	0	0	0		192.02
193.00 19300 NONPAID WORKERS	9,158	0	0	0	1,726,154		193.00
200.00		0	0	0	0		200.00
201.00	0	0	0	0	0		201.00
202.00	2,188,710	0	2,955,777	157,117	317,982,145		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	01160			5.01
5.02	00550			5.02
5.03	00591			5.03
5.05	00590			5.05
5.06	00592			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02301			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	-1,475,070	37,017,268	30.00
31.00	03100	-209,704	9,475,354	31.00
32.00	03200	0	0	32.00
40.00	04000	0	2,082,591	40.00
41.00	04100	0	6,439,123	41.00
42.00	04200	0	0	42.00
43.00	04300	0	2,109,953	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	-85,310	19,658,122	50.00
51.00	05100	0	4,089,869	51.00
52.00	05200	0	3,071,944	52.00
53.00	05300	0	1,831,649	53.00
54.00	05400	-45,098	15,138,932	54.00
54.01	05401	-56,748	1,202,482	54.01
54.02	05404	0	1,997,153	54.02
55.00	05500	-48,856	5,739,160	55.00
57.00	05700	0	3,015,624	57.00
58.00	05800	0	1,559,320	58.00
59.00	05900	-263,070	11,815,257	59.00
60.00	06000	-11,650	15,116,607	60.00
60.01	06001	0	0	60.01
62.00	06200	0	0	62.00
64.00	06400	0	3,773,836	64.00
65.00	06500	0	4,280,383	65.00
66.00	06600	0	9,160,365	66.00
69.00	06900	-74,035	4,097,788	69.00
71.00	07100	0	2,994,034	71.00
72.00	07200	0	15,115,977	72.00
73.00	07300	0	18,193,237	73.00
75.01	03955	0	940,293	75.01
76.00	03956	0	1,165,503	76.00
76.01	03950	0	4,201,031	76.01
76.02	03957	0	1,655,918	76.02
76.03	03951	0	0	76.03
76.04	03952	0	0	76.04
76.05	03953	0	882,419	76.05
76.98	07698	0	1,500,730	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	0	527,084	88.00
89.00	08900	0	0	89.00
91.00	09100	-64,264	11,253,828	91.00
92.00	09200	0	0	92.00
92.01	09202	0	1,602,093	92.01
93.00	04951	0	2,141,886	93.00
93.01	04950	0	1,124,023	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	0	5,824,162	95.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	6,682,663	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			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,333,805	238,477,661	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	94,803	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	15,190	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-621,972	74,712,560	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,726,154	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-2,955,777	315,026,368	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 7:11 pm
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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	1.00			
<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	79,973	3,527	83,500
5.01	01160	COMMUNICATIONS	0	4,768	0	4,768
5.02	00550	DATA PROCESSING	0	258,904	1,992,213	2,251,117
5.03	00591	PURCHASING	0	530,805	337,834	868,639
5.05	00590	BUSINESS OFFICE	0	306,382	37,722	344,104
5.06	00592	OTHER ADMIN & GENERAL	0	1,444,900	121,586	1,566,486
6.00	00600	MAINTENANCE & REPAIRS	0	417,884	551,676	969,560
7.00	00700	OPERATION OF PLANT	0	3,756,671	277,300	4,033,971
8.00	00800	LAUNDRY & LINEN SERVICE	0	113,261	6,148	119,409
9.00	00900	HOUSEKEEPING	0	68,905	71,750	140,655
10.00	01000	DIETARY	0	289,922	29,976	319,898
11.00	01100	CAFETERIA	0	265,289	0	265,289
13.00	01300	NURSING ADMINISTRATION	0	0	100,474	100,474
14.00	01400	CENTRAL SERVICES & SUPPLY	0	180,832	53,875	234,707
15.00	01500	PHARMACY	0	67,145	101,192	168,337
16.00	01600	MEDICAL RECORDS & LIBRARY	0	161,052	7,010	168,062
17.00	01700	SOCIAL SERVICE	0	15,069	11,218	26,287
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,379	1,501	8,880
23.00	02301	PARAMED EDUCATION PROGRAM	0	9,876	727	10,603
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	1,809,885	144,896	1,954,781
31.00	03100	INTENSIVE CARE UNIT	0	259,017	166,335	425,352
32.00	03200	CORONARY CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	18,765	18,765
41.00	04100	SUBPROVIDER - IRF	0	227,005	17,264	244,269
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	49,096	16,947	66,043
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	445,355	1,666,324	2,111,679
51.00	05100	RECOVERY ROOM	0	117,604	17,512	135,116
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	149,360	93,220	242,580
53.00	05300	ANESTHESIOLOGY	0	11,579	10,424	22,003
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	282,771	717,348	1,000,119
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	13,906	15,652	29,558
54.02	05404	ULTRASOUND	0	12,827	149,805	162,632
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	592,205	592,205
57.00	05700	CT SCAN	0	16,318	162,042	178,360
58.00	05800	MRI	0	33,828	321,046	354,874
59.00	05900	CARDIAC CATHETERIZATION	0	98,618	426,366	524,984
60.00	06000	LABORATORY	0	184,777	266,158	450,935
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	4,860	4,860
65.00	06500	RESPIRATORY THERAPY	0	35,531	146,381	181,912
66.00	06600	PHYSICAL THERAPY	0	520,021	39,485	559,506
69.00	06900	ELECTROCARDIOLOGY	0	78,951	254,770	333,721
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0
76.00	03956	CARDIAC REHAB	0	51,991	12,876	64,867
76.01	03950	OP PSY/CDU	0	332,888	2,527	335,415
76.02	03957	RI MMS	0	112,126	12,183	124,309
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0
76.05	03953	DIABETES	0	14,019	399	14,418
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	42,796	9,307	52,103
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	164,968	4,353	169,321
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
91.00	09100	EMERGENCY	0	246,474	123,380	369,854
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	134,943	4,041	138,984
93.00	04951	INFUSION	0	0	5,636	5,636
93.01	04950	COMMUNITY HEALTH CENTERS	0	839,145	10,530	849,675

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	172,092	181,528	353,620	2,277	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	80,824	8,989	89,813	2,211	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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	14,517,732	9,329,283	23,847,015	66,699	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	36,439	0	36,439	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	0	0	0	0	3	191.02
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,829,978	224,984	2,054,962	16,798	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	0	1,042,823	136	1,042,959	0	193.00
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	17,426,972	9,554,403	26,981,375	83,500	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 7:11 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.05	5.06	
<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	01160	COMMUNICATIONS	4,768					5.01
5.02	00550	DATA PROCESSING	332	2,254,748				5.02
5.03	00591	PURCHASING	62	35,904	905,131			5.03
5.05	00590	BUSINESS OFFICE	191	347,068	1,073	696,564		5.05
5.06	00592	OTHER ADMIN & GENERAL	987	351,855	1,663	0	1,927,204	5.06
6.00	00600	MAINTENANCE & REPAIRS	162	50,265	4,093	0	71,515	6.00
7.00	00700	OPERATION OF PLANT	71	40,691	146	0	35,806	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4	0	4,183	0	6,503	8.00
9.00	00900	HOUSEKEEPING	33	14,361	7,117	0	27,792	9.00
10.00	01000	DIETARY	58	23,936	6,401	0	16,627	10.00
11.00	01100	CAFETERIA	0	0	0	0	7,021	11.00
13.00	01300	NURSING ADMINISTRATION	66	26,329	61	0	5,122	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17	11,968	5,964	0	10,335	14.00
15.00	01500	PHARMACY	41	45,478	18,728	0	9,778	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	212	69,414	48	0	19,388	16.00
17.00	01700	SOCIAL SERVICE	37	50,265	87	0	12,789	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4	0	191	0	17,728	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	13	0	826	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	681	232,177	16,389	34,456	178,364	30.00
31.00	03100	INTENSIVE CARE UNIT	79	40,691	11,163	13,333	47,357	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	313	2,004	11,576	40.00
41.00	04100	SUBPROVIDER - IRF	58	35,904	3,130	4,576	29,440	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	17	7,181	1,961	1,381	11,114	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	112	59,839	111,965	59,979	101,508	50.00
51.00	05100	RECOVERY ROOM	87	33,510	1,950	8,325	20,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25	9,574	3,411	1,115	15,612	52.00
53.00	05300	ANESTHESIOLOGY	4	0	8,719	23,543	5,591	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66	55,052	22,559	69,563	79,698	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	8	2,394	10,729	5,429	6,386	54.01
54.02	05404	ULTRASOUND	17	14,361	1,759	9,855	9,799	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	66	26,329	7,097	44,581	32,424	55.00
57.00	05700	CT SCAN	25	19,149	4,356	52,263	15,924	57.00
58.00	05800	MRI	25	21,542	2,129	12,571	8,387	58.00
59.00	05900	CARDIAC CATHETERIZATION	21	4,787	126,929	49,858	64,412	59.00
60.00	06000	LABORATORY	137	148,402	133,524	85,164	83,679	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	8	7,181	2,334	651	16,050	64.00
65.00	06500	RESPIRATORY THERAPY	29	19,149	9,663	13,841	21,036	65.00
66.00	06600	PHYSICAL THERAPY	120	148,402	4,792	18,491	47,875	66.00
69.00	06900	ELECTROCARDIOLOGY	66	28,723	6,275	17,025	19,529	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,515	5,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	308,078	19,598	91,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,646	98,152	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	492	5,143	75.01
76.00	03956	CARDIAC REHAB	17	16,755	235	1,056	5,094	76.00
76.01	03950	OP PSY/CDU	0	28,723	858	5,656	21,800	76.01
76.02	03957	RIMMS	50	0	3,554	899	8,770	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	17	11,968	103	564	5,178	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,796	3,909	8,483	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	17	0	143	176	2,314	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	220	59,839	16,910	50,027	57,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	1,318	295	7,524	92.01
93.00	04951	INFUSION	0	0	10,754	31,168	11,383	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	8	0	25	4,962	6,664	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	17	16,755	1,007	4,504	32,571	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	79	83,775	2,726	3,093	39,676	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
		5.01	5.02	5.03	5.05	5.06	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,353	2,199,696	891,422	696,564	1,473,945
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	245
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	SENIOR ADVAN	0	0	0	0	0
191.02	19102	CARE-A-VAN	0	0	0	0	92
192.00	19200	PHYSICIANS' PRIVATE OFFICES	199	0	13,709	0	442,702
192.01	19201	REFERENCE LAB	0	0	0	0	0
192.02	19202	MEALS ON WHEELS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	216	55,052	0	0	10,220
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	4,768	2,254,748	905,131	696,564	1,927,204

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 7:11 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<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	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	1,097,282					6.00
7.00	00700	OPERATION OF PLANT	0	4,111,220				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	130,590			8.00
9.00	00900	HOUSEKEEPING	0	37,537	0	229,410		9.00
10.00	01000	DIETARY	0	157,940	816	10,200	536,381	10.00
11.00	01100	CAFETERIA	0	144,521	0	9,333	310,623	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,013	98,512	6,170	6,362	0	14.00
15.00	01500	PHARMACY	0	36,579	0	2,362	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,736	0	5,666	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,209	0	530	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,020	0	260	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	5,380	0	347	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	79,824	985,964	59,479	63,677	156,663	30.00
31.00	03100	INTENSIVE CARE UNIT	48,219	141,104	8,624	9,112	41,359	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,013	0	7,180	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,242	123,665	8,882	7,986	26,673	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,979	26,746	0	1,727	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	149,723	242,615	5,700	15,668	0	50.00
51.00	05100	RECOVERY ROOM	32,416	64,067	5,154	4,137	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,803	81,366	0	5,255	0	52.00
53.00	05300	ANESTHESIOLOGY	71,923	6,308	269	407	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,960	115,564	7,797	7,463	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	8,509	7,575	0	489	0	54.01
54.02	05404	ULTRASOUND	26,338	6,988	0	451	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	11,346	0	0	0	0	55.00
57.00	05700	CT SCAN	5,673	8,890	0	574	0	57.00
58.00	05800	MRI	4,457	18,428	0	1,190	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,198	53,724	2,054	3,469	0	59.00
60.00	06000	LABORATORY	41,330	104,062	0	6,720	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	95,627	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	55,715	19,356	350	1,250	0	65.00
66.00	06600	PHYSICAL THERAPY	21,678	283,290	2,436	18,295	0	66.00
69.00	06900	ELECTROCARDIOLOGY	54,094	43,010	732	2,778	0	69.00
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
75.01	03955	RENAL DIALYSIS (IP)	8,307	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	20,057	28,323	0	1,829	0	76.00
76.01	03950	OP PSY/CDU	0	181,347	0	11,711	0	76.01
76.02	03957	RI MMS	3,242	61,083	235	3,945	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	405	7,637	0	493	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	810	23,314	134	1,506	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	1,418	89,869	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	64,427	134,271	10,222	8,671	1,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	10,535	73,513	0	4,747	0	92.01
93.00	04951	INFUSION	7,496	0	629	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	9,320	93,750	763	6,054	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	44,030	0	2,843	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part II  
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
<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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,036,097	3,650,293	127,626	227,507	536,381	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,851	0	1,282	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	60,780	431,460	2,964	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	405	9,616	0	621	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)	1,097,282	4,111,220	130,590	229,410	536,381	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 7:11 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<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	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & 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	737,474					11.00
13.00	01300	NURSING ADMINISTRATION	11,410	143,541				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,020	2,048	386,476			14.00
15.00	01500	PHARMACY	25,647	0	0	306,950		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	351,614	16.00
17.00	01700	SOCIAL SERVICE	12,162	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,252	738	0	0	0	22.00
23.00	02300	PARAMED EDUCATION PROGRAM	1,328	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	169,031	41,029	0	0	17,372	30.00
31.00	03100	INTENSIVE CARE UNIT	44,381	10,076	0	0	6,722	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	15,374	3,490	0	0	1,010	40.00
41.00	04100	SUBPROVIDER - I/RF	30,222	6,861	0	0	2,307	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,556	1,715	0	0	696	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	41,660	9,458	0	0	30,240	50.00
51.00	05100	RECOVERY ROOM	19,280	4,377	0	0	4,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,131	3,662	0	0	562	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	11,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,066	0	0	0	35,073	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	2,088	0	0	0	2,737	54.01
54.02	05404	ULTRASOUND	6,335	0	0	0	4,969	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	10,218	0	0	0	22,477	55.00
57.00	05700	CT SCAN	9,731	0	0	0	26,350	57.00
58.00	05800	MRI	3,230	0	0	0	6,338	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,919	4,068	0	0	25,138	59.00
60.00	06000	LABORATORY	34,021	0	0	0	43,355	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	15,582	3,538	0	0	328	64.00
65.00	06500	RESPIRATORY THERAPY	14,271	3,240	0	0	6,978	65.00
66.00	06600	PHYSICAL THERAPY	19,095	8,223	0	0	9,323	66.00
69.00	06900	ELECTROCARDIOLOGY	14,232	3,231	0	0	8,584	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	386,476	0	4,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,881	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	306,950	16,964	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	248	75.01
76.00	03956	CARDIAC REHAB	4,378	994	0	0	533	76.00
76.01	03950	OP PSY/CDU	9,339	5,691	0	0	2,852	76.01
76.02	03957	RI MMS	0	0	0	0	453	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	285	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,726	0	0	0	1,971	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	89	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	55,811	12,855	0	0	25,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	7,348	1,668	0	0	149	92.01
93.00	04951	INFUSION	5,211	0	0	0	15,715	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	2,502	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	10,238	0	0	2,271	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,559	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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To 12/31/2018

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	664,055	137,200	386,476	306,950	351,614
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,419	6,341	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	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)	737,474	143,541	386,476	306,950	351,614

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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To 12/31/2018

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Cost Center Description	INTERNS & RESIDENTS				PARAMED EDUCATION PROGRAM	Subtotal
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		APPRV	APPRV			
	17.00	21.00	22.00	23.00	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 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00591	PURCHASING					5.03
5.05 00590	BUSINESS OFFICE					5.05
5.06 00592	OTHER ADMIN & 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	111,121				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		35,339		22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0			18,590	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	66,079			4,065,526	30.00
31.00 03100	INTENSIVE CARE UNIT	4,394			854,513	31.00
32.00 03200	CORONARY CARE UNIT	0			0	32.00
40.00 04000	SUBPROVIDER - I PF	0			61,424	40.00
41.00 04100	SUBPROVIDER - I RF	38,172			566,740	41.00
42.00 04200	SUBPROVIDER	0			0	42.00
43.00 04300	NURSERY	0			140,767	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,011			2,944,831	50.00
51.00 05100	RECOVERY ROOM	0			334,105	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0			395,939	52.00
53.00 05300	ANESTHESIOLOGY	0			150,637	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0			1,528,841	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0			76,036	54.01
54.02 05404	ULTRASOUND	0			243,903	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0			747,684	55.00
57.00 05700	CT SCAN	0			321,678	57.00
58.00 05800	MRI	0			433,362	58.00
59.00 05900	CARDIAC CATHETERIZATION	0			940,632	59.00
60.00 06000	LABORATORY	0			1,133,190	60.00
60.01 06001	BLOOD LABORATORY	0			0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			0	62.00
64.00 06400	INTRAVENOUS THERAPY	0			146,684	64.00
65.00 06500	RESPIRATORY THERAPY	0			347,855	65.00
66.00 06600	PHYSICAL THERAPY	0			1,143,637	66.00
69.00 06900	ELECTROCARDIOLOGY	0			532,724	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			404,499	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0			428,582	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0			457,494	73.00
75.01 03955	RENAL DIALYSIS (1P)	0			14,190	75.01
76.00 03956	CARDIAC REHAB	0			144,405	76.00
76.01 03950	OP PSY/CDU	0			604,641	76.01
76.02 03957	RIMMS	0			207,107	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0			0	76.03
76.04 03952	PAIN CLINIC	0			0	76.04
76.05 03953	DIABETES	0			41,383	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0			98,986	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0			263,460	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
91.00 09100	EMERGENCY	0			869,583	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0			246,420	92.01
93.00 04951	INFUSION	0			88,363	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0			863,873	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0			533,147	95.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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To 12/31/2018

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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				17.00	21.00			
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				269,805	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						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,656	0	0	0	22,646,646	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				57,817	190.00
191.00	19100	RESEARCH	0				0	191.00
191.01	19101	SENIOR ADVAN	0				0	191.01
191.02	19102	CARE-A-VAN	0				95	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				3,103,334	192.00
192.01	19201	REFERENCE LAB	0				0	192.01
192.02	19202	MEALS ON WHEELS	0				0	192.02
193.00	19300	NONPAID WORKERS	465				1,119,554	193.00
200.00		Cross Foot Adjustments		0	35,339	18,590	53,929	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	111,121	0	35,339	18,590	26,981,375	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:  
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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	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & 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
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	02301	PARAMED EDUCATION PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	4,065,526	30.00
31.00	03100	INTENSIVE CARE UNIT	854,513	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - I PF	61,424	40.00
41.00	04100	SUBPROVIDER - I RF	566,740	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	140,767	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	2,944,831	50.00
51.00	05100	RECOVERY ROOM	334,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,939	52.00
53.00	05300	ANESTHESIOLOGY	150,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,841	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	76,036	54.01
54.02	05404	ULTRASOUND	243,903	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	747,684	55.00
57.00	05700	CT SCAN	321,678	57.00
58.00	05800	MRI	433,362	58.00
59.00	05900	CARDIAC CATHETERIZATION	940,632	59.00
60.00	06000	LABORATORY	1,133,190	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
64.00	06400	INTRAVENOUS THERAPY	146,684	64.00
65.00	06500	RESPIRATORY THERAPY	347,855	65.00
66.00	06600	PHYSICAL THERAPY	1,143,637	66.00
69.00	06900	ELECTROCARDIOLOGY	532,724	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	404,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	428,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	457,494	73.00
75.01	03955	RENAL DIALYSIS (IP)	14,190	75.01
76.00	03956	CARDIAC REHAB	144,405	76.00
76.01	03950	OP PSY/CDU	604,641	76.01
76.02	03957	RIMMS	207,107	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	41,383	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	98,986	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	263,460	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	869,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	246,420	92.01
93.00	04951	INFUSION	88,363	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	863,873	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	533,147	95.00

5/30/2019 7:11 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	269,805	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			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	22,646,646	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,817	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	95	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,103,334	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,119,554	193.00
200.00		Cross Foot Adjustments	0	53,929	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	26,981,375	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,975,205			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	3,313	24,687,018		4.00
5.01	01160	COMMUNICATIONS	168	0	0	1,149	5.01
5.02	00550	DATA PROCESSING	9,123	1,871,444	975,604	80	942 5.02
5.03	00591	PURCHASING	18,704	317,354	155,606	15	15 5.03
5.05	00590	BUSINESS OFFICE	10,796	35,435	1,220,547	46	145 5.05
5.06	00592	OTHER ADMIN & GENERAL	50,914	114,215	1,837,140	238	147 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	518,233	498,829	39	21 6.00
7.00	00700	OPERATION OF PLANT	132,374	260,490	158,321	17	17 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	5,775	145,142	1	0 8.00
9.00	00900	HOUSEKEEPING	2,428	67,400	566,363	8	6 9.00
10.00	01000	DIETARY	10,216	28,159	149,333	14	10 10.00
11.00	01100	CAFETERIA	9,348	0	203,241	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	94,383	23,463	16	11 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	50,609	106,307	4	5 14.00
15.00	01500	PHARMACY	2,366	95,058	0	10	19 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	6,585	321,790	51	29 16.00
17.00	01700	SOCIAL SERVICE	531	10,538	223,152	9	21 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	1,410	78,737	1	0 22.00
23.00	02301	PARAMED EDUCATION PROGRAM	348	683	27,468	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	63,775	136,112	2,826,774	164	97 30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	156,252	753,121	19	17 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	17,627	206,536	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	7,999	16,217	400,179	14	15 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,730	15,920	192,394	4	3 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,693	1,565,310	790,666	27	25 50.00
51.00	05100	RECOVERY ROOM	4,144	16,450	322,333	21	14 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	87,569	249,206	6	4 52.00
53.00	05300	ANESTHESIOLOGY	408	9,792	0	1	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	673,862	845,990	16	23 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	14,703	39,586	2	1 54.01
54.02	05404	ULTRASOUND	452	140,724	118,005	4	6 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	556,305	278,285	16	11 55.00
57.00	05700	CT SCAN	575	152,219	113,197	6	8 57.00
58.00	05800	MRI	1,192	301,584	56,356	6	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	400,519	316,667	5	2 59.00
60.00	06000	LABORATORY	6,511	250,023	550,359	33	62 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	4,565	155,372	2	3 64.00
65.00	06500	RESPIRATORY THERAPY	1,252	137,507	314,904	7	8 65.00
66.00	06600	PHYSICAL THERAPY	18,324	37,091	624,206	29	62 66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	239,326	214,090	16	12 69.00
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	526,809	0	0 73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00	03956	CARDIAC REHAB	1,832	12,095	79,014	4	7 76.00
76.01	03950	OP PSY/CDU	11,730	2,374	369,279	0	12 76.01
76.02	03957	RIMMS	3,951	11,444	167,753	12	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03953	DIABETES	494	375	93,234	4	5 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	8,743	69,162	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	5,813	4,089	33,487	4	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	8,685	115,901	776,781	53	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	3,796	100,115	0	0 92.01
93.00	04951	INFUSION	0	5,294	109,843	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	29,569	9,892	10,859	2	0 93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description	CAPITAL RELATED COSTS						
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BEN EFITS)	COMMUNICATI ONS (PHONES)	DATA PROCESSING (DEVICES)		
	1.00	2.00	4.00	5.01	5.02		
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	6,064	170,524	673,311	4	7	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	2,848	8,444	653,632	19	35	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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	511,562	8,763,732	19,722,548	1,049	919	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	0	0	801	0	0	191.02
192.00 19200	PHYSICIANS' PRIVATE OFFICES	64,483	211,345	4,963,668	48	0	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	36,746	128	1	52	23	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)	17,426,972	9,554,403	38,812,003	1,371,708	17,110,823	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.379224	1.064533	1.572162	1,193.827676	18,164.355626	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			83,500	4,768	2,254,748	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.003382	4.149695	2,393.575372	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: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B-1	
Date/Time Prepared: 5/30/2019 7:11 pm							
Cost Center Description	PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)		
	5.03	5.05	5A.06	5.06	6.00		
<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 01160	COMMUNICATIONS						5.01
5.02 00550	DATA PROCESSING						5.02
5.03 00591	PURCHASING	35,856,896					5.03
5.05 00590	BUSINESS OFFICE	42,494	1,167,726,721				5.05
5.06 00592	OTHER ADMIN & GENERAL	65,897	0	-30,820,215	287,161,930		5.06
6.00 00600	MAINTENANCE & REPAIRS	162,150	0	0	10,656,409	5,416	6.00
7.00 00700	OPERATION OF PLANT	5,790	0	0	5,335,365	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	165,719	0	0	969,074	0	8.00
9.00 00900	HOUSEKEEPING	281,930	0	0	4,141,250	0	9.00
10.00 01000	DIETARY	253,578	0	0	2,477,511	0	10.00
11.00 01100	CAFETERIA	0	0	0	1,046,125	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,430	0	0	763,254	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	236,272	0	0	1,540,073	5	14.00
15.00 01500	PHARMACY	741,923	0	0	1,457,031	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,886	0	0	2,888,994	0	16.00
17.00 01700	SOCIAL SERVICE	3,453	0	0	1,905,624	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,569	0	0	2,641,628	0	22.00
23.00 02301	PARAMED EDUCATION PROGRAM	497	0	0	123,037	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	649,230	57,715,098	0	26,577,799	394	30.00
31.00 03100	INTENSIVE CARE UNIT	442,227	22,332,861	0	7,056,694	238	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	12,381	3,356,815	0	1,724,999	5	40.00
41.00 04100	SUBPROVIDER - IRF	123,980	7,664,157	0	4,386,827	16	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	77,685	2,313,909	0	1,656,140	69	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	4,435,480	100,466,646	0	15,125,575	739	50.00
51.00 05100	RECOVERY ROOM	77,243	13,944,148	0	3,039,642	160	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	135,139	1,868,069	0	2,326,377	78	52.00
53.00 05300	ANESTHESIOLOGY	345,396	39,435,410	0	833,094	355	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	893,659	116,520,275	0	11,875,788	523	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	425,017	9,094,142	0	951,644	42	54.01
54.02 05404	ULTRASOUND	69,666	16,507,747	0	1,460,204	130	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	281,150	74,675,183	0	4,831,518	56	55.00
57.00 05700	CT SCAN	172,565	87,542,119	0	2,372,825	28	57.00
58.00 05800	MRI	84,360	21,056,351	0	1,249,786	22	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,028,295	83,514,813	0	9,597,954	307	59.00
60.00 06000	LABORATORY	5,289,565	143,605,547	0	12,468,989	204	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	92,443	1,091,043	0	2,391,633	472	64.00
65.00 06500	RESPIRATORY THERAPY	382,810	23,184,302	0	3,134,506	275	65.00
66.00 06600	PHYSICAL THERAPY	189,846	30,972,761	0	7,133,806	107	66.00
69.00 06900	ELECTROCARDIOLOGY	248,576	28,517,528	0	2,909,945	267	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,263,360	0	777,055	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,204,710	32,827,438	0	13,563,534	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	56,358,881	0	14,625,553	0	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	824,796	0	766,290	41	75.01
76.00 03956	CARDIAC REHAB	9,293	1,769,226	0	759,044	99	76.00
76.01 03950	OP PSY/CDU	33,974	9,474,609	0	3,248,391	0	76.01
76.02 03957	RI MMS	140,796	1,505,084	0	1,306,872	16	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05 03953	DIABETES	4,096	945,313	0	771,521	2	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	190,005	6,547,723	0	1,264,049	4	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	5,653	294,194	0	344,812	7	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100	EMERGENCY	669,893	83,797,931	0	8,577,445	318	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	52,200	493,861	0	1,121,074	52	92.01
93.00 04951	INFUSION	426,016	52,207,734	0	1,696,229	37	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	1,006	8,312,355	0	992,963	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	39,902	7,544,333	0	4,853,345	46	95.00
99.10 09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
101.00	10100 HOME HEALTH AGENCY	107,981	5,180,959	0	5,912,093	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						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	35,313,826	1,167,726,721	-30,820,215	219,631,390	5,114	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	36,439	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	13,718	0	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	543,070	0	0	65,957,563	300	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	1,522,820	2	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)	3,127,647	10,467,913		30,820,215	11,800,129	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.087226	0.008964		0.107327	2,178.753508	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	905,131	696,564		1,927,204	1,097,282	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.025243	0.000597		0.006711	202.600074	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: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet B-1	
Date/Time Prepared: 5/30/2019 7:11 pm							
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<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	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	265,925				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	218,864			8.00
9.00	00900	HOUSEKEEPING	2,428	0	229,776		9.00
10.00	01000	DIETARY	10,216	1,367	10,216	1,201,706	10.00
11.00	01100	CAFETERIA	9,348	0	9,348	695,917	2,146,020
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	33,204
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	10,341	6,372	0	26,247
15.00	01500	PHARMACY	2,366	0	2,366	0	74,632
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	0	5,675	0	0
17.00	01700	SOCIAL SERVICE	531	0	531	0	35,390
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	0	260	0	9,464
23.00	02301	PARAMED EDUCATION PROGRAM	348	0	348	0	3,863
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	63,775	99,684	63,775	350,988	491,872
31.00	03100	INTENSIVE CARE UNIT	9,127	14,454	9,127	92,661	129,148
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	12,033	0	0	44,737
41.00	04100	SUBPROVIDER - IRF	7,999	14,886	7,999	59,758	87,945
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,730	0	1,730	0	21,987
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,693	9,553	15,693	0	121,229
51.00	05100	RECOVERY ROOM	4,144	8,638	4,144	0	56,103
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	0	5,263	0	46,942
53.00	05300	ANESTHESIOLOGY	408	450	408	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,475	13,067	7,475	0	78,760
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	0	490	0	6,076
54.02	05404	ULTRASOUND	452	0	452	0	18,434
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	29,735
57.00	05700	CT SCAN	575	0	575	0	28,317
58.00	05800	MRI	1,192	0	1,192	0	9,398
59.00	05900	CARDIAC CATHETERIZATION	3,475	3,443	3,475	0	52,145
60.00	06000	LABORATORY	6,731	0	6,731	0	99,000
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	45,344
65.00	06500	RESPIRATORY THERAPY	1,252	587	1,252	0	41,529
66.00	06600	PHYSICAL THERAPY	18,324	4,082	18,324	0	55,565
69.00	06900	ELECTROCARDIOLOGY	2,782	1,227	2,782	0	41,414
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0
76.00	03956	CARDIAC REHAB	1,832	0	1,832	0	12,740
76.01	03950	OP PSY/CDU	11,730	0	11,730	0	27,177
76.02	03957	RI MMS	3,951	394	3,951	0	0
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0	0
76.05	03953	DIABETES	494	0	494	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	225	1,508	0	5,022
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	5,813	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	8,685	17,132	8,685	2,382	162,408
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	0	4,755	0	21,382
93.00	04951	INFUSION	0	1,055	0	0	15,165
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	6,064	1,279	6,064	0	0
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	2,848	0	2,848	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						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	236,111	213,897	227,870	1,201,706	1,932,374	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	1,284	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	27,908	4,967	0	0	213,646	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	622	0	622	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)	5,907,994	1,073,082	4,639,660	3,183,366	3,398,351	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.216768	4.902963	20.192100	2.649039	1.583560	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,111,220	130,590	229,410	536,381	737,474	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	15.460073	0.596672	0.998407	0.446350	0.343647	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

Provi der CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	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	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & 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	1,839,885					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,247	100				14.00
15.00	01500	PHARMACY	0	0	14,605,251			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,167,726,721		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	9,560	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,464	0	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	525,888	0	0	57,715,098	5,685	30.00
31.00	03100	INTENSIVE CARE UNIT	129,148	0	0	22,332,861	378	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	44,737	0	0	3,356,815	0	40.00
41.00	04100	SUBPROVIDER - I RF	87,945	0	0	7,664,157	3,284	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	21,987	0	0	2,313,909	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	121,229	0	0	100,466,646	173	50.00
51.00	05100	RECOVERY ROOM	56,103	0	0	13,944,148	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,942	0	0	1,868,069	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	39,435,410	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	116,520,275	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,094,142	0	54.01
54.02	05404	ULTRASOUND	0	0	0	16,507,747	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	74,675,183	0	55.00
57.00	05700	CT SCAN	0	0	0	87,542,119	0	57.00
58.00	05800	MRI	0	0	0	21,056,351	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,145	0	0	83,514,813	0	59.00
60.00	06000	LABORATORY	0	0	0	143,605,547	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	45,344	0	0	1,091,043	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,529	0	0	23,184,302	0	65.00
66.00	06600	PHYSICAL THERAPY	105,405	0	0	30,972,761	0	66.00
69.00	06900	ELECTROCARDIOLOGY	41,414	0	0	28,517,528	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	100	0	14,263,360	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,827,438	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,605,251	56,358,881	0	73.00
75.01	03955	RENAL DIALYSIS (1P)	0	0	0	824,796	0	75.01
76.00	03956	CARDIAC REHAB	12,740	0	0	1,769,226	0	76.00
76.01	03950	OP PSY/CDU	72,951	0	0	9,474,609	0	76.01
76.02	03957	RIMMS	0	0	0	1,505,084	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	945,313	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,547,723	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	294,194	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	164,772	0	0	83,797,931	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	21,382	0	0	493,861	0	92.01
93.00	04951	INFUSION	0	0	0	52,207,734	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	8,312,355	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	131,235	0	0	7,544,333	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,180,959	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,758,607	100	14,605,251	1,167,726,721	9,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	81,278	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	40	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)	897,753	2,091,560	1,831,934	3,439,731	2,188,710	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.487940	20,915.600000	0.125430	0.002946	228.944561	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	143,541	386,476	306,950	351,614	111,121	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.078016	3,864.760000	0.021016	0.000301	11.623536	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: 14-0186

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
<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 01160	COMMUNICATIONS				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00591	PURCHASING				5.03
5.05 00590	BUSINESS OFFICE				5.05
5.06 00592	OTHER ADMIN & 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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		7,865		22.00
23.00 02301	PARAMED EDUCATION PROGRAM			1,637	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	3,925	1,024	30.00
31.00 03100	INTENSIVE CARE UNIT	0	558	203	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	203	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	227	0	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	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	120	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	151	0	54.01
54.02 05404	ULTRASOUND	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	130	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	700	0	59.00
60.00 06000	LABORATORY	0	31	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	197	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
<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
91.00 09100	EMERGENCY	0	171	207	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 7:11 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	21.00	22.00	23.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,210	1,637	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,655	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	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	2,955,777	157,117	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	375.813986	95.978619	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	35,339	18,590	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.493198	11.356139	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	37,017,268		37,017,268	0	37,017,268	30.00
31.00	03100 INTENSIVE CARE UNIT	9,475,354		9,475,354	1,222	9,476,576	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - IPF	2,082,591		2,082,591	0	2,082,591	40.00
41.00	04100 SUBPROVIDER - IRF	6,439,123		6,439,123	0	6,439,123	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,109,953		2,109,953	0	2,109,953	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	19,658,122		19,658,122	0	19,658,122	50.00
51.00	05100 RECOVERY ROOM	4,089,869		4,089,869	0	4,089,869	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,071,944		3,071,944	0	3,071,944	52.00
53.00	05300 ANESTHESIOLOGY	1,831,649		1,831,649	0	1,831,649	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,138,932		15,138,932	0	15,138,932	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	1,202,482		1,202,482	0	1,202,482	54.01
54.02	05404 ULTRASOUND	1,997,153		1,997,153	0	1,997,153	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,739,160		5,739,160	0	5,739,160	55.00
57.00	05700 CT SCAN	3,015,624		3,015,624	0	3,015,624	57.00
58.00	05800 MRI	1,559,320		1,559,320	0	1,559,320	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,815,257		11,815,257	73,640	11,888,897	59.00
60.00	06000 LABORATORY	15,116,607		15,116,607	0	15,116,607	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3,773,836		3,773,836	0	3,773,836	64.00
65.00	06500 RESPIRATORY THERAPY	4,280,383	0	4,280,383	0	4,280,383	65.00
66.00	06600 PHYSICAL THERAPY	9,160,365	0	9,160,365	0	9,160,365	66.00
69.00	06900 ELECTROCARDIOLOGY	4,097,788		4,097,788	0	4,097,788	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,994,034		2,994,034	0	2,994,034	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,115,977		15,115,977	0	15,115,977	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,193,237		18,193,237	0	18,193,237	73.00
75.01	03955 RENAL DIALYSIS (IP)	940,293		940,293	0	940,293	75.01
76.00	03956 CARDIAC REHAB	1,165,503		1,165,503	0	1,165,503	76.00
76.01	03950 OP PSY/CDU	4,201,031		4,201,031	0	4,201,031	76.01
76.02	03957 RIMMS	1,655,918		1,655,918	0	1,655,918	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03952 PAIN CLINIC	0		0	0	0	76.04
76.05	03953 DIABETES	882,419		882,419	0	882,419	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,500,730		1,500,730	4,544	1,505,274	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	527,084		527,084	0	527,084	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	11,253,828		11,253,828	0	11,253,828	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,135,160		1,135,160	0	1,135,160	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,602,093		1,602,093	0	1,602,093	92.01
93.00	04951 INFUSION	2,141,886		2,141,886	0	2,141,886	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	1,124,023		1,124,023	0	1,124,023	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	5,824,162		5,824,162	0	5,824,162	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	6,682,663		6,682,663	0	6,682,663	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	0		0	0	0	113.00
200.00	Subtotal (see instructions)	239,612,821	0	239,612,821	79,406	239,692,227	200.00
201.00	Less Observation Beds	1,135,160		1,135,160	0	1,135,160	201.00
202.00	Total (see instructions)	238,477,661	0	238,477,661	79,406	238,557,067	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 7:11 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	57,423,072		57,423,072			30.00	
31.00	03100	INTENSIVE CARE UNIT	22,332,861		22,332,861			31.00	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
40.00	04000	SUBPROVIDER - I/PF	3,356,815		3,356,815			40.00	
41.00	04100	SUBPROVIDER - I/RP	7,664,157		7,664,157			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	2,313,909		2,313,909			43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	48,358,370	52,108,276	100,466,646	0.195668	0.000000	50.00	
51.00	05100	RECOVERY ROOM	4,907,632	9,036,516	13,944,148	0.293304	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	404,320	1,463,749	1,868,069	1.644449	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	21,185,529	18,249,881	39,435,410	0.046447	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,666,841	107,853,434	116,520,275	0.129925	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,796,881	7,297,261	9,094,142	0.132226	0.000000	54.01	
54.02	05402	ULTRASOUND	4,136,887	12,370,860	16,507,747	0.120983	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	408,391	74,266,792	74,675,183	0.076855	0.000000	55.00	
57.00	05700	CT SCAN	31,557,818	55,984,301	87,542,119	0.034448	0.000000	57.00	
58.00	05800	MRI	5,494,171	15,562,180	21,056,351	0.074055	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	30,592,617	52,922,196	83,514,813	0.141475	0.000000	59.00	
60.00	06000	LABORATORY	48,130,329	95,475,218	143,605,547	0.105265	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00	
64.00	06400	INTRAVENOUS THERAPY	937,952	153,091	1,091,043	3.458925	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	16,040,332	7,143,970	23,184,302	0.184624	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	18,025,317	12,947,444	30,972,761	0.295756	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	9,041,951	19,475,577	28,517,528	0.143694	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,128,219	8,135,141	14,263,360	0.209911	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,605,511	17,221,927	32,827,438	0.460468	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	43,117,317	13,241,564	56,358,881	0.322810	0.000000	73.00	
75.01	03955	RENAL DIALYSIS (IP)	783,368	41,428	824,796	1.140031	0.000000	75.01	
76.00	03956	CARDIAC REHAB	416,349	1,352,877	1,769,226	0.658764	0.000000	76.00	
76.01	03950	OP PSY/CDU	7,672	9,466,937	9,474,609	0.443399	0.000000	76.01	
76.02	03957	RIMMS	0	1,505,084	1,505,084	1.100216	0.000000	76.02	
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000	76.03	
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000	76.04	
76.05	03953	DIABETES	386	944,927	945,313	0.933468	0.000000	76.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,415,886	5,131,837	6,547,723	0.229199	0.000000	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	294,194	294,194			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
91.00	09100	EMERGENCY	26,227,622	57,570,309	83,797,931	0.134297	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,489	289,537	292,026	3.887188	0.000000	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	8,645	485,216	493,861	3.244016	0.000000	92.01	
93.00	04951	INFUSION	183,951	52,023,783	52,207,734	0.041026	0.000000	93.00	
93.01	04950	COMMUNITY HEALTH CENTERS	0	8,312,355	8,312,355	0.135223	0.000000	93.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	135,636	7,408,697	7,544,333	0.771992	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
101.00	10100	HOME HEALTH AGENCY	0	5,180,959	5,180,959			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	
200.00		Subtotal (see instructions)	436,809,203	730,917,518	1,167,726,721			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	436,809,203	730,917,518	1,167,726,721			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 7:11 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
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
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.195668		50.00
51.00	05100 RECOVERY ROOM	0.293304		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.644449		52.00
53.00	05300 ANESTHESIOLOGY	0.046447		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129925		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.132226		54.01
54.02	05404 ULTRASOUND	0.120983		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.076855		55.00
57.00	05700 CT SCAN	0.034448		57.00
58.00	05800 MRI	0.074055		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142357		59.00
60.00	06000 LABORATORY	0.105265		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	3.458925		64.00
65.00	06500 RESPIRATORY THERAPY	0.184624		65.00
66.00	06600 PHYSICAL THERAPY	0.295756		66.00
69.00	06900 ELECTROCARDIOLOGY	0.143694		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.209911		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.460468		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.322810		73.00
75.01	03955 RENAL DIALYSIS (IP)	1.140031		75.01
76.00	03956 CARDIAC REHAB	0.658764		76.00
76.01	03950 OP PSY/CDU	0.443399		76.01
76.02	03957 RIMMS	1.100216		76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952 PAIN CLINIC	0.000000		76.04
76.05	03953 DIABETES	0.933468		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.229893		76.98
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.134297		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3.887188		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	3.244016		92.01
93.00	04951 INFUSION	0.041026		93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.135223		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.771992		95.00
99.10	09910 CORF			99.10
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
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: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 7:11 pm	
		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		37,017,268		0	37,017,268	30.00
31.00	03100 INTENSIVE CARE UNIT		9,475,354		1,222	9,476,576	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
40.00	04000 SUBPROVIDER - IPF		2,082,591		0	2,082,591	40.00
41.00	04100 SUBPROVIDER - IRF		6,439,123		0	6,439,123	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		2,109,953		0	2,109,953	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		19,658,122		0	19,658,122	50.00
51.00	05100 RECOVERY ROOM		4,089,869		0	4,089,869	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,071,944		0	3,071,944	52.00
53.00	05300 ANESTHESIOLOGY		1,831,649		0	1,831,649	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,138,932		0	15,138,932	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC		1,202,482		0	1,202,482	54.01
54.02	05404 ULTRASOUND		1,997,153		0	1,997,153	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		5,739,160		0	5,739,160	55.00
57.00	05700 CT SCAN		3,015,624		0	3,015,624	57.00
58.00	05800 MRI		1,559,320		0	1,559,320	58.00
59.00	05900 CARDIAC CATHETERIZATION		11,815,257		73,640	11,888,897	59.00
60.00	06000 LABORATORY		15,116,607		0	15,116,607	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0		0	0	62.00
64.00	06400 INTRAVENOUS THERAPY		3,773,836		0	3,773,836	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,280,383		0	4,280,383	65.00
66.00	06600 PHYSICAL THERAPY	0	9,160,365		0	9,160,365	66.00
69.00	06900 ELECTROCARDIOLOGY		4,097,788		0	4,097,788	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,994,034		0	2,994,034	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,115,977		0	15,115,977	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		18,193,237		0	18,193,237	73.00
75.01	03955 RENAL DIALYSIS (IP)		940,293		0	940,293	75.01
76.00	03956 CARDIAC REHAB		1,165,503		0	1,165,503	76.00
76.01	03950 OP PSY/CDU		4,201,031		0	4,201,031	76.01
76.02	03957 RIMMS		1,655,918		0	1,655,918	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS		0		0	0	76.03
76.04	03952 PAIN CLINIC		0		0	0	76.04
76.05	03953 DIABETES		882,419		0	882,419	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,500,730		4,544	1,505,274	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		527,084		0	527,084	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
91.00	09100 EMERGENCY		11,253,828		0	11,253,828	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,135,160		0	1,135,160	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)		1,602,093		0	1,602,093	92.01
93.00	04951 INFUSION		2,141,886		0	2,141,886	93.00
93.01	04950 COMMUNITY HEALTH CENTERS		1,124,023		0	1,124,023	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		5,824,162		0	5,824,162	95.00
99.10	09910 CORF		0		0	0	99.10
101.00	10100 HOME HEALTH AGENCY		6,682,663		0	6,682,663	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
200.00	Subtotal (see instructions)		239,612,821	0	79,406	239,692,227	200.00
201.00	Less Observation Beds		1,135,160			1,135,160	201.00
202.00	Total (see instructions)		238,477,661	0	79,406	238,557,067	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 7:11 pm
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		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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	57,423,072		57,423,072		30.00
31.00	03100	INTENSIVE CARE UNIT	22,332,861		22,332,861		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - I/PF	3,356,815		3,356,815		40.00
41.00	04100	SUBPROVIDER - I/RP	7,664,157		7,664,157		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,313,909		2,313,909		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	48,358,370	52,108,276	100,466,646	0.195668	50.00
51.00	05100	RECOVERY ROOM	4,907,632	9,036,516	13,944,148	0.293304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	404,320	1,463,749	1,868,069	1.644449	52.00
53.00	05300	ANESTHESIOLOGY	21,185,529	18,249,881	39,435,410	0.046447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,666,841	107,853,434	116,520,275	0.129925	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,796,881	7,297,261	9,094,142	0.132226	54.01
54.02	05402	ULTRASOUND	4,136,887	12,370,860	16,507,747	0.120983	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	408,391	74,266,792	74,675,183	0.076855	55.00
57.00	05700	CT SCAN	31,557,818	55,984,301	87,542,119	0.034448	57.00
58.00	05800	MRI	5,494,171	15,562,180	21,056,351	0.074055	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,592,617	52,922,196	83,514,813	0.141475	59.00
60.00	06000	LABORATORY	48,130,329	95,475,218	143,605,547	0.105265	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	937,952	153,091	1,091,043	3.458925	64.00
65.00	06500	RESPIRATORY THERAPY	16,040,332	7,143,970	23,184,302	0.184624	65.00
66.00	06600	PHYSICAL THERAPY	18,025,317	12,947,444	30,972,761	0.295756	66.00
69.00	06900	ELECTROCARDIOLOGY	9,041,951	19,475,577	28,517,528	0.143694	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,128,219	8,135,141	14,263,360	0.209911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,605,511	17,221,927	32,827,438	0.460468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,117,317	13,241,564	56,358,881	0.322810	73.00
75.01	03955	RENAL DIALYSIS (IP)	783,368	41,428	824,796	1.140031	75.01
76.00	03956	CARDIAC REHAB	416,349	1,352,877	1,769,226	0.658764	76.00
76.01	03950	OP PSY/CDU	7,672	9,466,937	9,474,609	0.443399	76.01
76.02	03957	RIMMS	0	1,505,084	1,505,084	1.100216	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	386	944,927	945,313	0.933468	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,415,886	5,131,837	6,547,723	0.229199	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	294,194	294,194	1.791620	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	26,227,622	57,570,309	83,797,931	0.134297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,489	289,537	292,026	3.887188	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	8,645	485,216	493,861	3.244016	92.01
93.00	04951	INFUSION	183,951	52,023,783	52,207,734	0.041026	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	8,312,355	8,312,355	0.135223	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	135,636	7,408,697	7,544,333	0.771992	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,180,959	5,180,959		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
200.00		Subtotal (see instructions)	436,809,203	730,917,518	1,167,726,721		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	436,809,203	730,917,518	1,167,726,721		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 7:11 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		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
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
<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
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	05404	ULTRASOUND	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
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
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
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
75.01	03955	RENAL DIALYSIS (IP)	0.000000		75.01
76.00	03956	CARDIAC REHAB	0.000000		76.00
76.01	03950	OP PSY/CDU	0.000000		76.01
76.02	03957	RIMMS	0.000000		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952	PAIN CLINIC	0.000000		76.04
76.05	03953	DIABETES	0.000000		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
<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
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	INFUSION	0.000000		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000		93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
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
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: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 7:11 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,065,526	0	4,065,526	47,871	84.93	30.00	
31.00	INTENSIVE CARE UNIT	854,513		854,513	3,991	214.11	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
40.00	SUBPROVIDER - IPF	61,424	0	61,424	2,728	22.52	40.00	
41.00	SUBPROVIDER - IRF	566,740	0	566,740	8,728	64.93	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	140,767		140,767	2,292	61.42	43.00	
200.00	Total (lines 30 through 199)	5,688,970		5,688,970	65,610		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	17,902	1,520,417					30.00
31.00	INTENSIVE CARE UNIT	2,101	449,845					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
40.00	SUBPROVIDER - IPF	2,100	47,292					40.00
41.00	SUBPROVIDER - IRF	6,719	436,265					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	28,822	2,453,819					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/30/2019 7:11 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,944,831	100,466,646	0.029312	25,953,744	760,756	50.00
51.00	05100	RECOVERY ROOM	334,105	13,944,148	0.023960	2,091,673	50,116	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,939	1,868,069	0.211951	4,798	1,017	52.00
53.00	05300	ANESTHESIOLOGY	150,637	39,435,410	0.003820	8,962,785	34,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,841	116,520,275	0.013121	5,026,222	65,949	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	76,036	9,094,142	0.008361	1,030,011	8,612	54.01
54.02	05404	ULTRASOUND	243,903	16,507,747	0.014775	2,022,256	29,879	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	747,684	74,675,183	0.010012	275,106	2,754	55.00
57.00	05700	CT SCAN	321,678	87,542,119	0.003675	15,201,158	55,864	57.00
58.00	05800	MRI	433,362	21,056,351	0.020581	2,545,134	52,381	58.00
59.00	05900	CARDIAC CATHETERIZATION	940,632	83,514,813	0.011263	19,611,764	220,887	59.00
60.00	06000	LABORATORY	1,133,190	143,605,547	0.007891	22,113,254	174,496	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	146,684	1,091,043	0.134444	464,988	62,515	64.00
65.00	06500	RESPIRATORY THERAPY	347,855	23,184,302	0.015004	8,461,517	126,957	65.00
66.00	06600	PHYSICAL THERAPY	1,143,637	30,972,761	0.036924	3,531,692	130,404	66.00
69.00	06900	ELECTROCARDIOLOGY	532,724	28,517,528	0.018681	4,951,818	92,505	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	404,499	14,263,360	0.028359	3,504,088	99,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	428,582	32,827,438	0.013056	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	457,494	56,358,881	0.008118	19,302,028	156,694	73.00
75.01	03955	RENAL DIALYSIS (IP)	14,190	824,796	0.017204	387,134	6,660	75.01
76.00	03956	CARDIAC REHAB	144,405	1,769,226	0.081620	220,756	18,018	76.00
76.01	03950	OP PSY/CDU	604,641	9,474,609	0.063817	2,736	175	76.01
76.02	03957	RIMMS	207,107	1,505,084	0.137605	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	41,383	945,313	0.043777	386	17	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	98,986	6,547,723	0.015118	768,625	11,620	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	263,460	294,194	0.895532	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	869,583	83,797,931	0.010377	12,611,245	130,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	124,672	292,026	0.426921	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	246,420	493,861	0.498966	8,645	4,314	92.01
93.00	04951	INFUSION	88,363	52,207,734	0.001693	82,396	139	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	863,873	8,312,355	0.103926	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,279,396	1,061,910,615		159,135,959	2,297,206	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 7:11 pm
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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	98,281	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	19,484	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	19,484	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
200.00		Total (lines 30 through 199)	0	0	0	137,249	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	98,281	47,871	2.05	17,902	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,484	3,991	4.88	2,101	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,728	0.00	2,100	40.00
41.00	04100	SUBPROVIDER - IRF	0	19,484	8,728	2.23	6,719	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	2,292	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	137,249	65,610		28,822	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	36,699					30.00
31.00	03100	INTENSIVE CARE UNIT	10,253					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	14,983					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	61,935					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
<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
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957	RI MMS	0	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<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
91.00	09100	EMERGENCY	0	0	0	0	19,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	3,014	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	22,882	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Educational Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	100,466,646	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,944,148	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,868,069	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	39,435,410	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	116,520,275	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,094,142	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	16,507,747	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	74,675,183	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	87,542,119	0.000000	57.00
58.00	05800	MRI	0	0	0	21,056,351	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	83,514,813	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	143,605,547	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,091,043	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,184,302	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,972,761	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,517,528	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,263,360	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,827,438	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	56,358,881	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	824,796	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	0	1,769,226	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	0	9,474,609	0.000000	76.01
76.02	03957	RIMMS	0	0	0	1,505,084	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	0	945,313	0.000000	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	6,547,723	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	294,194	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	19,868	19,868	83,797,931	0.000237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,014	3,014	292,026	0.010321	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	0	0	0	493,861	0.000000	92.01
93.00	04951	INFUSION	0	0	0	52,207,734	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	8,312,355	0.000000	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	22,882	22,882	1,061,910,615		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	25,953,744	0	20,115,372	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,091,673	0	2,917,209	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	4,798	0	1,229	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	8,962,785	0	5,604,311	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,026,222	0	41,345,573	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	1,030,011	0	3,877,874	0	54.01
54.02	05404 ULTRASOUND	0.000000	2,022,256	0	3,255,377	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	275,106	0	38,855,627	0	55.00
57.00	05700 CT SCAN	0.000000	15,201,158	0	16,536,890	0	57.00
58.00	05800 MRI	0.000000	2,545,134	0	4,887,477	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	19,611,764	0	36,371,067	0	59.00
60.00	06000 LABORATORY	0.000000	22,113,254	0	10,652,325	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	464,988	0	74,480	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	8,461,517	0	2,693,305	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,531,692	0	304,926	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,951,818	0	8,289,481	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,504,088	0	4,248,614	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	19,302,028	0	4,538,367	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0.000000	387,134	0	20,782	0	75.01
76.00	03956 CARDIAC REHAB	0.000000	220,756	0	762,080	0	76.00
76.01	03950 OP PSY/CDU	0.000000	2,736	0	291,710	0	76.01
76.02	03957 RIMMS	0.000000	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953 DIABETES	0.000000	386	0	244,294	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	768,625	0	2,598,465	0	76.98
<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
91.00	09100 EMERGENCY	0.000237	12,611,245	2,989	15,929,820	3,775	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.010321	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	0.000000	8,645	0	485,216	0	92.01
93.00	04951 INFUSION	0.000000	82,396	0	26,898,958	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		159,135,959	2,989	251,800,829	3,775	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 7:11 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.195668	20,115,372	0	0	3,935,935 50.00
51.00 05100 RECOVERY ROOM	0.293304	2,917,209	0	0	855,629 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.644449	1,229	0	0	2,021 52.00
53.00 05300 ANESTHESIOLOGY	0.046447	5,604,311	0	0	260,303 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.129925	41,345,573	0	0	5,371,824 54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.132226	3,877,874	0	0	512,756 54.01
54.02 05404 ULTRASOUND	0.120983	3,255,377	0	0	393,845 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.076855	38,855,627	0	0	2,986,249 55.00
57.00 05700 CT SCAN	0.034448	16,536,890	0	0	569,663 57.00
58.00 05800 MRI	0.074055	4,887,477	0	0	361,942 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.141475	36,371,067	0	0	5,145,597 59.00
60.00 06000 LABORATORY	0.105265	10,652,325	0	0	1,121,317 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
64.00 06400 INTRAVENOUS THERAPY	3.458925	74,480	0	0	257,621 64.00
65.00 06500 RESPIRATORY THERAPY	0.184624	2,693,305	0	0	497,249 65.00
66.00 06600 PHYSICAL THERAPY	0.295756	304,926	0	0	90,184 66.00
69.00 06900 ELECTROCARDIOLOGY	0.143694	8,289,481	0	0	1,191,149 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.209911	4,248,614	0	0	891,831 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.460468	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.322810	4,538,367	397	20,387	1,465,030 73.00
75.01 03955 RENAL DIALYSIS (IP)	1.140031	20,782	0	0	23,692 75.01
76.00 03956 CARDIAC REHAB	0.658764	762,080	0	0	502,031 76.00
76.01 03950 OP PSY/CDU	0.443399	291,710	0	0	129,344 76.01
76.02 03957 RI MMS	1.100216	0	0	0	0 76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0 76.03
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0 76.04
76.05 03953 DIABETES	0.933468	244,294	0	0	228,041 76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.229199	2,598,465	0	0	595,566 76.98
<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
91.00 09100 EMERGENCY	0.134297	15,929,820	0	348	2,139,327 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3.887188	0	0	0	0 92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	3.244016	485,216	0	0	1,574,048 92.01
93.00 04951 INFUSION	0.041026	26,898,958	0	0	1,103,557 93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0.135223	0	0	0	0 93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.771992		0		0 95.00
200.00 Subtotal (see instructions)		251,800,829	397	20,735	32,205,751 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00 Net Charges (line 200 - line 201)		251,800,829	397	20,735	32,205,751 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 7:11 pm
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
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	128	6,581		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<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
91.00 09100 EMERGENCY	0	47		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 INFUSION	0	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	128	6,628		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	128	6,628		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 7:11 pm	
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	2,944,831	100,466,646	0.029312	0	50.00
51.00	05100	RECOVERY ROOM	334,105	13,944,148	0.023960	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,939	1,868,069	0.211951	0	52.00
53.00	05300	ANESTHESIOLOGY	150,637	39,435,410	0.003820	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,841	116,520,275	0.013121	20,879	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	76,036	9,094,142	0.008361	2,791	54.01
54.02	05404	ULTRASOUND	243,903	16,507,747	0.014775	10,825	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	747,684	74,675,183	0.010012	0	55.00
57.00	05700	CT SCAN	321,678	87,542,119	0.003675	128,545	57.00
58.00	05800	MRI	433,362	21,056,351	0.020581	9,841	58.00
59.00	05900	CARDIAC CATHETERIZATION	940,632	83,514,813	0.011263	0	59.00
60.00	06000	LABORATORY	1,133,190	143,605,547	0.007891	476,335	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	146,684	1,091,043	0.134444	524	64.00
65.00	06500	RESPIRATORY THERAPY	347,855	23,184,302	0.015004	60,051	65.00
66.00	06600	PHYSICAL THERAPY	1,143,637	30,972,761	0.036924	62,641	66.00
69.00	06900	ELECTROCARDIOLOGY	532,724	28,517,528	0.018681	49,142	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	404,499	14,263,360	0.028359	3,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	428,582	32,827,438	0.013056	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	457,494	56,358,881	0.008118	362,527	73.00
75.01	03955	RENAL DIALYSIS (IP)	14,190	824,796	0.017204	1,130	75.01
76.00	03956	CARDIAC REHAB	144,405	1,769,226	0.081620	0	76.00
76.01	03950	OP PSY/CDU	604,641	9,474,609	0.063817	4,936	76.01
76.02	03957	RI MMS	207,107	1,505,084	0.137605	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	76.04
76.05	03953	DIABETES	41,383	945,313	0.043777	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	98,986	6,547,723	0.015118	20,126	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	263,460	294,194	0.895532	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
91.00	09100	EMERGENCY	869,583	83,797,931	0.010377	31,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	292,026	0.000000	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	246,420	493,861	0.498966	0	92.01
93.00	04951	INFUSION	88,363	52,207,734	0.001693	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	863,873	8,312,355	0.103926	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	16,154,724	1,061,910,615		1,245,671	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<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
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<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
91.00	09100 EMERGENCY	0	0	0	0	19,868	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	19,868	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	100,466,646	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	13,944,148	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,868,069	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	39,435,410	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	116,520,275	0.000000	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,094,142	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	16,507,747	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	74,675,183	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	87,542,119	0.000000	57.00
58.00 05800 MRI	0	0	0	21,056,351	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	83,514,813	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	143,605,547	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	1,091,043	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,184,302	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,972,761	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	28,517,528	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,263,360	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,827,438	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	56,358,881	0.000000	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	824,796	0.000000	75.01
76.00 03956 CARDIAC REHAB	0	0	0	1,769,226	0.000000	76.00
76.01 03950 OP PSY/CDU	0	0	0	9,474,609	0.000000	76.01
76.02 03957 RIMMS	0	0	0	1,505,084	0.000000	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05 03953 DIABETES	0	0	0	945,313	0.000000	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	6,547,723	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	294,194	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00 09100 EMERGENCY	0	19,868	19,868	83,797,931	0.000237	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	292,026	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	493,861	0.000000	92.01
93.00 04951 INFUSION	0	0	0	52,207,734	0.000000	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	8,312,355	0.000000	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	19,868	19,868	1,061,910,615		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
<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	20,879	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	2,791	0	0	0	54.01
54.02 05404 ULTRASOUND	0.000000	10,825	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00 05700 CT SCAN	0.000000	128,545	0	0	0	57.00
58.00 05800 MRI	0.000000	9,841	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	476,335	0	1,616	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	524	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	60,051	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	62,641	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	49,142	0	371	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,580	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	362,527	0	0	0	73.00
75.01 03955 RENAL DIALYSIS (IP)	0.000000	1,130	0	0	0	75.01
76.00 03956 CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.01 03950 OP PSY/CDU	0.000000	4,936	0	0	0	76.01
76.02 03957 RIMMS	0.000000	0	0	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05 03953 DIABETES	0.000000	0	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	20,126	0	0	0	76.98
<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
91.00 09100 EMERGENCY	0.000237	31,798	8	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00 04951 INFUSION	0.000000	0	0	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		1,245,671	8	1,987	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 7:11 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.195668	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.293304	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.644449	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.046447	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.129925	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.132226	0	0	0	0	54.01
54.02 05404 ULTRASOUND	0.120983	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.076855	0	0	0	0	55.00
57.00 05700 CT SCAN	0.034448	0	0	0	0	57.00
58.00 05800 MRI	0.074055	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.141475	0	0	0	0	59.00
60.00 06000 LABORATORY	0.105265	1,616	0	0	170	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	3.458925	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.184624	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.295756	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.143694	371	0	0	53	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.209911	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.460468	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.322810	0	0	0	0	73.00
75.01 03955 RENAL DIALYSIS (IP)	1.140031	0	0	0	0	75.01
76.00 03956 CARDIAC REHAB	0.658764	0	0	0	0	76.00
76.01 03950 OP PSY/CDU	0.443399	0	0	0	0	76.01
76.02 03957 RIMMS	1.100216	0	0	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05 03953 DIABETES	0.933468	0	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.229199	0	0	0	0	76.98
<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
91.00 09100 EMERGENCY	0.134297	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3.887188	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	3.244016	0	0	0	0	92.01
93.00 04951 INFUSION	0.041026	0	0	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0.135223	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.771992		0			95.00
200.00	Subtotal (see instructions)		1,987	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		1,987	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 7:11 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<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
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02 05404 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	75.01
76.00 03956 CARDIAC REHAB	0	0	76.00
76.01 03950 OP PSY/CDU	0	0	76.01
76.02 03957 RIMMS	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	76.04
76.05 03953 DIABETES	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<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
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04951 INFUSION	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 - line 201)	0	202.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 7:11 pm		
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	2,944,831	100,466,646	0.029312	362,230	10,618	50.00
51.00	05100	RECOVERY ROOM	334,105	13,944,148	0.023960	31,384	752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,939	1,868,069	0.211951	0	0	52.00
53.00	05300	ANESTHESIOLOGY	150,637	39,435,410	0.003820	97,411	372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,841	116,520,275	0.013121	197,263	2,588	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	76,036	9,094,142	0.008361	21,873	183	54.01
54.02	05404	ULTRASOUND	243,903	16,507,747	0.014775	156,255	2,309	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	747,684	74,675,183	0.010012	22,601	226	55.00
57.00	05700	CT SCAN	321,678	87,542,119	0.003675	267,465	983	57.00
58.00	05800	MRI	433,362	21,056,351	0.020581	84,239	1,734	58.00
59.00	05900	CARDIAC CATHETERIZATION	940,632	83,514,813	0.011263	0	0	59.00
60.00	06000	LABORATORY	1,133,190	143,605,547	0.007891	1,501,071	11,845	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	146,684	1,091,043	0.134444	15,423	2,074	64.00
65.00	06500	RESPIRATORY THERAPY	347,855	23,184,302	0.015004	787,040	11,809	65.00
66.00	06600	PHYSICAL THERAPY	1,143,637	30,972,761	0.036924	9,429,441	348,173	66.00
69.00	06900	ELECTROCARDIOLOGY	532,724	28,517,528	0.018681	112,125	2,095	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	404,499	14,263,360	0.028359	111,511	3,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	428,582	32,827,438	0.013056	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	457,494	56,358,881	0.008118	1,947,808	15,812	73.00
75.01	03955	RENAL DIALYSIS (IP)	14,190	824,796	0.017204	86,892	1,495	75.01
76.00	03956	CARDIAC REHAB	144,405	1,769,226	0.081620	1,785	146	76.00
76.01	03950	OP PSY/CDU	604,641	9,474,609	0.063817	0	0	76.01
76.02	03957	RIMMS	207,107	1,505,084	0.137605	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	41,383	945,313	0.043777	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	98,986	6,547,723	0.015118	188,177	2,845	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	263,460	294,194	0.895532	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	869,583	83,797,931	0.010377	16,426	170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	292,026	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	246,420	493,861	0.498966	0	0	92.01
93.00	04951	INFUSION	88,363	52,207,734	0.001693	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	863,873	8,312,355	0.103926	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,154,724	1,061,910,615		15,438,420	419,391	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<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
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<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
91.00	09100 EMERGENCY	0	0	0	0	19,868	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	19,868	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	100,466,646	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	13,944,148	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,868,069	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	39,435,410	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	116,520,275	0.000000	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,094,142	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	16,507,747	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	74,675,183	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	87,542,119	0.000000	57.00
58.00 05800 MRI	0	0	0	21,056,351	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	83,514,813	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	143,605,547	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	1,091,043	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,184,302	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,972,761	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	28,517,528	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,263,360	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,827,438	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	56,358,881	0.000000	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	824,796	0.000000	75.01
76.00 03956 CARDIAC REHAB	0	0	0	1,769,226	0.000000	76.00
76.01 03950 OP PSY/CDU	0	0	0	9,474,609	0.000000	76.01
76.02 03957 RIMMS	0	0	0	1,505,084	0.000000	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05 03953 DIABETES	0	0	0	945,313	0.000000	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	6,547,723	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	294,194	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00 09100 EMERGENCY	0	19,868	19,868	83,797,931	0.000237	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	292,026	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	493,861	0.000000	92.01
93.00 04951 INFUSION	0	0	0	52,207,734	0.000000	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	8,312,355	0.000000	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	19,868	19,868	1,061,910,615		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:11 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	362,230	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	31,384	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	97,411	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	197,263	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	21,873	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	156,255	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	22,601	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	267,465	0	0	0	57.00
58.00	05800 MRI	0.000000	84,239	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,501,071	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	15,423	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	787,040	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	9,429,441	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	112,125	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	111,511	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,947,808	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0.000000	86,892	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0.000000	1,785	0	0	0	76.00
76.01	03950 OP PSY/CDU	0.000000	0	0	0	0	76.01
76.02	03957 RIMMS	0.000000	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953 DIABETES	0.000000	0	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	188,177	0	0	0	76.98
<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
91.00	09100 EMERGENCY	0.000237	16,426	4	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 INFUSION	0.000000	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		15,438,420	4	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:11 pm
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)		47,871	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,871	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)		46,403	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)		17,902	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)		37,017,268	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)		37,017,268	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)		37,017,268	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)		773.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,843,080	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		13,843,080	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:11 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	9,476,576	3,991	2,374.49	2,101	4,988,803	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,385,960	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,217,843	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)					2,017,214	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,300,195	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,317,409	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					41,900,434	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)					1,468	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.27	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,135,160	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 7:11 pm	
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	4,065,526	37,017,268	0.109828	1,135,160	124,672	90.00
91.00	Nursing School cost	0	37,017,268	0.000000	1,135,160	0	91.00
92.00	Allied health cost	98,281	37,017,268	0.002655	1,135,160	3,014	92.00
93.00	All other Medical Education	0	37,017,268	0.000000	1,135,160	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:11 pm
		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)		2,728	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,728	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,728	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)		2,100	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<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)		2,082,591	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,082,591	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)		2,082,591	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)		763.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,603,161	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,603,161	41.00



COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 14-S186	Date/Time Prepared: 5/30/2019 7:11 pm		
				Title XVIII	Subprovider - I PF	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						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					228,328	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,831,489	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)					47,292	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,114	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					60,406	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,771,083	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: 14-0186 Component CCN: 14-S186		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	61,424	2,082,591	0.029494	0	0	90.00
91.00	Nursing School cost	0	2,082,591	0.000000	0	0	91.00
92.00	Allied health cost	0	2,082,591	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,082,591	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:11 pm
		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)		8,728	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,728	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,728	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)		6,719	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)		6,439,123	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)		6,439,123	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)		6,439,123	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)		737.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,956,942	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,956,942	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 14-T186	Date/Time Prepared: 5/30/2019 7:11 pm		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<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						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,108,691	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,065,633	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)					451,248	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					419,395	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					870,643	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					8,194,990	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: 14-0186 Component CCN: 14-T186		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	566,740	6,439,123	0.088015	0	0	90.00
91.00	Nursing School cost	0	6,439,123	0.000000	0	0	91.00
92.00	Allied health cost	19,484	6,439,123	0.003026	0	0	92.00
93.00	All other Medical Education	0	6,439,123	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 7:11 pm	
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		17,977,829	30.00
31.00	03100	INTENSIVE CARE UNIT		5,798,091	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
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	0.195668	25,953,744	5,078,317 50.00
51.00	05100	RECOVERY ROOM	0.293304	2,091,673	613,496 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.644449	4,798	7,890 52.00
53.00	05300	ANESTHESIOLOGY	0.046447	8,962,785	416,294 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129925	5,026,222	653,032 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.132226	1,030,011	136,194 54.01
54.02	05404	ULTRASOUND	0.120983	2,022,256	244,659 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.076855	275,106	21,143 55.00
57.00	05700	CT SCAN	0.034448	15,201,158	523,649 57.00
58.00	05800	MRI	0.074055	2,545,134	188,480 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142357	19,611,764	2,791,872 59.00
60.00	06000	LABORATORY	0.105265	22,113,254	2,327,752 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	3.458925	464,988	1,608,359 64.00
65.00	06500	RESPIRATORY THERAPY	0.184624	8,461,517	1,562,199 65.00
66.00	06600	PHYSICAL THERAPY	0.295756	3,531,692	1,044,519 66.00
69.00	06900	ELECTROCARDIOLOGY	0.143694	4,951,818	711,547 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.209911	3,504,088	735,547 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.460468	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322810	19,302,028	6,230,888 73.00
75.01	03955	RENAL DIALYSIS (IP)	1.140031	387,134	441,345 75.01
76.00	03956	CARDIAC REHAB	0.658764	220,756	145,426 76.00
76.01	03950	OP PSY/CDU	0.443399	2,736	1,213 76.01
76.02	03957	RIMMS	1.100216	0	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03952	PAIN CLINIC	0.000000	0	0 76.04
76.05	03953	DIABETES	0.933468	386	360 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.229893	768,625	176,702 76.98
<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
91.00	09100	EMERGENCY	0.134297	12,611,245	1,693,652 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3.887188	0	0 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3.244016	8,645	28,045 92.01
93.00	04951	INFUSION	0.041026	82,396	3,380 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.135223	0	0 93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		159,135,959	27,385,960 200.00
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)		159,135,959	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 7:11 pm
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
40.00	04000 SUBPROVIDER - I PF		2,569,856	40.00
41.00	04100 SUBPROVIDER - I RF		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	0.195668	0	50.00
51.00	05100 RECOVERY ROOM	0.293304	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.644449	0	52.00
53.00	05300 ANESTHESIOLOGY	0.046447	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129925	20,879	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.132226	2,791	54.01
54.02	05404 ULTRASOUND	0.120983	10,825	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.076855	0	55.00
57.00	05700 CT SCAN	0.034448	128,545	57.00
58.00	05800 MRI	0.074055	9,841	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142357	0	59.00
60.00	06000 LABORATORY	0.105265	476,335	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3.458925	524	64.00
65.00	06500 RESPIRATORY THERAPY	0.184624	60,051	65.00
66.00	06600 PHYSICAL THERAPY	0.295756	62,641	66.00
69.00	06900 ELECTROCARDIOLOGY	0.143694	49,142	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.209911	3,580	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.460468	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.322810	362,527	73.00
75.01	03955 RENAL DIALYSIS (IP)	1.140031	1,130	75.01
76.00	03956 CARDIAC REHAB	0.658764	0	76.00
76.01	03950 OP PSY/CDU	0.443399	4,936	76.01
76.02	03957 RIMMS	1.100216	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	76.04
76.05	03953 DIABETES	0.933468	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.229893	20,126	76.98
<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
91.00	09100 EMERGENCY	0.134297	31,798	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3.887188	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	3.244016	0	92.01
93.00	04951 INFUSION	0.041026	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.135223	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,245,671	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		1,245,671	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		5,918,392	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	0.195668	362,230	50.00
51.00	05100	RECOVERY ROOM	0.293304	31,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.644449	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046447	97,411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129925	197,263	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.132226	21,873	54.01
54.02	05404	ULTRASOUND	0.120983	156,255	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.076855	22,601	55.00
57.00	05700	CT SCAN	0.034448	267,465	57.00
58.00	05800	MRI	0.074055	84,239	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142357	0	59.00
60.00	06000	LABORATORY	0.105265	1,501,071	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	3.458925	15,423	64.00
65.00	06500	RESPIRATORY THERAPY	0.184624	787,040	65.00
66.00	06600	PHYSICAL THERAPY	0.295756	9,429,441	66.00
69.00	06900	ELECTROCARDIOLOGY	0.143694	112,125	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.209911	111,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.460468	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322810	1,947,808	73.00
75.01	03955	RENAL DIALYSIS (IP)	1.140031	86,892	75.01
76.00	03956	CARDIAC REHAB	0.658764	1,785	76.00
76.01	03950	OP PSY/CDU	0.443399	0	76.01
76.02	03957	RI MMS	1.100216	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.933468	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.229893	188,177	76.98
<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
91.00	09100	EMERGENCY	0.134297	16,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3.887188	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3.244016	0	92.01
93.00	04951	INFUSION	0.041026	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.135223	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		15,438,420	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)		15,438,420	202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 7:11 pm
		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)		33,762,531	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,536,238	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)		468,872	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		9,993,977	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		286.98	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		18.42	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		1.00	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)		19.42	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.55	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		19.42	12.00
13.00	Total allowable FTE count for the prior year.		19.42	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.		16.95	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.60	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		18.60	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.064813	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.067574	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.064813	21.00
22.00	IME payment adjustment (see instructions)		1,540,534	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		347,551	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)		2.13	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)		1,540,534	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		347,551	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.59	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.43	31.00
32.00	Sum of lines 30 and 31		34.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.28	33.00
34.00	Disproportionate share adjustment (see instructions)		1,913,707	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 7:11 pm
		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)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000334457	0.000274317	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,263,171	2,269,393	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,692,727	572,012	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,264,739		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)	50,486,621		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)		50,834,172	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,045,081	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).		570,748	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		14,893	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).		46,952	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		2,989	58.00
59.00	Total (sum of amounts on lines 49 through 58)		55,514,835	59.00
60.00	Primary payer payments		19,332	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		55,495,503	61.00
62.00	Deductibles billed to program beneficiaries		4,131,672	62.00
63.00	Coinurance billed to program beneficiaries		111,830	63.00
64.00	Allowable bad debts (see instructions)		906,127	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		588,983	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		618,542	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		51,840,984	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)		235,968	70.93
70.94	HRR adjustment amount (see instructions)		-79,980	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			51,996,972	71.00
71.01	Sequestration adjustment (see instructions)			1,039,939	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			51,468,115	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)			-511,082	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			5,301,680	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	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	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2019 7:11 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	33,762,531	0	33,762,531		33,762,531	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,536,238	0		10,536,238	10,536,238	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	468,872	0	422,604	46,268	468,872	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,993,977	0	7,684,773	2,309,204	9,993,977	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.064813	0.064813	0.064813	0.064813		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,540,534	0	1,174,126	366,408	1,540,534	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	347,551	0	347,551	0	347,551	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,540,534	0	1,174,126	366,408	1,540,534	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	347,551	0	347,551	0	347,551	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1728	0.1728	0.1728	0.1728		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,913,707	0	1,458,541	455,166	1,913,707	11.00
11.01	Uncompensated care payments	36.00	2,264,739	0	1,692,727	572,012	2,264,739	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	50,486,621	0	38,510,529	11,976,092	50,486,621	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	50,834,172	0	38,858,080	11,976,092	50,834,172	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,045,081	0	3,088,130	956,951	4,045,081	16.00
17.00	Special add-on payments for new technologies	54.00	14,893	0	14,893	0	14,893	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2019 7:11 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	41,961,103	12,933,043	54,894,146	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,607,591	0	2,750,278	857,313	3,607,591	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	42,098	0	36,421	5,677	42,098	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0383	0.0383	0.0383	0.0383		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	138,171	0	105,336	32,835	138,171	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0713	0.0713	0.0713	0.0713		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	257,221	0	196,095	61,126	257,221	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,045,081	0	3,088,130	956,951	4,045,081	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 7:11 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	33,762,531	33,762,531		33,762,531	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,536,238		10,536,238	10,536,238	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	468,872	422,604	46,268	468,872	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,993,977	7,684,773	2,309,204	9,993,977	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.064813	0.064813	0.064813		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,540,534	1,174,126	366,408	1,540,534	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	347,551	267,246	80,305	347,551	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,540,534	1,174,126	366,408	1,540,534	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	347,551	267,246	80,305	347,551	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1728	0.1728	0.1728		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,913,707	1,458,541	455,166	1,913,707	11.00
11.01	Uncompensated care payments	36.00	2,264,739	1,692,727	572,012	2,264,739	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	50,486,621	38,510,529	11,976,092	50,486,621	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	50,834,172	38,777,775	12,056,397	50,834,172	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,045,081	3,088,130	956,951	4,045,081	16.00
17.00	Special add-on payments for new technologies	54.00	14,893	14,893	0	14,893	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			41,880,798	13,013,348	54,894,146	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 7:11 pm
Title XVIII			Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,607,591	2,750,278	857,313	3,607,591	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	42,098	36,421	5,677	42,098	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0383	0.0383	0.0383		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	138,171	105,336	32,835	138,171	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0713	0.0713	0.0713		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	257,221	196,095	61,126	257,221	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,045,081	3,088,130	956,951	4,045,081	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	235,968	183,973	51,995	235,968	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-79,980	-64,176	-15,804	-79,980	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 7:11 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		6,756	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		32,201,976	2.00
3.00	OPPS payments		40,567,377	3.00
4.00	Outlier payment (see instructions)		27,705	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		3,775	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,756	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		21,132	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)		21,132	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)		21,132	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,376	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)		6,756	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)		40,598,857	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)		7,076,920	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)		33,528,693	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		322,183	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)		33,850,876	30.00
31.00	Primary payer payments		1,944	31.00
32.00	Subtotal (line 30 minus line 31)		33,848,932	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)		1,246,495	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		810,222	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		879,562	36.00
37.00	Subtotal (see instructions)		34,659,154	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-2	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		159	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,659,156	40.00
40.01	Sequestration adjustment (see instructions)		693,183	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		33,793,971	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		172,002	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		762,736	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



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 7:11 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		223	2.00
3.00	OPPS payments		104	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		104	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)		21	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)		83	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		83	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		83	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		83	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		83	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		82	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	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: 14-0186		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		51,362,771		33,765,375	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/12/2018	105,344	12/12/2018	28,596	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)		105,344		28,596	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)		51,468,115		33,793,971	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		172,002	6.01	
6.02	SETTLEMENT TO PROGRAM		511,082		0	6.02	
7.00	Total Medicare program liability (see instructions)		50,957,033		33,965,973	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: 14-0186  
Component CCN: 14-S186

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,645,194		82	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)		1,645,194		82	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		38,464		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		1,683,658		81	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: 14-0186  
Component CCN: 14-T186

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 7:11 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		11,369,038		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,369,038		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		24,439		0	6.02
7.00	Total Medicare program liability (see instructions)		11,344,599		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: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 7:11 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/30/2019 7:11 pm
		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)			1,899,474 1.00
2.00	Net IPF PPS Outlier Payments			3,315 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.473973 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,902,789 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)			1,902,789 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,902,789 18.00
19.00	Deductibles			150,032 19.00
20.00	Subtotal (line 18 minus line 19)			1,752,757 20.00
21.00	Coinsurance			73,629 21.00
22.00	Subtotal (line 20 minus line 21)			1,679,128 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			59,818 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			38,882 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			47,479 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,718,010 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)			8 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)			1,718,018 31.00
31.01	Sequestration adjustment (see instructions)			34,360 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,645,194 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)			38,464 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,629 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			3,315 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: 14-0186 Component CCN: 14-T186	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/30/2019 7:11 pm
		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)			11,264,025 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0254 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			260,199 3.00
4.00	Outlier Payments			157,802 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			23.912329 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)			11,682,026 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)			11,682,026 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			11,682,026 19.00
20.00	Deductibles			121,820 20.00
21.00	Subtotal (line 19 minus line 20)			11,560,206 21.00
22.00	Coinurance			13,065 22.00
23.00	Subtotal (line 21 minus line 22)			11,547,141 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			21,528 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			13,993 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,676 26.00
27.00	Subtotal (sum of lines 23 and 25)			11,561,134 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)			14,987 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)			11,576,121 32.00
32.01	Sequestration adjustment (see instructions)			231,522 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			11,369,038 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)			-24,439 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			651 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			157,802 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: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 7:11 pm	
		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.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.42	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			1.00	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)			19.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.55	6.00
7.00	Enter the lesser of line 5 or line 6			19.42	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.	14.46	4.58	19.04	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.	13.03	4.13	17.16	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	13.03	4.13		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.50	4.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.95	4.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.16	4.20		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	12.16	4.20		17.00
18.00	Per resident amount	104,190.01	104,190.01		18.00
19.00	Approved amount for resident costs	1,266,951	437,598	1,704,549	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)			2.13	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)			1,704,549	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)	28,822	4,505		26.00
27.00	Total Inpatient Days (see instructions)	62,404	62,404		27.00
28.00	Ratio of inpatient days to total inpatient days	0.461861	0.072191		28.00
29.00	Program direct GME amount	787,265	123,053		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,387		30.00
31.00	Net Program direct GME amount			892,931	31.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 7:11 pm
		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)		0	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)		57,114,965	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)		19,332	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		57,095,633	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		32,232,007	42.00
43.00	Primary payer payments (see instructions)		1,944	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,230,063	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		89,325,696	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.639185	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.360815	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		892,931	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		570,748	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		322,183	50.00

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

Provider CCN: 14-0186

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

Worksheet G

Date/Time Prepared:  
5/30/2019 7:11 pm

		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	72,464,726	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	38,827,029	0	0	0	4.00
5.00	Other receivable	1,057,886	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,697,525	0	0	0	7.00
8.00	Prepaid expenses	5,361,345	0	0	0	8.00
9.00	Other current assets	23,163,403	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)	148,571,914	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	8,020,853	0	0	0	12.00
13.00	Land improvements	3,400,781	0	0	0	13.00
14.00	Accumulated depreciation	-1,352,767	0	0	0	14.00
15.00	Buildings	252,586,823	0	0	0	15.00
16.00	Accumulated depreciation	-118,020,031	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	178,539,946	0	0	0	23.00
24.00	Accumulated depreciation	-92,367,582	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)	230,808,023	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	258,736,450	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	6,370,498	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	265,106,948	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	644,486,885	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,614,872	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,913,499	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,306,029	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	31,684,580	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	71,518,980	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	118,405,575	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	28,277,342	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	146,682,917	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	218,201,897	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	426,284,988				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	426,284,988	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	644,486,885	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0186

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

Worksheet G-1

Date/Time Prepared:  
5/30/2019 7:11 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		426,404,172		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-957,133				2.00
3.00	Total (sum of line 1 and line 2)		425,447,039		0		3.00
4.00	INCREASE IN TEMPORARILY RESTRICTED N	837,954		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)		837,954		0		10.00
11.00	Subtotal (line 3 plus line 10)		426,284,993		0		11.00
12.00	ROUNDING	5		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)		5		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		426,284,988		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	INCREASE IN TEMPORARILY RESTRICTED N		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	ROUNDING		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: 14-0186

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2019 7:11 pm

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	57,777,712		57,777,712	1.00
2.00	SUBPROVIDER - IPF	3,356,815		3,356,815	2.00
3.00	SUBPROVIDER - IRF	7,664,157		7,664,157	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				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)	68,798,684		68,798,684	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,332,861		22,332,861	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,332,861		22,332,861	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,131,545		91,131,545	17.00
18.00	Ancillary services	319,470,910	599,355,512	918,826,422	18.00
19.00	Outpatient services	26,422,707	118,681,200	145,103,907	19.00
20.00	RURAL HEALTH CLINIC	0	294,194	294,194	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,180,959	5,180,959	22.00
23.00	AMBULANCE SERVICES	135,636	7,408,697	7,544,333	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	84,421,476	84,421,476	27.00
27.01	JOINT VENTURE REVENUE	0	11,135,901	11,135,901	27.01
27.02	CARE-A-VAN	0	6,229	6,229	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	437,160,798	826,484,168	1,263,644,966	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		340,812,489		29.00
30.00	MISCELLANEOUS	2,519,813			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)		2,519,813		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)		343,332,302		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0186

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

Worksheet G-3

Date/Time Prepared:  
5/30/2019 7:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,263,644,966	1.00
2.00	Less contractual allowances and discounts on patients' accounts	912,759,685	2.00
3.00	Net patient revenues (line 1 minus line 2)	350,885,281	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	343,332,302	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,552,979	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	6,025,553	24.00
24.01	NON OPERATING INCOME	-15,045,905	24.01
24.02	NET ASSETS RELEASED FROM RESTRICTION	510,843	24.02
25.00	Total other income (sum of lines 6-24)	-8,509,509	25.00
26.00	Total (line 5 plus line 25)	-956,530	26.00
27.00	NON-HOSPITAL BASED DEPARTMENTS EXPEN	603	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	603	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-957,133	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0186

Period: From 01/01/2018

Worksheet H

HHA CCN: 14-7400

To 12/31/2018

Date/Time Prepared: 5/30/2019 7:11 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	344	344	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,390,110	0	0	209,619	1,599,729	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,064,952	0	0	0	1,064,952	6.00
7.00	Physical Therapy	943,910	0	0	0	943,910	7.00
8.00	Occupational Therapy	150,174	0	0	0	150,174	8.00
9.00	Speech Pathology	5,294	0	0	0	5,294	9.00
10.00	Medical Social Services	101,924	0	0	0	101,924	10.00
11.00	Home Health Aide	23,486	0	0	0	23,486	11.00
12.00	Supplies (see instructions)	0	0	0	90,639	90,639	12.00
13.00	Drugs	0	0	0	2,348	2,348	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,679,850	0	0	302,950	3,982,800	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	344	0	344		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	36,858	1,636,587	0	1,636,587		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	28,237	1,093,189	0	1,093,189		6.00
7.00	Physical Therapy	25,027	968,937	0	968,937		7.00
8.00	Occupational Therapy	3,982	154,156	0	154,156		8.00
9.00	Speech Pathology	140	5,434	0	5,434		9.00
10.00	Medical Social Services	2,702	104,626	0	104,626		10.00
11.00	Home Health Aide	623	24,109	0	24,109		11.00
12.00	Supplies (see instructions)	0	90,639	0	90,639		12.00
13.00	Drugs	0	2,348	0	2,348		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	97,569	4,080,369	0	4,080,369		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 5/30/2019 7:11 pm

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet H-1 Part I Date/Time Prepared: 5/30/2019 7:11 pm
		HHA CCN: 14-7400	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	344	0	0	344	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,636,587	0	0	344	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,093,189	0	0	0	1,093,189	6.00
7.00	Physical Therapy	968,937	0	0	0	968,937	7.00
8.00	Occupational Therapy	154,156	0	0	0	154,156	8.00
9.00	Speech Pathology	5,434	0	0	0	5,434	9.00
10.00	Medical Social Services	104,626	0	0	0	104,626	10.00
11.00	Home Health Aide	24,109	0	0	0	24,109	11.00
12.00	Supplies (see instructions)	90,639	0	0	0	90,639	12.00
13.00	Drugs	2,348	0	0	0	2,348	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,080,369	0	0	344	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,636,931					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	732,360	1,825,549				6.00
7.00	Physical Therapy	649,119	1,618,056				7.00
8.00	Occupational Therapy	103,274	257,430				8.00
9.00	Speech Pathology	3,640	9,074				9.00
10.00	Medical Social Services	70,092	174,718				10.00
11.00	Home Health Aide	16,151	40,260				11.00
12.00	Supplies (see instructions)	60,722	151,361				12.00
13.00	Drugs	1,573	3,921				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		4,080,369				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet H-1 Part II Date/Time Prepared: 5/30/2019 7:11 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	344	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	344	0	-1,636,931	2,443,438
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	1,093,189	6.00
7.00	Physical Therapy	0	0	0	0	968,937	7.00
8.00	Occupational Therapy	0	0	0	0	154,156	8.00
9.00	Speech Pathology	0	0	0	0	5,434	9.00
10.00	Medical Social Services	0	0	0	0	104,626	10.00
11.00	Home Health Aide	0	0	0	0	24,109	11.00
12.00	Supplies (see instructions)	0	0	0	0	90,639	12.00
13.00	Drugs	0	0	0	0	2,348	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	344	0	-1,636,931	2,443,438
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	344	0		1,636,931
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	0.000000		0.669929



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0186	Period: From 01/01/2018	Worksheet H-2 Part I
		HHA CCN: 14-7400	To 12/31/2018	Date/Time Prepared: 5/30/2019 7:11 pm
			Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01	5.02	
1.00 Administrative and General	0	80,824	8,989	1,027,615	22,683	635,752	1.00
2.00 Skilled Nursing Care	1,825,549	0	0	0	0	0	2.00
3.00 Physical Therapy	1,618,056	0	0	0	0	0	3.00
4.00 Occupational Therapy	257,430	0	0	0	0	0	4.00
5.00 Speech Pathology	9,074	0	0	0	0	0	5.00
6.00 Medical Social Services	174,718	0	0	0	0	0	6.00
7.00 Home Health Aide	40,260	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	151,361	0	0	0	0	0	8.00
9.00 Drugs	3,921	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	4,080,369	80,824	8,989	1,027,615	22,683	635,752	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.05	5A.05	5.06	6.00	7.00	
1.00 Administrative and General	9,419	46,442	1,831,724	196,593	0	63,273	1.00
2.00 Skilled Nursing Care	0	0	1,825,549	195,931	0	0	2.00
3.00 Physical Therapy	0	0	1,618,056	173,661	0	0	3.00
4.00 Occupational Therapy	0	0	257,430	27,629	0	0	4.00
5.00 Speech Pathology	0	0	9,074	974	0	0	5.00
6.00 Medical Social Services	0	0	174,718	18,752	0	0	6.00
7.00 Home Health Aide	0	0	40,260	4,321	0	0	7.00
8.00 Supplies (see instructions)	0	0	151,361	16,245	0	0	8.00
9.00 Drugs	0	0	3,921	421	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	9,419	46,442	5,912,093	634,527	0	63,273	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 14-7400

To 12/31/2018

Part I  
Date/Time Prepared: 5/30/2019 7:11 pm

Home Health Agency I

PPS

Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	57,507	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	57,507	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	
	15.00	16.00	17.00	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	22.00	23.00
1.00 Administrative and General	0	15,263	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	15,263	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0186	Period: From 01/01/2018	Worksheet H-2 Part I Date/Time Prepared: 5/30/2019 7:11 pm
		HHA CCN: 14-7400	To 12/31/2018	
			Home Health Agency I	PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdwn Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	2,164,360	0	2,164,360				1.00
2.00 Skilled Nursing Care	2,021,480	0	2,021,480	968,330	2,989,810		2.00
3.00 Physical Therapy	1,791,717	0	1,791,717	858,270	2,649,987		3.00
4.00 Occupational Therapy	285,059	0	285,059	136,549	421,608		4.00
5.00 Speech Pathology	10,048	0	10,048	4,813	14,861		5.00
6.00 Medical Social Services	193,470	0	193,470	92,676	286,146		6.00
7.00 Home Health Aide	44,581	0	44,581	21,355	65,936		7.00
8.00 Supplies (see instructions)	167,606	0	167,606	80,287	247,893		8.00
9.00 Drugs	4,342	0	4,342	2,080	6,422		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	6,682,663	0	6,682,663	2,164,360	6,682,663		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.479021			21.00

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

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.  
5/30/2019 7:11 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 7:11 pm
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,848	8,444	653,632	19	35	107,981	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	2,848	8,444	653,632	19	35	107,981	20.00
21.00 Total cost to be allocated	80,824	8,989	1,027,615	22,683	635,752	9,419	21.00
22.00 Unit cost multiplier	28.379213	1.064543	1.572161	1,193.842105	18,164.342857	0.087228	22.00
Cost Center Description	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	6.00	7.00	8.00	
1.00 Administrative and General	5,180,959	0	1,831,724	0	2,848	0	1.00
2.00 Skilled Nursing Care	0	0	1,825,549	0	0	0	2.00
3.00 Physical Therapy	0	0	1,618,056	0	0	0	3.00
4.00 Occupational Therapy	0	0	257,430	0	0	0	4.00
5.00 Speech Pathology	0	0	9,074	0	0	0	5.00
6.00 Medical Social Services	0	0	174,718	0	0	0	6.00
7.00 Home Health Aide	0	0	40,260	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	151,361	0	0	0	8.00
9.00 Drugs	0	0	3,921	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	5,180,959	0	5,912,093	0	2,848	0	20.00
21.00 Total cost to be allocated	46,442	0	634,527	0	63,273	0	21.00
22.00 Unit cost multiplier	0.008964	0	0.107327	0.000000	22.216643	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 7:11 pm
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		Home Health Agency I					PPS	
Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
	9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	2,848	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	2,848	0	0	0	0	0	20.00
21.00	Total cost to be allocated	57,507	0	0	0	0	0	21.00
22.00	Unit cost multiplier	20.192065	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)		
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	16.00	17.00	21.00	22.00	23.00			
1.00	Administrative and General	5,180,959	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	5,180,959	0	0	0	0	0	20.00
21.00	Total cost to be allocated	15,263	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.002946	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 7:11 pm		
				HHA CCN: 14-7400	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,989,810		2,989,810	12,792	233.72	1.00
2.00	Physical Therapy	3.00	2,649,987	0	2,649,987	9,354	283.30	2.00
3.00	Occupational Therapy	4.00	421,608	0	421,608	1,348	312.77	3.00
4.00	Speech Pathology	5.00	14,861	0	14,861	72	206.40	4.00
5.00	Medical Social Services	6.00	286,146		286,146	36	7,948.50	5.00
6.00	Home Health Aide	7.00	65,936		65,936	940	70.14	6.00
7.00	Total (sum of lines 1-6)		6,428,348	0	6,428,348	24,542		7.00
				Program Visits				
				Part B				
				Part A		Subject to Deductibles		
				Not Subject to Deductibles & Coinsurance				
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16580	0	79			8.00
8.01	Skilled Nursing Care		16974	0	824			8.01
8.02	Skilled Nursing Care		28100	0	6,609			8.02
8.03	Skilled Nursing Care		99914	0	1,054			8.03
9.00	Physical Therapy		16580	0	49			9.00
9.01	Physical Therapy		16974	0	714			9.01
9.02	Physical Therapy		28100	0	4,754			9.02
9.03	Physical Therapy		99914	0	929			9.03
10.00	Occupational Therapy		16580	0	10			10.00
10.01	Occupational Therapy		16974	0	84			10.01
10.02	Occupational Therapy		28100	0	763			10.02
10.03	Occupational Therapy		99914	0	89			10.03
11.00	Speech Pathology		16580	0	0			11.00
11.01	Speech Pathology		16974	0	11			11.01
11.02	Speech Pathology		28100	0	22			11.02
11.03	Speech Pathology		99914	0	8			11.03
12.00	Medical Social Services		16580	0	0			12.00
12.01	Medical Social Services		16974	0	3			12.01
12.02	Medical Social Services		28100	0	18			12.02
12.03	Medical Social Services		99914	0	2			12.03
13.00	Home Health Aide		16580	0	15			13.00
13.01	Home Health Aide		16974	0	87			13.01
13.02	Home Health Aide		28100	0	653			13.02
13.03	Home Health Aide		99914	0	57			13.03
14.00	Total (sum of lines 8-13)			0	16,834			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	247,893	0	247,893	0	0.000000	15.00
16.00	Cost of Drugs	9.00	6,422	0	6,422	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 7:11 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	Program Visits			Cost of Services Part A	Part B			
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	8,566	0	2,002,046		1.00	
2.00	Physical Therapy	0	6,446	0	1,826,152		2.00	
3.00	Occupational Therapy	0	946	0	295,880		3.00	
4.00	Speech Pathology	0	41	0	8,462		4.00	
5.00	Medical Social Services	0	23	0	182,816		5.00	
6.00	Home Health Aide	0	812	0	56,954		6.00	
7.00	Total (sum of lines 1-6)	0	16,834	0	4,372,310		7.00	
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
14.00	Total (sum of lines 8-13)						14.00	
Program Covered Charges								
Cost Center Description	Part A	Part B		Cost of Services Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00		9.00	10.00		11.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	74,574	0	0	0	15.00	
16.00	Cost of Drugs		47	0	0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 7:11 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Total Program Cost (sum of cols. 9-10)		
	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
Cost Per Visit Computation			
1.00	Skilled Nursing Care	2,002,046	1.00
2.00	Physical Therapy	1,826,152	2.00
3.00	Occupational Therapy	295,880	3.00
4.00	Speech Pathology	8,462	4.00
5.00	Medical Social Services	182,816	5.00
6.00	Home Health Aide	56,954	6.00
7.00	Total (sum of lines 1-6)	4,372,310	7.00
Cost Center Description			
		12.00	
Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
14.00	Total (sum of lines 8-13)		14.00



APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part II Date/Time Prepared: 5/30/2019 7:11 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.295756	0	0	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.209911	0	0	col. 2, line 15.00
5.00	Cost of Drugs	73.00	0.322810	0	0	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2019 7:11 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	47	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	47	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	47	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,181,046
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	65,399
13.00	Total PPS Reimbursement - LUPA Episodes		0	53,316
14.00	Total PPS Reimbursement - PEP Episodes		0	37,815
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	9,606
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	422
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,347,604
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,347,604
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,347,604
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,347,604
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,347,604
31.01	Sequestration adjustment (see instructions)		0	66,953
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,280,697
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-46
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0186	Period: From 01/01/2018	Worksheet H-5
	HHA CCN: 14-7400	To 12/31/2018	Date/Time Prepared: 5/30/2019 7:11 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,280,697	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,280,697	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		46	6.02
7.00	Total Medicare program liability (see instructions)		0		3,280,651	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0186	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 7:11 pm
		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		3,607,591	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		42,098	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)		139.58	3.00
4.00	Number of interns & residents (see instructions)		18.60	4.00
5.00	Indirect medical education percentage (see instructions)		3.83	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)		138,171	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.59	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.43	8.00
9.00	Sum of lines 7 and 8		34.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.13	10.00
11.00	Disproportionate share adjustment (see instructions)		257,221	11.00
12.00	Total prospective capital payments (see instructions)		4,045,081	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0186  
Component CCN: 14-3976

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

Worksheet M-1  
Date/Time Prepared:  
5/30/2019 7:11 pm

		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	8,030	0	8,030	0	8,030	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	97,717	0	97,717	0	97,717	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	57,611	0	57,611	2,943	60,554	9.00
10.00	Subtotal (sum of lines 1 through 9)	163,358	0	163,358	2,943	166,301	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	2,029	2,029	0	2,029	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	9,693	9,693	0	9,693	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	11,722	11,722	0	11,722	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	163,358	11,722	175,080	2,943	178,023	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	24,638	24,638	-18,446	6,192	29.00
30.00	Administrative Costs	0	32,435	32,435	4,036	36,471	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	57,073	57,073	-14,410	42,663	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	163,358	68,795	232,153	-11,467	220,686	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 14-0186	Period:	Worksheet M-1
	Component CCN: 14-3976	From 01/01/2018 To 12/31/2018	Date/Time Prepared: 5/30/2019 7:11 pm
		RHC I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00	Physician	-8,030	0
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	-97,717	0
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	0
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	60,554
10.00	Subtotal (sum of lines 1 through 9)	-105,747	60,554
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	2,029
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	9,693
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	11,722
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-105,747	72,276
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	0	6,192
30.00	Administrative Costs	0	36,471
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	42,663
32.00	Total facility costs (sum of lines 22, 28 and 31)	-105,747	114,939

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2018 To 12/31/2018	Worksheet M-2 Date/Time Prepared: 5/30/2019 7:11 pm
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		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.00	69	4,200	0	1.00
2.00	Physician Assistant	0.00	69	2,100	0	2.00
3.00	Nurse Practitioner	0.80	1,483	2,100	1,680	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.80	1,621		1,680	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.80	1,621		1,680	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				72,276	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				72,276	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				42,663	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				412,145	15.00
16.00	Total overhead (sum of lines 14 and 15)				454,808	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				454,808	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				454,808	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				527,084	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2018 To 12/31/2018	Worksheet M-3 Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			527,084	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			43,093	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			483,991	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			1,680	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			1,680	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			288.09	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	82.30	83.45		8.00
9.00	Rate for Program covered visits (see instructions)	82.30	83.45		9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	231		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	19,277		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0		14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	19,277		16.00
16.01	Total program charges (see instructions)(from contractor's records)		40,678		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		11,622		16.04
16.05	Total program cost (see instructions)	0	11,622		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		4,750		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		7,186		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		11,622		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		40,551		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		52,173		22.00
23.00	Allowable bad debts (see instructions)		0		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		25.50
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		52,173		26.00
26.01	Sequestration adjustment (see instructions)		1,043		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		10,928		27.00
28.00	Tentative settlement (for contractor use only)		0		28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		40,202		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0		30.00



COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2018 To 12/31/2018	Worksheet M-4 Date/Time Prepared: 5/30/2019 7:11 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		60,554	60,554	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000501	0.000423	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		30	26	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		5,067	786	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		5,097	812	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		72,276	72,276	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		454,808	454,808	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.070521	0.011235	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		32,074	5,110	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		37,171	5,922	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		32	27	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		1,161.59	219.33	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		30	26	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		34,848	5,703	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			43,093	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			40,551	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2018 To 12/31/2018	Worksheet M-5 Date/Time Prepared: 5/30/2019 7:11 pm
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		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		10,928	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		10,928	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		40,202	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		51,130	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00