

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: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/17/2019 7:15 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/17/2019 Time: 7:15 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TRINITY ROCK ISLAND (14-0280) 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)

_____ CHIEF FINANCIAL OFFICER
 Title

_____ Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	301,736	-131,769	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-3,280	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	101	0		0	7.00
200.00 Total	0	298,557	-131,768	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0280			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/17/2019 7:15 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box: State: IL Zip Code: 61201			3.00 County: ROCK ISLAND					
1.00 Street: 2701 17TH STREET		2.00 City: ROCK ISLAND								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	TRINITY ROCK ISLAND	140280	19340	1	06/01/1972	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	TRINITY REHABILITATION	14T280	19340	5	06/01/1984	N	P	P	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	TRINITY SKILLED NURSING UNIT	145564	19340		01/22/1987	N	P	P	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
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	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.	3,598	3,127	760	24	6,288	0			24.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	63	113	0	0	109		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS 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	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
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
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			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.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				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)					N			60.00

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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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.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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						1.00				
Long Term Care Hospital PPS										
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00		
TEFRA Providers										
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00		
						V	XIX			
						1.00	2.00			
Title V and XIX Services										
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	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.					N	N	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.					N	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.06		
Rural Providers										
105.00	Does this hospital qualify as a CAH?					N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.							107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00		
						Physical	Occupational	Speech	Respiratory	
						1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N	109.00
						1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/17/2019 7:15 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	346,311		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H00186		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/17/2019 7:15 am			
1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001			
142.00	Street: 2701 17TH STREET	PO Box:					
143.00	City: ROCK ISLAND	State: IL	Zip Code: 61201-5351				
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00	2.00		
				Y	144.00		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
				Y	145.00		
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
				N	146.00		
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		
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)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
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		
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)							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
							0.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
				Y	167.00		
168.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
				0	168.00		
168.01 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)							
					168.01		
169.00 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)							
				0.00	169.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
		Beginning	Ending				
		1.00	2.00				
		01/01/2018	12/31/2018		170.00		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
				N	0		
					171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/17/2019 7:15 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/05/2019	Y	04/05/2019		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: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/17/2019 7:15 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CRI STINE		CHARTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5186		CRI STINE.CHARTER@UNI TYPOINT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/17/2019 7:15 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	237	86,505	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)		237	86,505	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	9	3,285	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,315	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)		297	108,405	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	29	10,585		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		348				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)		4	1,460			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: 14-0280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,429	5,250	36,513			1.00
2.00 HMO and other (see instructions)	206	6,288				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	333	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,429	5,250	36,513			7.00
8.00 INTENSIVE CARE UNIT	1,915	356	4,886			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	469	951			8.01
9.00 CORONARY CARE UNIT	3,497	365	7,129			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		1,069	2,420			13.00
14.00 Total (see instructions)	16,841	7,509	51,899	0.00	1,399.27	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	846	285	2,119	0.00	13.50	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	1,761	0	3,516	0.00	17.31	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,430.08	27.00
28.00 Observation Bed Days		1,929	5,428			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			575			30.00
31.00 Employee discount days - IRF			4			31.00
32.00 Labor & delivery days (see instructions)	0	0	615			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: 14-0280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,193	1,582	12,672	1.00
2.00 HMO and other (see instructions)				22	1,169		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
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	4,193	1,582		12,672	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	59	0		148	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							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
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/17/2019 7:15 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	92,637,450	0	92,637,450	2,974,572.00	31.14
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		414,011	0	414,011	1,984.00	208.67
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		17,337,781	0	17,337,781	120,499.00	143.88
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	952,762	0	952,762	36,008.00	26.46
10.00	Excluded area salaries (see instructions)		8,548,943	0	8,548,943	264,365.00	32.34
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,106,290	0	1,106,290	16,185.00	68.35
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		52,073	0	52,073	283.00	184.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		37,968,967	0	37,968,967	1,243,479.00	30.53
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		60,239	0	60,239	1,640.00	36.73
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,447,156	0	16,447,156		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,188,175	0	2,188,175		
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		37,139	0	37,139		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,882,828	0	1,882,828		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		9,267,898	0	9,267,898		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		17,702	0	17,702		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/17/2019 7:15 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,028,315	0	1,028,315	6,462.00	159.13	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,209,940	0	1,209,940	51,039.00	23.71	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,081,946	0	2,081,946	137,256.00	15.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,838,342	0	1,838,342	126,800.00	14.50	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,503,256	0	1,503,256	35,887.00	41.89	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,762,791	0	3,762,791	87,192.00	43.16	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part III Date/Time Prepared: 5/17/2019 7:15 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	76,327,984	0	76,327,984	2,860,535.00	26.68	1.00
2.00	Excluded area salaries (see instructions)	9,501,705	0	9,501,705	300,373.00	31.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,826,279	0	66,826,279	2,560,162.00	26.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,187,569	0	39,187,569	1,261,587.00	31.06	4.00
5.00	Subtotal wage-related costs (see inst.)	25,769,895	0	25,769,895	0.00	38.56	5.00
6.00	Total (sum of lines 3 thru 5)	131,783,743	0	131,783,743	3,821,749.00	34.48	6.00
7.00	Total overhead cost (see instructions)	11,424,590	0	11,424,590	444,636.00	25.69	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0280

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/17/2019 7:15 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,269,320	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	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
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,239,764	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	425,653	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	63,967	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)	532,795	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	631,083	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,099,717	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	147,764	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	145,235	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,555,298	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/17/2019 7:15 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,106,290	20,555,298	1.00
2.00	Hospital	1,106,290	20,129,173	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	181,887	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	244,238	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0280

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

Worksheet S-7

Date/Time Prepared:
5/17/2019 7:15 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	96	0	96	12.00
13.00	RUB	145	0	145	13.00
14.00	RUA	919	0	919	14.00
15.00	RVC	147	0	147	15.00
16.00	RVB	84	0	84	16.00
17.00	RVA	299	0	299	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	28	0	28	19.00
20.00	RHA	7	0	7	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	0	0	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	6	0	6	35.00
36.00	HB1	12	0	12	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	5	0	5	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-7 Date/Time Prepared: 5/17/2019 7:15 am
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		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	5	0	5	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	8	0	8	199.00
200.00	TOTAL		1,761	0	1,761	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	19340	19340	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing		0	0.00	202.00
203.00	Recruitment		0	0.00	203.00
204.00	Retention of employees		0	0.00	204.00
205.00	Training		0	0.00	205.00
206.00	OTHER (SPECIFY)		0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,655,287		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/17/2019 7:15 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.263991	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,231,583	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?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		17,485,946	5.00	
6.00	Medicaid charges		132,562,533	6.00	
7.00	Medicaid cost (line 1 times line 6)		34,995,316	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		13,097	9.00	
10.00	Stand-alone CHIP charges		40,027	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		10,567	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,426,660	2,996,549	7,423,209	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,168,598	2,996,549	4,165,147	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)	1,168,598	2,996,549	4,165,147	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)		12,309,862	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,186,010	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,824,631	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		10,485,231	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,406,628	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,571,775	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,571,775	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Date/Time Prepared: 5/17/2019 7:15 am							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	7,651,548	7,651,548	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,996,742	2,996,742	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.01
5.02	00570	ADMITTING	0	0	0	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.03
5.04	00590	A&G	0	100,209,389	100,209,389	-9,859,506	90,349,883
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,209,940	5,606,503	6,816,443	-306,810	6,509,633
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,081,946	2,252,624	4,334,570	-365	4,334,205
10.00	01000	DIETARY	1,838,342	875,148	2,713,490	0	2,713,490
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,503,256	600,447	2,103,703	-46,379	2,057,324
14.00	01400	CENTRAL SERVICES & SUPPLY	0	253,305	253,305	-145	253,160
15.00	01500	PHARMACY	3,762,791	18,646,196	22,408,987	-17,612,551	4,796,436
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,528,448	7,490,402	29,018,850	-2,544,506	26,474,344
31.00	03100	INTENSIVE CARE UNIT	3,876,931	2,680,321	6,557,252	-739,529	5,817,723
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,638,652	500,123	2,138,775	-485,819	1,652,956
32.00	03200	CORONARY CARE UNIT	2,725,857	1,110,422	3,836,279	-430,492	3,405,787
41.00	04100	SUBPROVIDER - I RF	730,571	353,947	1,084,518	-11,808	1,072,710
43.00	04300	NURSERY	0	0	0	835,089	835,089
44.00	04400	SKILLED NURSING FACILITY	952,762	385,664	1,338,426	-10,089	1,328,337
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,993,898	22,527,159	25,521,057	-15,348,807	10,172,250
51.00	05100	RECOVERY ROOM	1,913,952	850,186	2,764,138	3,648	2,767,786
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,071,334	1,013,728	3,085,062	-490,215	2,594,847
53.00	05300	ANESTHESIOLOGY	0	730,174	730,174	76,616	806,790
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,882,922	1,033,278	2,916,200	15,229	2,931,429
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	222,953	871,202	1,094,155	-802,644	291,511
54.02	03630	ULTRA SOUND	546,951	468,171	1,015,122	-309,701	705,421
55.00	05500	RADIOLOGY-THERAPEUTIC	1,157,214	1,619,901	2,777,115	346,758	3,123,873
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	943,391	673,125	1,616,516	-173,470	1,443,046
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	948,658	948,658	-155	948,503
59.00	05900	CARDIAC CATHETERIZATION	2,636,019	15,724,844	18,360,863	-13,634,985	4,725,878
60.00	06000	LABORATORY	4,249,105	10,061,156	14,310,261	-950,009	13,360,252
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,234,500	1,234,500
64.00	06400	INTRAVENOUS THERAPY	938,331	488,601	1,426,932	2,079,109	3,506,041
65.00	06500	RESPIRATORY THERAPY	1,857,850	1,101,315	2,959,165	-1,306,028	1,653,137
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	958,329	958,329
66.00	06600	PHYSICAL THERAPY	1,961,216	1,017,546	2,978,762	-359,188	2,619,574
67.00	06700	OCCUPATIONAL THERAPY	600,066	141,936	742,002	204,865	946,867
68.00	06800	SPEECH PATHOLOGY	103,538	25,697	129,235	218,708	347,943
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	844,712	831,559	1,676,271	-219,037	1,457,234
70.00	07000	ELECTROENCEPHALOGRAPHY	508,528	522,909	1,031,437	-86,316	945,121
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	9,650,749	9,650,749
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,630,659	23,630,659
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,450,379	17,450,379
74.00	07400	RENAL DIALYSIS	0	0	0	692,855	692,855
76.00	03340	GASTROINTESTINAL SERVICES	1,021,387	1,038,706	2,060,093	-306,030	1,754,063
76.97	07697	CARDIAC REHABILITATION	589,080	414,476	1,003,556	-77,003	926,553
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,859,011	1,130,017	2,989,028	1,269,285	4,258,313

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	14,068,124	7,611,192	21,679,316	-3,177,743	18,501,573	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,819,078	211,810,027	296,629,105	25,738	296,654,843	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	103,165	58,311	161,476	0	161,476	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,571,641	3,407,423	10,979,064	-25,738	10,953,326	192.00
192.01	19201	REVERSE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	143,566	52,541	196,107	0	196,107	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	92,637,450	215,328,302	307,965,752	0	307,965,752	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,624,489	10,276,037	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,047,921	948,821	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	2,003,165	2,003,165	5.01
5.02	00570	ADMINISTRATIVE	2,686,715	2,686,715	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,414,970	2,414,970	5.03
5.04	00590	A&G	-45,489,426	44,860,457	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,871,825	13,381,458	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	131,078	4,465,283	9.00
10.00	01000	DIETARY	-37,481	2,676,009	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,699,175	3,756,499	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,710,387	1,963,547	14.00
15.00	01500	PHARMACY	-412,783	4,383,653	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,230,246	2,230,246	16.00
17.00	01700	SOCIAL SERVICE	4,510,398	4,510,398	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,172,267	17,302,077	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,557,579	4,260,144	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-555,135	1,097,821	31.01
32.00	03200	CORONARY CARE UNIT	-2,581	3,403,206	32.00
41.00	04100	SUBPROVIDER - IRF	-25,936	1,046,774	41.00
43.00	04300	NURSERY	0	835,089	43.00
44.00	04400	SKILLED NURSING FACILITY	-83,419	1,244,918	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	732,719	10,904,969	50.00
51.00	05100	RECOVERY ROOM	0	2,767,786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,400	2,592,447	52.00
53.00	05300	ANESTHESIOLOGY	-666,607	140,183	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-17	2,931,412	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	291,511	54.01
54.02	03630	ULTRA SOUND	0	705,421	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-7,545	3,116,328	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-627	1,442,419	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-158,402	790,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,625,035	3,100,843	59.00
60.00	06000	LABORATORY	-630,391	12,729,861	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,234,500	63.00
64.00	06400	INTRAVENOUS THERAPY	-9,847	3,496,194	64.00
65.00	06500	RESPIRATORY THERAPY	-4,169	1,648,968	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	958,329	65.01
66.00	06600	PHYSICAL THERAPY	-105,632	2,513,942	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	946,867	67.00
68.00	06800	SPEECH PATHOLOGY	0	347,943	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-367,721	1,089,513	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-82,397	862,724	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	9,650,749	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,630,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,450,379	73.00
74.00	07400	RENAL DIALYSIS	0	692,855	74.00
76.00	03340	GASTROINTESTINAL SERVICES	-50,115	1,703,948	76.00
76.97	07697	CARDIAC REHABILITATION	-2,581	923,972	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-179,878	4,078,435	90.00
91.00	09100	EMERGENCY	-10,091,202	8,410,371	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	6.00	7.00	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-45,753,927	250,900,916	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	161,476	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-4,909	10,948,417	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	194.02
194.03	07953 PRECEDENCE	0	0	194.03
194.04	07954 CALL CENTER	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	194.06
194.07	07957 RESEARCH	0	196,107	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	-45,758,836	262,206,916	200.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/17/2019 7:15 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFIT ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,996,742	1.00
	O		0	2,996,742	
D - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	927,019	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
	O		0	927,019	
F - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,450,379	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	O		0	17,450,379	
G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	23,317	1.00
2.00		0.00	0	0	2.00
	O		0	23,317	
H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	9,650,749	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	O		0	9,650,749	

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/17/2019 7:15 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
I - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	23,630,659	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
		0	0	23,630,659	
K - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,628,231	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
		0	0	7,628,231	
L - COST CENTER MAPPING					
1.00	ADULTS & PEDIATRICS	30.00	524,335	216,609	1.00
2.00	CORONARY CARE UNIT	32.00	23,673	12,803	2.00
3.00	NURSERY	43.00	620,719	214,370	3.00
4.00	OPERATING ROOM	50.00	945,861	512,072	4.00
5.00	RECOVERY ROOM	51.00	32,131	26,248	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	256,013	745,996	6.00
7.00	ANESTHESIOLOGY	53.00	90,269	51,260	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	51,739	71,681	8.00
9.00	ULTRA SOUND	54.02	54,447	42,241	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	291,858	164,523	10.00
11.00	LABORATORY	60.00	109,357	45,138	11.00
12.00	BLOOD STORING, PROCESSING & TRANS.	63.00	209,943	97,538	12.00
13.00	INTRAVENOUS THERAPY	64.00	2,014,476	1,024,226	13.00
14.00	RESPIRATORY THERAPY	65.00	43,240	30,168	14.00
15.00	PULMONARY FUNCTION TESTING	65.01	678,362	279,967	15.00
16.00	OCCUPATIONAL THERAPY	67.00	115,871	88,994	16.00
17.00	SPEECH PATHOLOGY	68.00	140,179	78,529	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	89,314	117,236	18.00
19.00	RENAL DIALYSIS	74.00	435,467	257,388	19.00
20.00	CLINIC	90.00	864,318	579,810	20.00
21.00	EMERGENCY	91.00	80,145	30,523	21.00
			7,671,717	4,687,320	
500.00	Grand Total: Increases		7,671,717	66,994,416	500.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6
Date/Time Prepared:
5/17/2019 7:15 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BENEFIT ALLOCATION						
1.00 A&G	5.04	0	2,996,742	0		1.00
O		0	2,996,742			
D - BLOOD						
1.00	0.00	0	0	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	0	615	0		2.00
3.00 OPERATING ROOM	50.00	0	178	0		3.00
4.00 LABORATORY	60.00	0	926,226	0		4.00
O		0	927,019			
F - DRUGS						
1.00 NURSING ADMINISTRATION	13.00	0	225	0		1.00
2.00 PHARMACY	15.00	0	17,174,930	0		2.00
3.00 ADULTS & PEDIATRICS	30.00	0	5,871	0		3.00
4.00 INTENSIVE CARE UNIT	31.00	0	3,019	0		4.00
5.00 NEONATAL INTENSIVE CARE UNIT	31.01	0	114	0		5.00
6.00 CORONARY CARE UNIT	32.00	0	2,046	0		6.00
7.00 SUBPROVIDER - IRF	41.00	0	257	0		7.00
8.00 SKILLED NURSING FACILITY	44.00	0	174	0		8.00
9.00 OPERATING ROOM	50.00	0	109,672	0		9.00
10.00 RECOVERY ROOM	51.00	0	127	0		10.00
11.00 DELIVERY ROOM & LABOR ROOM	52.00	0	3,590	0		11.00
12.00 ANESTHESIOLOGY	53.00	0	64,913	0		12.00
13.00 RADIOLOGY-DIAGNOSTIC	54.00	0	5,583	0		13.00
14.00 ULTRASOUND	54.02	0	3	0		14.00
15.00 RADIOLOGY-THERAPEUTIC	55.00	0	54	0		15.00
16.00 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,572	0		16.00
17.00 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	155	0		17.00
18.00 CARDIAC CATHETERIZATION	59.00	0	1,688	0		18.00
19.00 LABORATORY	60.00	0	469	0		19.00
20.00 INTRAVENOUS THERAPY	64.00	0	6	0		20.00
21.00 RESPIRATORY THERAPY	65.00	0	2,486	0		21.00
22.00 PHYSICAL THERAPY	66.00	0	1,829	0		22.00
23.00 RADIOLOGY	69.01	0	5,897	0		23.00
24.00 ELECTROENCEPHALOGRAPHY	70.00	0	323	0		24.00
25.00 GASTROINTESTINAL SERVICES	76.00	0	13,870	0		25.00
26.00 CARDIAC REHABILITATION	76.97	0	34	0		26.00
27.00 CLINIC	90.00	0	35,879	0		27.00
28.00 EMERGENCY	91.00	0	13,593	0		28.00
O		0	17,450,379			
G - PROPERTY TAX						
1.00 PHYSICAL THERAPY	66.00	0	4,393	13		1.00
2.00 ELECTROENCEPHALOGRAPHY	70.00	0	18,924	0		2.00
O		0	23,317			
H - MEDICAL SUPPLIES						
1.00 PHARMACY	15.00	0	285,180	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	0	273,878	0		2.00
3.00 INTENSIVE CARE UNIT	31.00	0	296,279	0		3.00
4.00 NEONATAL INTENSIVE CARE UNIT	31.01	0	38,344	0		4.00
5.00 CORONARY CARE UNIT	32.00	0	125,153	0		5.00
6.00 SUBPROVIDER - IRF	41.00	0	11,541	0		6.00
7.00 SKILLED NURSING FACILITY	44.00	0	9,915	0		7.00
8.00 OPERATING ROOM	50.00	0	4,925,536	0		8.00
9.00 RECOVERY ROOM	51.00	0	54,480	0		9.00
10.00 DELIVERY ROOM & LABOR ROOM	52.00	0	73,002	0		10.00
11.00 RADIOLOGY-DIAGNOSTIC	54.00	0	22,779	0		11.00
12.00 NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	802,644	0		12.00
13.00 ULTRASOUND	54.02	0	140,926	0		13.00
14.00 RADIOLOGY-THERAPEUTIC	55.00	0	84,421	0		14.00
15.00 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	157,435	0		15.00
16.00 CARDIAC CATHETERIZATION	59.00	0	1,364,028	0		16.00
17.00 LABORATORY	60.00	0	96,443	0		17.00
18.00 INTRAVENOUS THERAPY	64.00	0	18,884	0		18.00
19.00 RESPIRATORY THERAPY	65.00	0	319,094	0		19.00
20.00 PHYSICAL THERAPY	66.00	0	2,522	0		20.00
21.00 RADIOLOGY	69.01	0	6,468	0		21.00
22.00 ELECTROENCEPHALOGRAPHY	70.00	0	12,444	0		22.00
23.00 GASTROINTESTINAL SERVICES	76.00	0	166,633	0		23.00
24.00 CARDIAC REHABILITATION	76.97	0	1,766	0		24.00
25.00 CLINIC	90.00	0	22,974	0		25.00
26.00 EMERGENCY	91.00	0	337,980	0		26.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6
Date/Time Prepared:
5/17/2019 7:15 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0		0	9,650,749			
I - IMPLANTABLES						
1.00	HOUSEKEEPING	9.00	0	365	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	110	0	2.00
3.00	PHARMACY	15.00	0	32	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,334	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	6,194	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	42	0	6.00
7.00	CORONARY CARE UNIT	32.00	0	1,851	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	10	0	8.00
9.00	OPERATING ROOM	50.00	0	11,771,354	0	9.00
10.00	RECOVERY ROOM	51.00	0	124	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,561	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46	0	12.00
13.00	ULTRA SOUND	54.02	0	232	0	13.00
14.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	1,996	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	11,761,139	0	15.00
16.00	LABORATORY	60.00	0	5	0	16.00
17.00	INTRAVENOUS THERAPY	64.00	0	573	0	17.00
19.00	GASTROINTESTINAL SERVICES	76.00	0	23,816	0	19.00
20.00	CLINIC	90.00	0	48,150	0	20.00
21.00	EMERGENCY	91.00	0	725	0	21.00
0		0	23,630,659			
K - DEPRECIATION						
1.00	A&G	5.04	0	6,862,764	9	1.00
2.00	OPERATION OF PLANT	7.00	0	306,810	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	46,044	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	145	0	4.00
5.00	PHARMACY	15.00	0	152,409	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	14,270	0	6.00
7.00	CORONARY CARE UNIT	32.00	0	3,785	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,927	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	25,148	0	9.00
10.00	LABORATORY	60.00	0	81,361	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	3,217	0	11.00
12.00	CARDIOLOGY	69.01	0	122	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	96,696	0	13.00
14.00	CARDIAC REHABILITATION	76.97	0	1,795	0	14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	25,738	0	15.00
0		0	7,628,231			
L - COST CENTER MAPPING						
1.00	ADULTS & PEDIATRICS	30.00	2,090,765	898,717	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	288,286	145,751	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	349,002	98,317	0	3.00
4.00	CORONARY CARE UNIT	32.00	237,894	96,239	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	949,029	454,042	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	37,425	34,431	0	6.00
7.00	ULTRA SOUND	54.02	164,273	100,955	0	7.00
8.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	6,601	3,866	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	309,455	198,675	0	9.00
10.00	INTRAVENOUS THERAPY	64.00	628,852	311,278	0	10.00
11.00	RESPIRATORY THERAPY	65.00	746,861	310,995	0	11.00
12.00	PHYSICAL THERAPY	66.00	199,302	147,925	0	12.00
13.00	CARDIOLOGY	69.01	89,314	117,236	0	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	92,622	71,857	0	14.00
15.00	GASTROINTESTINAL SERVICES	76.00	55,980	45,731	0	15.00
16.00	CARDIAC REHABILITATION	76.97	43,240	30,168	0	16.00
17.00	CLINIC	90.00	52,155	15,685	0	17.00
18.00	EMERGENCY	91.00	1,330,661	1,605,452	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
0		0	7,671,717	4,687,320		
500.00	Grand Total: Decreases		7,671,717	66,994,416		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

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

Worksheet A-7
Part I
Date/Time Prepared:
5/17/2019 7:15 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,909,905	0	0	0	1.00
2.00	Land Improvements	9,418,300	132,180	0	132,180	2.00
3.00	Buildings and Fixtures	286,395,546	3,768,754	0	3,768,754	3.00
4.00	Building Improvements	220,157	0	0	0	4.00
5.00	Fixed Equipment	1,234,779	1,248,741	0	1,248,741	5.00
6.00	Movable Equipment	109,381,643	6,367,630	0	6,367,630	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	413,560,330	11,517,305	0	11,517,305	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	413,560,330	11,517,305	0	11,517,305	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,909,905	0			1.00
2.00	Land Improvements	9,550,480	0			2.00
3.00	Buildings and Fixtures	290,164,300	0			3.00
4.00	Building Improvements	220,157	0			4.00
5.00	Fixed Equipment	2,483,520	0			5.00
6.00	Movable Equipment	105,904,674	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	415,233,036	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	415,233,036	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

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

Worksheet A-7
Part II
Date/Time Prepared:
5/17/2019 7:15 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

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

Worksheet A-7
Part III
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	278,457,248	0	278,457,248	0.736296	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	99,729,074	0	99,729,074	0.263704	0	2.00
3.00	Total (sum of lines 1-2)	378,186,322	0	378,186,322	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,628,231	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,628,231	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	2,624,489	0	23,317	0	10,276,037	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,624,489	0	23,317	0	10,276,037	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-24,477,078				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-9,174,416				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-5,211	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-335,922	PHARMACY		15.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-27,059	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			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.00
33.01 OFFSET CONTRIBUTION COST	A	-1,087	OPERATION OF PLANT	7.00		0 33.01
33.02 OFFSET CONTRIBUTION COST	A	-739	PHYSICAL THERAPY	66.00		0 33.02
33.03 OFFSET CONTRIBUTION COST	A	-1,484	ELECTROENCEPHALOGRAPHY	70.00		0 33.03
33.04 OFFSET CONTRIBUTION COST	A	-460	CLINIC	90.00		0 33.04
33.05 OFFSET CONTRIBUTION COST	A	-129	EMERGENCY	91.00		0 33.05
33.06 OFFSET CONTRIBUTION COST	A	-574	PHYSICIANS' PRIVATE OFFICES	192.00		0 33.06
34.00 OFFSET PROVIDER TAX	A	-11,036,232	A&G	5.04		0 34.00
35.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 35.00
36.00 BOND AMORTIZATION	A	135,067	A&G	5.04		0 36.00
37.00 SISTER BENEFITS	A	25,679	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 37.00
37.01 NONALLOWABLE EXPENSE	A	-15,866	PHARMACY	15.00		0 37.01
37.02 NONALLOWABLE EXPENSE	A	-49	ADULTS & PEDIATRICS	30.00		0 37.02
37.03 NONALLOWABLE EXPENSE	A	-17	RADIOLOGY-DIAGNOSTIC	54.00		0 37.03
37.04 NONALLOWABLE EXPENSE	A	-7,545	RADIOLOGY-THERAPEUTIC	55.00		0 37.04
37.05 NONALLOWABLE EXPENSE	A	-3,296	PHYSICAL THERAPY	66.00		0 37.05
37.06 NONALLOWABLE EXPENSE	A	-1,782	GASTRO INTESTINAL SERVICES	76.00		0 37.06
37.07 NONALLOWABLE EXPENSE	A	-28	CARDIAC REHABILITATION	76.97		0 37.07
37.08 NONALLOWABLE EXPENSE	A	-461	CLINIC	90.00		0 37.08
37.09 MIS INCOME OFFSET	B	-3,423	A&G	5.04		0 37.09
37.10 MIS INCOME OFFSET	B	-13,800	OPERATION OF PLANT	7.00		0 37.10
37.11 MIS INCOME OFFSET	B	-6,545	HOUSEKEEPING	9.00		0 37.11
37.12 MIS INCOME OFFSET	B	-5,211	DIETARY	10.00		0 37.12
37.13 MIS INCOME OFFSET	B	-60,995	PHARMACY	15.00		0 37.13
37.14 MIS INCOME OFFSET	B	-707	ADULTS & PEDIATRICS	30.00		0 37.14
37.15 MIS INCOME OFFSET	B	-30,822	NEONATAL INTENSIVE CARE UNIT	31.01		0 37.15
37.16 MIS INCOME OFFSET	B	-5,510	OPERATING ROOM	50.00		0 37.16
37.17 MIS INCOME OFFSET	B	-2,400	DELIVERY ROOM & LABOR ROOM	52.00		0 37.17
38.00 MIS INCOME OFFSET	B	-627	COMPUTED TOMOGRAPHY (CT) SCAN	57.00		0 38.00
39.00 MIS INCOME OFFSET	B	-2	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0 39.00
40.00 MIS INCOME OFFSET	B	-8,897	CARDIAC CATHETERIZATION	59.00		0 40.00
40.06 MIS INCOME OFFSET	B	-630,391	LABORATORY	60.00		0 40.06
40.07 MIS INCOME OFFSET	B	-39,806	PHYSICAL THERAPY	66.00		0 40.07
40.08 MIS INCOME OFFSET	B	-8,650	CARDIOLOGY	69.01		0 40.08
40.09 MIS INCOME OFFSET	B	-13	ELECTROENCEPHALOGRAPHY	70.00		0 40.09
40.10 MIS INCOME OFFSET	B	-3,205	CLINIC	90.00		0 40.10
41.00 MIS INCOME OFFSET	B	-691	EMERGENCY	91.00		0 41.00
42.00 PART TIME TUITION	A	-2,581	CORONARY CARE UNIT	32.00		0 42.00
42.01 PART TIME TUITION	A	-633	SKILLED NURSING FACILITY	44.00		0 42.01
42.02 PART TIME TUITION	A	-903	CARDIAC REHABILITATION	76.97		0 42.02
42.03 PART TIME TUITION	A	-4,335	PHYSICIANS' PRIVATE OFFICES	192.00		0 42.03
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.00
44.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.01
44.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.02
44.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.03
44.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.06
44.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.07
44.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.08
44.09 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.09
44.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.10
44.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.11
44.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.12
44.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.13

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	
44.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.14
44.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.15
44.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.16
44.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.17
44.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.18
44.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.19
44.20 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.20
44.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.21
44.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.22
44.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.23
44.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.24
44.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.25
44.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.26
44.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.27
44.28 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.28
44.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.29
44.30 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.30
44.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.31
44.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.32
44.33 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.33
44.34 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.34
44.35 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.35
44.36 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.36
44.37 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.37
44.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.38
44.39 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.39
44.40 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.40
44.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.42
44.44 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.44
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-45,758,836			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: 14-0280
 Period: From 01/01/2018 To 12/31/2018
 Worksheet A-8-1
 Date/Time Prepared: 5/17/2019 7:15 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	5.04	A&G	TRHS 47,325,254	81,910,092	1.00
2.00	5.01	PURCHASING RECEIVING AND STO	TRHS 2,003,165	0	2.00
3.00	5.02	ADMINISTRATIVE	TRHS 2,686,715	0	3.00
4.00	5.03	CASHIERING/ACCOUNTS RECEIVAB	TRHS 2,414,970	0	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRHS -2,073,600	0	4.01
4.02	7.00	OPERATION OF PLANT	TRHS 6,886,712	0	4.02
4.03	9.00	HOUSEKEEPING	TRHS 137,623	0	4.03
4.04	13.00	NURSING ADMINISTRATION	TRHS 1,699,175	0	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	TRHS 1,710,387	0	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	TRHS 2,230,246	0	4.06
4.07	17.00	SOCIAL SERVICE	TRHS 4,510,398	0	4.07
4.08	50.00	OPERATING ROOM	TRHS 738,542	0	4.08
4.09	58.00	MAGNETIC RESONANCE IMAGING (METRO MRI 789,773	948,173	4.09
4.10	1.00	CAP REL COSTS-BLDG & FIXT	TRHS 2,624,489	0	4.10
4.21	0.00		0	0	4.21
5.00	0		73,683,849	82,858,265	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	IOWA HEALTH SYSTEM	100.00	0.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYST	100.00	100.00	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: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
5/17/2019 7:15 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-34,584,838	0		1.00
2.00	2,003,165	0		2.00
3.00	2,686,715	0		3.00
4.00	2,414,970	0		4.00
4.01	-2,073,600	0		4.01
4.02	6,886,712	0		4.02
4.03	137,623	0		4.03
4.04	1,699,175	0		4.04
4.05	1,710,387	0		4.05
4.06	2,230,246	0		4.06
4.07	4,510,398	0		4.07
4.08	738,542	0		4.08
4.09	-158,400	0		4.09
4.10	2,624,489	11		4.10
4.21	0	0		4.21
5.00	-9,174,416			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00		6.00
7.00	HEALTH SYSTEM	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: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
5/17/2019 7:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	9,204,050	9,159,497	44,553	211,500	320	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,557,579	1,557,579	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	534,179	516,643	17,536	211,500	97	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	80,438	0	80,438	211,500	536	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	82,786	82,786	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	313	313	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	666,607	666,607	0	0	0	7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	1,616,138	1,616,138	0	0	0	8.00
9.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	9,847	9,847	0	0	0	9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	4,169	4,169	0	0	0	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	61,791	61,791	0	0	0	11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	359,071	359,071	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	80,900	80,900	0	0	0	13.00
14.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	48,333	48,333	0	0	0	14.00
15.00	76.97	AGGREGATE-CARDIAC REHABILITATION	1,650	1,650	0	0	0	15.00
16.00	90.00	AGGREGATE-CLINIC	194,822	160,284	34,538	211,500	187	16.00
17.00	91.00	AGGREGATE-EMERGENCY	10,259,773	9,846,554	413,219	211,500	1,664	17.00
200.00			24,762,446	24,172,162	590,284		2,804	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	AGGREGATE-ADULTS & PEDIATRICS	32,538	1,627	219	1	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	9,863	493	96	3	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	54,502	2,725	0	0	0	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	0	0	0	0	0	14.00
15.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00	AGGREGATE-CLINIC	19,015	951	311	55	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	169,200	8,460	4,733	191	0	17.00
200.00			285,118	14,256	5,359	250	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	AGGREGATE-ADULTS & PEDIATRICS	0	32,539	12,014	9,171,511	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	1,557,579	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	9,866	7,670	524,313	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	54,502	25,936	25,936	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	82,786	5.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
5/17/2019 7:15 am

	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		
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	313		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	666,607		7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	1,616,138		8.00
9.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	9,847		9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	4,169		10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	61,791		11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	359,071		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	80,900		13.00
14.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	0	0	0	48,333		14.00
15.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	1,650		15.00
16.00	90.00	AGGREGATE-CLINIC	0	19,070	15,468	175,752		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	169,391	243,828	10,090,382		17.00
200.00			0	285,368	304,916	24,477,078		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,276,037	10,276,037			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	948,821	30,948	0	979,769	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	2,003,165	0	0	0	5.01
5.02 00570	ADMITTING	2,686,715	152,715	0	0	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,414,970	65,142	0	0	5.03
5.04 00590	A&G	44,860,457	1,726,103	0	0	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	13,381,458	1,200,509	0	12,796	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,465,283	87,745	0	22,019	9.00
10.00 01000	DIETARY	2,676,009	269,753	0	19,442	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,756,499	34,429	0	15,898	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,963,547	274,198	0	0	14.00
15.00 01500	PHARMACY	4,383,653	126,236	0	39,795	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,230,246	21,492	0	0	16.00
17.00 01700	SOCIAL SERVICE	4,510,398	29,652	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01 02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02 02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03 02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,302,077	1,079,384	0	211,156	30.00
31.00 03100	INTENSIVE CARE UNIT	4,260,144	151,554	0	37,954	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	1,097,821	42,712	0	13,639	31.01
32.00 03200	CORONARY CARE UNIT	3,403,206	132,457	0	26,563	32.00
41.00 04100	SUBPROVIDER - I&R	1,046,774	103,213	0	7,727	41.00
43.00 04300	NURSERY	835,089	60,933	0	6,565	43.00
44.00 04400	SKILLED NURSING FACILITY	1,244,918	130,729	0	10,076	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,904,969	589,873	0	41,667	50.00
51.00 05100	RECOVERY ROOM	2,767,786	155,801	0	20,582	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,592,447	90,313	0	14,577	52.00
53.00 05300	ANESTHESIOLOGY	140,183	7,493	0	955	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,931,412	295,591	0	20,065	54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	291,511	22,825	0	2,358	54.01
54.02 03630	ULTRA SOUND	705,421	2,123	0	4,623	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	3,116,328	165,812	0	15,325	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,442,419	14,949	0	9,907	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	790,101	19,109	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,100,843	295,936	0	24,606	59.00
60.00 06000	LABORATORY	12,729,861	170,948	0	46,095	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,234,500	12,628	0	2,220	63.00
64.00 06400	INTRAVENOUS THERAPY	3,496,194	169,960	0	24,578	64.00
65.00 06500	RESPIRATORY THERAPY	1,648,968	42,897	0	12,207	65.00
65.01 03560	PULMONARY FUNCTION TESTING	958,329	22,887	0	7,174	65.01
66.00 06600	PHYSICAL THERAPY	2,513,942	49,539	0	18,634	66.00
67.00 06700	OCCUPATIONAL THERAPY	946,867	8,493	0	7,572	67.00
68.00 06800	SPEECH PATHOLOGY	347,943	15,641	0	2,578	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03140	CARDIOLOGY	1,089,513	121,174	0	7,989	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	862,724	17,332	0	5,343	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	9,650,749	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	23,630,659	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	17,450,379	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	692,855	21,763	0	4,605	74.00
76.00 03340	GASTROINTESTINAL SERVICES	1,703,948	33,614	0	10,210	76.00
76.97 07697	CARDIAC REHABILITATION	923,972	65,513	0	5,773	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				4.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	4,078,435	210,105	0	28,250	28,871	90.00	
91.00 09100 EMERGENCY	8,410,371	394,483	0	135,559	69,580	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	250,900,916	8,736,706	0	897,082	1,992,439	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	161,476	32,874	0	1,091	11	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	10,948,417	238,843	0	80,078	10,675	192.00	
192.01 19201 RIVERSIDE OUTPATIENT	0	35,836	0	0	0	192.01	
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02	
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03	
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04	
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05	
194.00 07950 NON REIMBURSABLE	0	1,231,778	0	0	0	194.00	
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01	
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02	
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03	
194.04 07954 CALL CENTER	0	0	0	0	0	194.04	
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05	
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06	
194.07 07957 RESEARCH	196,107	0	0	1,518	40	194.07	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	262,206,916	10,276,037	0	979,769	2,003,165	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	2,839,430					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,480,112				5.03
5.04	00590	A&G	0	0	46,586,560	46,586,560		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	14,626,637	3,160,202		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,603,851	994,699	0	9.00
10.00	01000	DIETARY	0	0	2,965,204	640,656	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,810,103	823,203	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,237,829	483,501	0	14.00
15.00	01500	PHARMACY	0	0	4,552,033	983,503	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,251,738	486,506	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	4,540,050	980,914	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	147,638	128,976	18,961,041	4,096,685	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36,699	32,060	4,552,893	983,689	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,121	4,474	1,171,943	253,208	0	31.01
32.00	03200	CORONARY CARE UNIT	38,220	33,389	3,651,358	788,905	0	32.00
41.00	04100	SUBPROVIDER - IRF	9,011	7,872	1,178,427	254,609	0	41.00
43.00	04300	NURSERY	7,582	6,623	919,239	198,609	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,345	9,911	1,410,135	304,671	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	295,137	257,829	12,353,919	2,669,163	0	50.00
51.00	05100	RECOVERY ROOM	31,900	27,867	3,030,928	654,856	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,263	16,828	2,748,741	593,887	0	52.00
53.00	05300	ANESTHESIOLOGY	39,570	34,568	225,418	48,703	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,395	77,221	3,421,130	739,163	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	12,191	10,650	339,738	73,403	0	54.01
54.02	03630	ULTRA SOUND	22,252	19,439	761,920	164,619	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	153,417	134,024	3,596,812	777,120	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	215,148	187,952	1,891,499	408,673	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,919	17,401	846,551	182,904	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	248,792	217,343	3,887,520	839,930	0	59.00
60.00	06000	LABORATORY	221,770	193,737	13,432,314	2,902,159	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,541	9,208	1,272,237	274,877	0	63.00
64.00	06400	INTRAVENOUS THERAPY	66,107	57,751	3,848,681	831,538	0	64.00
65.00	06500	RESPIRATORY THERAPY	52,955	46,261	1,812,813	391,673	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	26,665	23,295	1,043,785	225,518	0	65.01
66.00	06600	PHYSICAL THERAPY	33,064	28,884	2,647,288	571,968	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,930	15,664	997,009	215,412	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,211	4,553	376,402	81,325	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	53,139	46,421	1,328,083	286,943	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	17,679	15,444	921,020	198,994	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	141,698	123,787	11,021,773	2,381,342	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	187,798	164,059	23,982,516	5,181,670	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,420	270,788	18,031,587	3,895,869	0	73.00
74.00	07400	RENAL DIALYSIS	5,712	4,990	732,255	158,210	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	39,759	34,733	1,879,000	405,973	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,088	8,812	1,017,946	219,935	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	49,560	43,295	4,438,516	958,977	0	90.00
91.00	09100	EMERGENCY	187,734	164,003	9,361,730	2,022,677	0	91.00
92.00	09200	OBSERVATION BEDS			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
		5.02	5.03	5A.03	5.04	6.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,839,430	2,480,112	249,268,172	43,791,041	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	195,452	42,229	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	11,278,013	2,436,705	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	35,836	7,743	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	1,231,778	266,135	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	197,665	42,707	0	194.07
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,839,430	2,480,112	262,206,916	46,586,560	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	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	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	17,786,839				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	219,799	0	5,818,349		9.00
10.00	01000	DIETARY	675,724	0	223,805	4,505,389	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	86,244	0	28,565	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	686,857	0	227,493	0	14.00
15.00	01500	PHARMACY	316,216	0	104,733	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,837	0	17,831	0	16.00
17.00	01700	SOCIAL SERVICE	74,276	0	24,601	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,703,825	0	895,529	2,761,950	30.00
31.00	03100	INTENSIVE CARE UNIT	379,639	0	125,740	369,599	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	106,993	0	35,437	0	31.01
32.00	03200	CORONARY CARE UNIT	331,801	0	109,895	539,262	32.00
41.00	04100	SUBPROVIDER - I RF	258,545	0	85,632	160,274	41.00
43.00	04300	NURSERY	152,635	0	50,554	0	43.00
44.00	04400	SKILLED NURSING FACILITY	327,472	0	108,461	265,950	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,477,614	0	489,398	0	50.00
51.00	05100	RECOVERY ROOM	390,276	0	129,263	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	226,231	0	74,930	0	52.00
53.00	05300	ANESTHESIOLOGY	18,770	0	6,217	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	740,446	0	245,242	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	57,176	0	18,937	4,961	54.01
54.02	03630	ULTRA SOUND	5,319	0	1,762	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	415,355	0	137,569	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	37,447	0	12,403	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,868	0	15,854	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	741,312	0	245,529	0	59.00
60.00	06000	LABORATORY	428,219	0	141,830	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,634	0	10,477	0	63.00
64.00	06400	INTRAVENOUS THERAPY	425,745	0	141,010	4,348	64.00
65.00	06500	RESPIRATORY THERAPY	107,457	0	35,591	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	57,331	0	18,988	0	65.01
66.00	06600	PHYSICAL THERAPY	124,093	0	41,101	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,275	0	7,046	0	67.00
68.00	06800	SPEECH PATHOLOGY	39,179	0	12,976	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	303,538	0	100,534	94,420	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	43,416	0	14,380	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	54,517	0	18,056	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	84,203	0	27,889	0	76.00
76.97	07697	CARDIAC REHABILITATION	164,107	0	54,354	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	526,306	0	174,317	267	90.00
91.00	09100	EMERGENCY	988,168	0	327,289	121,679	91.00
92.00	09200	OBSERVATION BEDS					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2018
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		13,930,865	0	4,541,218	4,322,710	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,347	0	27,274	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	598,294	0	198,160	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	89,769	0	29,732	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	3,085,564	0	1,021,965	182,679	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	194.07
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)		17,786,839	0	5,818,349	4,505,389	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
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
11.01	01101	0					11.01
12.00	01200	0	0				12.00
13.00	01300	0	0	4,748,115			13.00
14.00	01400	0	0	0	3,635,680		14.00
15.00	01500	0	0	0	3,082	5,959,567	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	2,174,377	63,988	0	30.00
31.00	03100	0	0	567,743	25,588	0	31.00
31.01	02060	0	0	142,827	4,352	0	31.01
32.00	03200	0	0	599,487	13,250	0	32.00
41.00	04100	0	0	169,330	2,598	0	41.00
43.00	04300	0	0	134,938	1,660	0	43.00
44.00	04400	0	0	199,891	2,250	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	148,267	197,610	0	50.00
51.00	05100	0	0	0	19,065	0	51.00
52.00	05200	0	0	184,638	11,769	0	52.00
53.00	05300	0	0	13,535	1,904	0	53.00
54.00	05400	0	0	0	6,897	0	54.00
54.01	03450	0	0	0	74,153	0	54.01
54.02	03630	0	0	0	5,769	0	54.02
55.00	05500	0	0	0	7,794	0	55.00
57.00	05700	0	0	0	26,571	0	57.00
58.00	05800	0	0	0	30	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	30,418	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	39,567	2,234	0	63.00
64.00	06400	0	0	171,676	22,148	0	64.00
65.00	06500	0	0	0	6,571	0	65.00
65.01	03560	0	0	8,884	3,737	0	65.01
66.00	06600	0	0	0	1,521	0	66.00
67.00	06700	0	0	0	299	0	67.00
68.00	06800	0	0	12,335	285	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	0	0	0	6,045	0	69.01
70.00	07000	0	0	0	3,017	0	70.00
71.00	07100	0	0	0	800,006	0	71.00
72.00	07200	0	0	0	2,181,474	0	72.00
73.00	07300	0	0	0	0	5,907,078	73.00
74.00	07400	0	0	98,555	1,781	0	74.00
76.00	03340	0	0	0	37,785	0	76.00
76.97	07697	0	0	0	1,690	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	82,065	20,725	0	90.00
91.00	09100	0	0	0	44,381	0	91.00
92.00	09200						92.00

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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,748,115	3,632,447	5,907,078	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	3,200	52,401	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	0	28	88	194.07
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)	0	0	4,748,115	3,635,680	5,959,567	202.00

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,809,912					16.00
17.00 01700 SOCIAL SERVICE	0	5,619,841				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	0				23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0				23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0				23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	146,119	3,566,539	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	36,321	477,258	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	5,068	92,892	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	37,827	696,351	0	0	0	32.00
41.00 04100 SUBPROVIDER - I&R	8,918	206,981	0	0	0	41.00
43.00 04300 NURSERY	7,504	236,382	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	11,228	343,438	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	292,099	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	31,571	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	19,065	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	39,162	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	87,485	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	12,065	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	22,023	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	151,838	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	212,934	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	19,714	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	246,231	0	0	0	0	59.00
60.00 06000 LABORATORY	219,488	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	10,432	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	65,427	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	52,410	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	26,391	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	32,723	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	17,746	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,158	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	52,592	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	17,497	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	140,240	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	185,865	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	306,934	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	5,653	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	39,350	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	9,984	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LIOTHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	49,049	0	0	0	0	90.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
							SRVCS-SALARY & FRINGES		
			16.00	17.00	19.00	20.00	21.00		
91.00	09100	EMERGENCY	185,801	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		2,809,912	5,619,841	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments					0	0	0	200.00
201.00	Negative Cost Centers					0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)		2,809,912	5,619,841	0	0	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCES-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)		0				23.00
23.01 02301 PARAMED PROGRAM-OR TECH			0			23.01
23.02 02302 PARAMED PROGRAM-EMS				0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE					0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM - (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE		
			SRVCES-OTHER PRGM COSTS						
			22.00	23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2018
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
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
11.01	01101				11.01
12.00	01200				12.00
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
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	35,370,053	0	35,370,053	30.00
31.00	03100	7,518,470	0	7,518,470	31.00
31.01	02060	1,812,720	0	1,812,720	31.01
32.00	03200	6,768,136	0	6,768,136	32.00
41.00	04100	2,325,314	0	2,325,314	41.00
43.00	04300	1,701,521	0	1,701,521	43.00
44.00	04400	2,973,496	0	2,973,496	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	17,628,070	0	17,628,070	50.00
51.00	05100	4,255,959	0	4,255,959	51.00
52.00	05200	3,859,261	0	3,859,261	52.00
53.00	05300	353,709	0	353,709	53.00
54.00	05400	5,240,363	0	5,240,363	54.00
54.01	03450	580,433	0	580,433	54.01
54.02	03630	961,412	0	961,412	54.02
55.00	05500	5,086,488	0	5,086,488	55.00
57.00	05700	2,589,527	0	2,589,527	57.00
58.00	05800	1,112,921	0	1,112,921	58.00
59.00	05900	5,960,522	0	5,960,522	59.00
60.00	06000	17,154,428	0	17,154,428	60.00
62.30	06250	0	0	0	62.30
63.00	06300	1,641,458	0	1,641,458	63.00
64.00	06400	5,510,573	0	5,510,573	64.00
65.00	06500	2,406,515	0	2,406,515	65.00
65.01	03560	1,384,634	0	1,384,634	65.01
66.00	06600	3,418,694	0	3,418,694	66.00
67.00	06700	1,258,787	0	1,258,787	67.00
68.00	06800	527,660	0	527,660	68.00
69.00	06900	0	0	0	69.00
69.01	03140	2,172,155	0	2,172,155	69.01
70.00	07000	1,198,324	0	1,198,324	70.00
71.00	07100	14,343,361	0	14,343,361	71.00
72.00	07200	31,531,525	0	31,531,525	72.00
73.00	07300	28,141,468	0	28,141,468	73.00
74.00	07400	1,069,027	0	1,069,027	74.00
76.00	03340	2,474,200	0	2,474,200	76.00
76.97	07697	1,468,016	0	1,468,016	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	6,250,222	0	6,250,222	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	13,051,725	0	13,051,725	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	241,101,147	0	241,101,147	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	347,307	0	347,307	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,566,773	0	14,566,773	192.00
192.01	19201	RIVERSIDE OUTPATIENT	163,080	0	163,080	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	5,788,121	0	5,788,121	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	240,488	0	240,488	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	262,206,916	0	262,206,916	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
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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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	30,948	0	30,948	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.01
5.02 00570	ADMINISTRATIVE	0	152,715	0	152,715	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	65,142	0	65,142	5.03
5.04 00590	A&G	285,538	1,726,103	0	2,011,641	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	34,062	1,200,509	0	1,234,571	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	17,950	87,745	0	105,695	9.00
10.00 01000	DIETARY	30,964	269,753	0	300,717	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	83,246	34,429	0	117,675	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	274,198	0	274,198	14.00
15.00 01500	PHARMACY	249,013	126,236	0	375,249	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	21,492	0	21,492	16.00
17.00 01700	SOCIAL SERVICE	0	29,652	0	29,652	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01 02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02 02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03 02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	213,640	1,079,384	0	1,293,024	30.00
31.00 03100	INTENSIVE CARE UNIT	136,167	151,554	0	287,721	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	4,273	42,712	0	46,985	31.01
32.00 03200	CORONARY CARE UNIT	31,108	132,457	0	163,565	32.00
41.00 04100	SUBPROVIDER - I&R	18,221	103,213	0	121,434	41.00
43.00 04300	NURSERY	0	60,933	0	60,933	43.00
44.00 04400	SKILLED NURSING FACILITY	23,109	130,729	0	153,838	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	996,604	589,873	0	1,586,477	50.00
51.00 05100	RECOVERY ROOM	50,631	155,801	0	206,432	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	85,852	90,313	0	176,165	52.00
53.00 05300	ANESTHESIOLOGY	0	7,493	0	7,493	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	355,059	295,591	0	650,650	54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	22,825	0	22,825	54.01
54.02 03630	ULTRA SOUND	0	2,123	0	2,123	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	1,119,941	165,812	0	1,285,753	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	94,937	14,949	0	109,886	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,109	0	19,109	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,154,987	295,936	0	1,450,923	59.00
60.00 06000	LABORATORY	374,175	170,948	0	545,123	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	12,628	0	12,628	63.00
64.00 06400	INTRAVENOUS THERAPY	56,888	169,960	0	226,848	64.00
65.00 06500	RESPIRATORY THERAPY	67,192	42,897	0	110,089	65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	22,887	0	22,887	65.01
66.00 06600	PHYSICAL THERAPY	19,803	49,539	0	69,342	66.00
67.00 06700	OCCUPATIONAL THERAPY	319	8,493	0	8,812	67.00
68.00 06800	SPEECH PATHOLOGY	0	15,641	0	15,641	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03140	CARDIOLOGY	170,015	121,174	0	291,189	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	6,485	17,332	0	23,817	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	21,763	0	21,763	74.00
76.00 03340	GASTROINTESTINAL SERVICES	57,495	33,614	0	91,109	76.00
76.97 07697	CARDIAC REHABILITATION	33,318	65,513	0	98,831	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHIOTHERAPY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
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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			
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	17,602	210,105	0	227,707	892	90.00
91.00 09100 EMERGENCY	613,545	394,483	0	1,008,028	4,281	91.00
92.00 09200 OBSERVATION BEDS				0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,402,139	8,736,706	0	15,138,845	28,337
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,705	32,874	0	44,579	34	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	12,005	238,843	0	250,848	2,529	192.00
192.01 19201 RIVERSIDE OUTPATIENT	0	35,836	0	35,836	0	192.01
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	0	1,231,778	0	1,231,778	0	194.00
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07 07957 RESEARCH	1,016	0	0	1,016	48	194.07
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,426,865	10,276,037	0	16,702,902	30,948

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/17/2019 7:15 am		
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS
			5.01	5.02	5.03	5.04	6.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0				5.01
5.02	00570	ADMINING	0	152,715			5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	65,142		5.03
5.04	00590	A&G	0	0	0	2,011,641	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	136,467	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	42,954	9.00
10.00	01000	DIETARY	0	0	0	27,665	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	35,548	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	20,879	14.00
15.00	01500	PHARMACY	0	0	0	42,470	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	21,009	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	42,359	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,930	3,372	176,907	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,971	838	42,478	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	275	117	10,934	31.01
32.00	03200	CORONARY CARE UNIT	0	2,053	873	34,067	32.00
41.00	04100	SUBPROVIDER - IRF	0	484	206	10,995	41.00
43.00	04300	NURSERY	0	407	173	8,576	43.00
44.00	04400	SKILLED NURSING FACILITY	0	609	259	13,157	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,853	6,740	115,262	50.00
51.00	05100	RECOVERY ROOM	0	1,713	728	28,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,035	440	25,646	52.00
53.00	05300	ANESTHESIOLOGY	0	2,125	904	2,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,748	2,019	31,919	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	655	278	3,170	54.01
54.02	03630	ULTRA SOUND	0	1,195	508	7,109	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,241	3,504	33,558	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	11,557	4,913	17,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,070	455	7,898	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,364	5,682	36,271	59.00
60.00	06000	LABORATORY	0	11,912	5,065	125,323	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	566	241	11,870	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,551	1,510	35,908	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,844	1,209	16,914	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,432	609	9,739	65.01
66.00	06600	PHYSICAL THERAPY	0	1,776	755	24,699	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	963	409	9,302	67.00
68.00	06800	SPEECH PATHOLOGY	0	280	119	3,512	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	2,854	1,214	12,391	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	950	404	8,593	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	7,611	3,236	102,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,088	4,289	223,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,872	7,386	168,235	73.00
74.00	07400	RENAL DIALYSIS	0	307	130	6,832	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	2,136	908	17,531	76.00
76.97	07697	CARDIAC REHABILITATION	0	542	230	9,497	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,662	1,132	41,411	90.00
91.00	09100	EMERGENCY	0	10,084	4,287	87,345	91.00
92.00	09200	OBSERVATION BEDS					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	152,715	65,142	1,890,923	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,824	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	105,224	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	0	334	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	11,492	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	0	1,844	0	194.07
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)	0	152,715	65,142	2,011,641	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/17/2019 7:15 am			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	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	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,371,442				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	16,947	0	166,291		9.00
10.00	01000	DIETARY	52,101	0	6,396	387,493	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,650	0	816	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,960	0	6,502	0	14.00
15.00	01500	PHARMACY	24,382	0	2,993	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,151	0	510	0	16.00
17.00	01700	SOCIAL SERVICE	5,727	0	703	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	208,477	0	25,595	237,545	30.00
31.00	03100	INTENSIVE CARE UNIT	29,272	0	3,594	31,788	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,250	0	1,013	0	31.01
32.00	03200	CORONARY CARE UNIT	25,583	0	3,141	46,380	32.00
41.00	04100	SUBPROVIDER - I RF	19,935	0	2,447	13,785	41.00
43.00	04300	NURSERY	11,769	0	1,445	0	43.00
44.00	04400	SKILLED NURSING FACILITY	25,250	0	3,100	22,873	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	113,930	0	13,987	0	50.00
51.00	05100	RECOVERY ROOM	30,092	0	3,694	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,443	0	2,142	0	52.00
53.00	05300	ANESTHESIOLOGY	1,447	0	178	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,092	0	7,009	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,409	0	541	427	54.01
54.02	03630	ULTRA SOUND	410	0	50	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	32,026	0	3,932	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,887	0	354	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,691	0	453	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,158	0	7,017	0	59.00
60.00	06000	LABORATORY	33,017	0	4,054	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,439	0	299	0	63.00
64.00	06400	INTRAVENOUS THERAPY	32,827	0	4,030	374	64.00
65.00	06500	RESPIRATORY THERAPY	8,285	0	1,017	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	4,420	0	543	0	65.01
66.00	06600	PHYSICAL THERAPY	9,568	0	1,175	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,640	0	201	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,021	0	371	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	23,404	0	2,873	8,121	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,348	0	411	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,203	0	516	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	6,492	0	797	0	76.00
76.97	07697	CARDIAC REHABILITATION	12,653	0	1,553	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	40,580	0	4,982	23	90.00
91.00	09100	EMERGENCY	76,192	0	9,354	10,465	91.00
92.00	09200	OBSERVATION BEDS					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,074,128	0	129,788	371,781	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,349	0	780	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	46,131	0	5,663	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	6,922	0	850	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	237,912	0	29,210	15,712	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)		1,371,442	0	166,291	387,493	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA	0					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	161,191			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	354,539		14.00
15.00	01500	PHARMACY	0	0	0	301	446,652	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	73,817	6,240	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	19,274	2,495	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	4,849	424	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	20,352	1,292	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,748	253	0	41.00
43.00	04300	NURSERY	0	0	4,581	162	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	6,786	219	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,033	19,271	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,859	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,268	1,148	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	459	186	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	673	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	7,231	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	563	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	760	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	2,591	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	2,966	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,343	218	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	5,828	2,160	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	641	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	302	364	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	148	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	29	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	419	28	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	590	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	294	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	78,018	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	212,723	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	442,718	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,346	174	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	0	0	3,685	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	165	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,786	2,021	0	90.00
91.00	09100	EMERGENCY	0	0	0	4,328	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	161,191	354,223	442,718	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	312	3,927	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	0	3	7	194.07
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)	0	0	161,191	354,539	446,652	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00590	A&G					5.04
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
11.01 01101	EMPLOYEE CAFETERIA					11.01
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	47,162				16.00
17.00 01700	SOCIAL SERVICE	0	78,441			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0		0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 02300	PARAMED ED PRGM-(RADIOLOGY)	0	0			23.00
23.01 02301	PARAMED PROGRAM-OR TECH	0	0			23.01
23.02 02302	PARAMED PROGRAM-EMS	0	0			23.02
23.03 02303	PARAMED PROGRAM-RESP CARE	0	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,469	49,781			30.00
31.00 03100	INTENSIVE CARE UNIT	614	6,661			31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	86	1,297			31.01
32.00 03200	CORONARY CARE UNIT	639	9,720			32.00
41.00 04100	SUBPROVIDER - IRF	151	2,889			41.00
43.00 04300	NURSERY	127	3,299			43.00
44.00 04400	SKILLED NURSING FACILITY	190	4,794			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,936	0			50.00
51.00 05100	RECOVERY ROOM	534	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	322	0			52.00
53.00 05300	ANESTHESIOLOGY	662	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,478	0			54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	204	0			54.01
54.02 03630	ULTRA SOUND	372	0			54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	2,566	0			55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,598	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	333	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	4,161	0			59.00
60.00 06000	LABORATORY	3,709	0			60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0			62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	176	0			63.00
64.00 06400	INTRAVENOUS THERAPY	1,106	0			64.00
65.00 06500	RESPIRATORY THERAPY	886	0			65.00
65.01 03560	PULMONARY FUNCTION TESTING	446	0			65.01
66.00 06600	PHYSICAL THERAPY	553	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	300	0			67.00
68.00 06800	SPEECH PATHOLOGY	87	0			68.00
69.00 06900	ELECTROCARDIOLOGY	0	0			69.00
69.01 03140	CARDIOLOGY	889	0			69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	296	0			70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,370	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	3,141	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,862	0			73.00
74.00 07400	RENAL DIALYSIS	96	0			74.00
76.00 03340	GASTROINTESTINAL SERVICES	665	0			76.00
76.97 07697	CARDIAC REHABILITATION	169	0			76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99 07699	LITHOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	829	0			90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS	3,140	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		47,162	78,441	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0				192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0				192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0				192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0				192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0				192.05
194.00	07950	NON REIMBURSABLE	0	0				194.00
194.01	07951	MEDICAL OFFICE	0	0				194.01
194.02	07952	GROUP HOMES DEPT 783	0	0				194.02
194.03	07953	PRECEDENCE	0	0				194.03
194.04	07954	CALL CENTER	0	0				194.04
194.05	07955	WORK FITNESS CENTER	0	0				194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0				194.06
194.07	07957	RESEARCH	0	0				194.07
200.00		Cross Foot Adjustments			0	0		0 200.00
201.00		Negative Cost Centers			0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	47,162	78,441	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCS-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMINISTRATIVE					5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00590	A&G					5.04
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
11.01 01101	EMPLOYEE CAFETERIA					11.01
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCS-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300	PARAMED PRGM-(RADIOLOGY)		0			23.00
23.01 02301	PARAMED PROGRAM-OR TECH			0		23.01
23.02 02302	PARAMED PROGRAM-EMS				0	23.02
23.03 02303	PARAMED PROGRAM-RESP CARE					0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC					54.01
54.02 03630	ULTRASOUND					54.02
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
69.01 03140	CARDIOLOGY					69.01
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03340	GASTROINTESTINAL SERVICES					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LI THOTRI PSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
194.07	07957	RESEARCH						194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	0200.00
201.00		Negative Cost Centers	0	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
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
11.01	01101				11.01
12.00	01200				12.00
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
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,091,834	0	2,091,834	30.00
31.00	03100	427,905	0	427,905	31.00
31.01	02060	74,661	0	74,661	31.01
32.00	03200	308,504	0	308,504	32.00
41.00	04100	178,571	0	178,571	41.00
43.00	04300	91,679	0	91,679	43.00
44.00	04400	231,393	0	231,393	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,882,805	0	1,882,805	50.00
51.00	05100	273,981	0	273,981	51.00
52.00	05200	231,069	0	231,069	52.00
53.00	05300	15,587	0	15,587	53.00
54.00	05400	756,222	0	756,222	54.00
54.01	03450	39,814	0	39,814	54.01
54.02	03630	12,476	0	12,476	54.02
55.00	05500	1,370,824	0	1,370,824	55.00
57.00	05700	153,747	0	153,747	57.00
58.00	05800	33,012	0	33,012	58.00
59.00	05900	1,575,353	0	1,575,353	59.00
60.00	06000	732,625	0	732,625	60.00
62.30	06250	0	0	0	62.30
63.00	06300	29,850	0	29,850	63.00
64.00	06400	314,918	0	314,918	64.00
65.00	06500	142,271	0	142,271	65.00
65.01	03560	40,969	0	40,969	65.01
66.00	06600	108,604	0	108,604	66.00
67.00	06700	21,895	0	21,895	67.00
68.00	06800	23,559	0	23,559	68.00
69.00	06900	0	0	0	69.00
69.01	03140	343,777	0	343,777	69.01
70.00	07000	38,282	0	38,282	70.00
71.00	07100	194,068	0	194,068	71.00
72.00	07200	453,901	0	453,901	72.00
73.00	07300	640,073	0	640,073	73.00
74.00	07400	37,512	0	37,512	74.00
76.00	03340	123,645	0	123,645	76.00
76.97	07697	123,822	0	123,822	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	325,025	0	325,025	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	1,217,504	0	1,217,504	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,661,737	0	14,661,737	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,567	0	53,567	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	414,634	0	414,634	192.00
192.01	19201	RIVERSIDE OUTPATIENT	43,942	0	43,942	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	1,526,104	0	1,526,104	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	2,918	0	2,918	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,702,902	0	16,702,902	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	832,434	0			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,507	0	92,637,450		4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	15,331,078	5.01
5.02	00570	ADMITTING	12,371	0	0	0	913,293,810
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,277	0	0	0	0
5.04	00590	A&G	139,827	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	97,250	0	1,209,940	243,946	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	7,108	0	2,081,946	220,450	0
10.00	01000	DIETARY	21,852	0	1,838,342	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,789	0	1,503,256	25,078	0
14.00	01400	CENTRAL SERVICES & SUPPLY	22,212	0	0	646	0
15.00	01500	PHARMACY	10,226	0	3,762,791	17,980	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,741	0	0	1,741	0
17.00	01700	SOCIAL SERVICE	2,402	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	87,438	0	19,962,018	702,663	47,487,364
31.00	03100	INTENSIVE CARE UNIT	12,277	0	3,588,645	263,908	11,803,973
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,460	0	1,289,650	62,576	1,647,142
32.00	03200	CORONARY CARE UNIT	10,730	0	2,511,636	134,108	12,293,499
41.00	04100	SUBPROVIDER - I&R	8,361	0	730,571	29,315	2,898,223
43.00	04300	NURSERY	4,936	0	620,719	18,725	2,438,616
44.00	04400	SKILLED NURSING FACILITY	10,590	0	952,762	24,158	3,649,095
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,784	0	3,939,759	2,023,913	94,929,819
51.00	05100	RECOVERY ROOM	12,621	0	1,946,083	206,583	10,260,446
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,316	0	1,378,318	117,200	6,195,924
53.00	05300	ANESTHESIOLOGY	607	0	90,269	20,272	12,727,460
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,945	0	1,897,236	64,643	28,431,918
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,849	0	222,953	1,554	3,921,098
54.02	03630	ULTRA SOUND	172	0	437,125	61,700	7,157,196
55.00	05500	RADIOLOGY-THERAPEUTIC	13,432	0	1,449,072	91,123	49,346,168
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,211	0	936,790	161,675	69,201,718
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,548	0	0	161	6,406,884
59.00	05900	CARDIAC CATHETERIZATION	23,973	0	2,326,564	0	80,023,119
60.00	06000	LABORATORY	13,848	0	4,358,462	535,000	71,331,768
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,023	0	209,943	24,034	3,390,427
64.00	06400	INTRAVENOUS THERAPY	13,768	0	2,323,955	260,910	21,263,228
65.00	06500	RESPIRATORY THERAPY	3,475	0	1,154,229	72,897	17,032,876
65.01	03560	PULMONARY FUNCTION TESTING	1,854	0	678,362	41,600	8,576,840
66.00	06600	PHYSICAL THERAPY	4,013	0	1,761,914	24,679	10,634,840
67.00	06700	OCCUPATIONAL THERAPY	688	0	715,937	3,693	5,767,287
68.00	06800	SPEECH PATHOLOGY	1,267	0	243,717	3,641	1,676,202
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	9,816	0	755,398	75,362	17,091,837
70.00	07000	ELECTROENCEPHALOGRAPHY	1,404	0	505,220	19,116	5,686,309
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	8,461,141	45,576,873
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	60,404,629
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	99,846,226
74.00	07400	RENAL DIALYSIS	1,763	0	435,467	17,833	1,837,116
76.00	03340	GASTROINTESTINAL SERVICES	2,723	0	965,407	434,223	12,788,448
76.97	07697	CARDIAC REHABILITATION	5,307	0	545,840	28,988	3,244,640
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	17,020	0	2,671,174	220,962	15,940,677	90.00		
91.00 09100 EMERGENCY	31,956	0	12,817,608	532,530	60,383,925	91.00		
92.00 09200 OBSERVATION BEDS						92.00		
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		707,737	0	84,819,078	15,248,986	913,293,810	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,663	0	103,165	86	0	190.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	19,348	0	7,571,641	81,698	0	192.00		
192.01 19201 RIVERSIDE OUTPATIENT	2,903	0	0	0	0	192.01		
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02		
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03		
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04		
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05		
194.00 07950 NON REIMBURSABLE	99,783	0	0	0	0	194.00		
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01		
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02		
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03		
194.04 07954 CALL CENTER	0	0	0	0	0	194.04		
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05		
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06		
194.07 07957 RESEARCH	0	0	143,566	308	0	194.07		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	10,276,037	0	979,769	2,003,165	2,839,430	202.00		
203.00	Cost to be allocated (per Wkst. B, Part I)							
203.00	12.344567	0.000000	0.010576	0.130660	0.003109	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)							
204.00			30,948	0	152,715	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)							
205.00			0.000334	0.000000	0.000167	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: 14-0280

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

Worksheet B-1
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	913,293,810					5.03
5.04	00590	A&G	0	-46,586,560	215,620,356			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	14,626,637	0	575,202	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,603,851	0	7,108	9.00
10.00	01000	DIETARY	0	0	2,965,204	0	21,852	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,810,103	0	2,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,237,829	0	22,212	14.00
15.00	01500	PHARMACY	0	0	4,552,033	0	10,226	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,251,738	0	1,741	16.00
17.00	01700	SOCIAL SERVICE	0	0	4,540,050	0	2,402	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,487,364	0	18,961,041	0	87,438	30.00
31.00	03100	INTENSIVE CARE UNIT	11,803,973	0	4,552,893	0	12,277	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,647,142	0	1,171,943	0	3,460	31.01
32.00	03200	CORONARY CARE UNIT	12,293,499	0	3,651,358	0	10,730	32.00
41.00	04100	SUBPROVIDER - I RF	2,898,223	0	1,178,427	0	8,361	41.00
43.00	04300	NURSERY	2,438,616	0	919,239	0	4,936	43.00
44.00	04400	SKILLED NURSING FACILITY	3,649,095	0	1,410,135	0	10,590	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,929,819	0	12,353,919	0	47,784	50.00
51.00	05100	RECOVERY ROOM	10,260,446	0	3,030,928	0	12,621	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,195,924	0	2,748,741	0	7,316	52.00
53.00	05300	ANESTHESIOLOGY	12,727,460	0	225,418	0	607	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,431,918	0	3,421,130	0	23,945	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,921,098	0	339,738	0	1,849	54.01
54.02	03630	ULTRA SOUND	7,157,196	0	761,920	0	172	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	49,346,168	0	3,596,812	0	13,432	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	69,201,718	0	1,891,499	0	1,211	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,406,884	0	846,551	0	1,548	58.00
59.00	05900	CARDIAC CATHETERIZATION	80,023,119	0	3,887,520	0	23,973	59.00
60.00	06000	LABORATORY	71,331,768	0	13,432,314	0	13,848	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,390,427	0	1,272,237	0	1,023	63.00
64.00	06400	INTRAVENOUS THERAPY	21,263,228	0	3,848,681	0	13,768	64.00
65.00	06500	RESPIRATORY THERAPY	17,032,876	0	1,812,813	0	3,475	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,576,840	0	1,043,785	0	1,854	65.01
66.00	06600	PHYSICAL THERAPY	10,634,840	0	2,647,288	0	4,013	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,767,287	0	997,009	0	688	67.00
68.00	06800	SPEECH PATHOLOGY	1,676,202	0	376,402	0	1,267	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	17,091,837	0	1,328,083	0	9,816	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,686,309	0	921,020	0	1,404	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	45,576,873	0	11,021,773	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	60,404,629	0	23,982,516	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,846,226	0	18,031,587	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,837,116	0	732,255	0	1,763	74.00
76.00	03340	GASTROINTESTINAL SERVICES	12,788,448	0	1,879,000	0	2,723	76.00
76.97	07697	CARDIAC REHABILITATION	3,244,640	0	1,017,946	0	5,307	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,940,677	0	4,438,516	0	17,020	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
91.00	09100	EMERGENCY	60,383,925	0	9,361,730	0	31,956	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	913,293,810	-46,586,560	202,681,612	0	450,505	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	195,452	0	2,663	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	11,278,013	0	19,348	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	35,836	0	2,903	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	1,231,778	0	99,783	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	197,665	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,480,112		46,586,560	0	17,786,839	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002716		0.216058	0.000000	30.922770	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	65,142		2,011,641	0	1,371,442	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000071		0.009330	0.000000	2.384279	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	0	568,094				9.00
10.00	01000	DIETARY	0	21,852	168,916			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,789	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,212	0	0	0	14.00
15.00	01500	PHARMACY	0	10,226	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,741	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,402	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	87,438	103,551	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,277	13,857	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,460	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	10,730	20,218	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	8,361	6,009	0	0	41.00
43.00	04300	NURSERY	0	4,936	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10,590	9,971	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,784	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,621	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,316	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	607	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,945	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,849	186	0	0	54.01
54.02	03630	ULTRA SOUND	0	172	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,432	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,211	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,548	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,973	0	0	0	59.00
60.00	06000	LABORATORY	0	13,848	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,023	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,768	163	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,475	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,854	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	4,013	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	688	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,267	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	9,816	3,540	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,404	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,763	0	0	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	2,723	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,307	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	17,020	10	0	0	90.00
91.00	09100	EMERGENCY	0	31,956	4,562	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
		8.00	9.00	10.00	11.00	11.01	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	443,397	162,067	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,663	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	2,903	0	0	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	99,783	6,849	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	0	0	0	194.07
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	5,818,349	4,505,389	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	10.241877	26.672364	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	166,291	387,493	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.292717	2.293998	0.000000	0.000000	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
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
11.01	01101						11.01
12.00	01200	0					12.00
13.00	01300	0	787,214				13.00
14.00	01400	0	0	39,382,200			14.00
15.00	01500	0	0	33,388	17,605,437		15.00
16.00	01600	0	0	0	0	913,293,810	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	360,501	693,122	0	47,487,364	30.00
31.00	03100	0	94,129	277,176	0	11,803,973	31.00
31.01	02060	0	23,680	47,140	0	1,647,142	31.01
32.00	03200	0	99,392	143,530	0	12,293,499	32.00
41.00	04100	0	28,074	28,145	0	2,898,223	41.00
43.00	04300	0	22,372	17,977	0	2,438,616	43.00
44.00	04400	0	33,141	24,373	0	3,649,095	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	24,582	2,140,538	0	94,929,819	50.00
51.00	05100	0	0	206,510	0	10,260,446	51.00
52.00	05200	0	30,612	127,487	0	6,195,924	52.00
53.00	05300	0	2,244	20,624	0	12,727,460	53.00
54.00	05400	0	0	74,707	0	28,431,918	54.00
54.01	03450	0	0	803,230	0	3,921,098	54.01
54.02	03630	0	0	62,491	0	7,157,196	54.02
55.00	05500	0	0	84,422	0	49,346,168	55.00
57.00	05700	0	0	287,818	0	69,201,718	57.00
58.00	05800	0	0	320	0	6,406,884	58.00
59.00	05900	0	0	0	0	80,023,119	59.00
60.00	06000	0	0	329,492	0	71,331,768	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	6,560	24,200	0	3,390,427	63.00
64.00	06400	0	28,463	239,905	0	21,263,228	64.00
65.00	06500	0	0	71,174	0	17,032,876	65.00
65.01	03560	0	1,473	40,484	0	8,576,840	65.01
66.00	06600	0	0	16,474	0	10,634,840	66.00
67.00	06700	0	0	3,234	0	5,767,287	67.00
68.00	06800	0	2,045	3,084	0	1,676,202	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	0	0	65,483	0	17,091,837	69.01
70.00	07000	0	0	32,680	0	5,686,309	70.00
71.00	07100	0	0	8,665,762	0	45,576,873	71.00
72.00	07200	0	0	23,630,089	0	60,404,629	72.00
73.00	07300	0	0	0	17,450,377	99,846,226	73.00
74.00	07400	0	16,340	19,287	0	1,837,116	74.00
76.00	03340	0	0	409,289	0	12,788,448	76.00
76.97	07697	0	0	18,303	0	3,244,640	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	13,606	224,494	0	15,940,677	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	0	480,742	0	60,383,925	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	787,214	39,347,174	17,450,377	913,293,810	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	57	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	34,661	154,800	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	308	260	0	194.07
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	4,748,115	3,635,680	5,959,567	2,809,912	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6.031543	0.092318	0.338507	0.003077	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	161,191	354,539	446,652	47,162	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.204761	0.009003	0.025370	0.000052	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: 14-0280

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

Worksheet B-1
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	57,534					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0					23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0					23.01
23.02 02302 PARAMED PROGRAM-EMS	0					23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	36,513	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,886	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	951	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	7,129	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	2,119	0	0	0	0	41.00
43.00 04300 NURSERY	2,420	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	3,516	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	57,534	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	0	0	0	0	0	194.00
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07 07957 RESEARCH	0	0	0	0	0	194.07
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)	5,619,841	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	97.678607	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	78,441	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.363385	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
		23.00	23.01	23.02	23.03		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
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
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH		0			23.01
23.02	02302	PARAMED PROGRAM-EMS			0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE			0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description			PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
194.07	07957	RESEARCH	0	0	0	0		194.07
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		0	0	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.000000	0.000000	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		0	0	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000000	0.000000	0.000000	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

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

Worksheet C
Part I
Date/Time Prepared:
5/17/2019 7:15 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		35,370,053	12,014	35,382,067	30.00
31.00	03100	INTENSIVE CARE UNIT		7,518,470	0	7,518,470	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		1,812,720	7,670	1,820,390	31.01
32.00	03200	CORONARY CARE UNIT		6,768,136	0	6,768,136	32.00
41.00	04100	SUBPROVIDER - IRF		2,325,314	25,936	2,351,250	41.00
43.00	04300	NURSERY		1,701,521	0	1,701,521	43.00
44.00	04400	SKILLED NURSING FACILITY		2,973,496	0	2,973,496	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		17,628,070	0	17,628,070	50.00
51.00	05100	RECOVERY ROOM		4,255,959	0	4,255,959	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,859,261	0	3,859,261	52.00
53.00	05300	ANESTHESIOLOGY		353,709	0	353,709	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,240,363	0	5,240,363	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		580,433	0	580,433	54.01
54.02	03630	ULTRA SOUND		961,412	0	961,412	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		5,086,488	0	5,086,488	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		2,589,527	0	2,589,527	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,112,921	0	1,112,921	58.00
59.00	05900	CARDIAC CATHETERIZATION		5,960,522	0	5,960,522	59.00
60.00	06000	LABORATORY		17,154,428	0	17,154,428	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		1,641,458	0	1,641,458	63.00
64.00	06400	INTRAVENOUS THERAPY		5,510,573	0	5,510,573	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,406,515	0	2,406,515	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,384,634	0	1,384,634	65.01
66.00	06600	PHYSICAL THERAPY	0	3,418,694	0	3,418,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,258,787	0	1,258,787	67.00
68.00	06800	SPEECH PATHOLOGY	0	527,660	0	527,660	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	69.00
69.01	03140	CARDIOLOGY		2,172,155	0	2,172,155	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,198,324	0	1,198,324	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		14,343,361	0	14,343,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		31,531,525	0	31,531,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		28,141,468	0	28,141,468	73.00
74.00	07400	RENAL DIALYSIS		1,069,027	0	1,069,027	74.00
76.00	03340	GASTROINTESTINAL SERVICES		2,474,200	0	2,474,200	76.00
76.97	07697	CARDIAC REHABILITATION		1,468,016	0	1,468,016	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		6,250,222	15,468	6,265,690	90.00
91.00	09100	EMERGENCY		13,051,725	243,828	13,295,553	91.00
92.00	09200	OBSERVATION BEDS		4,579,169	0	4,579,169	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
200.00		Subtotal (see instructions)	0	245,680,316	304,916	245,985,232	200.00
201.00		Less Observation Beds		4,579,169		4,579,169	201.00
202.00		Total (see instructions)	0	241,101,147	304,916	241,406,063	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/17/2019 7:15 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	41,365,402		41,365,402				30.00
31.00	03100	INTENSIVE CARE UNIT	11,803,973		11,803,973				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,647,142		1,647,142				31.01
32.00	03200	CORONARY CARE UNIT	12,293,499		12,293,499				32.00
41.00	04100	SUBPROVIDER - IRF	2,898,223		2,898,223				41.00
43.00	04300	NURSERY	2,438,616		2,438,616				43.00
44.00	04400	SKILLED NURSING FACILITY	3,649,095		3,649,095				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	40,918,706	54,011,113	94,929,819	0.185696	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,140,757	7,119,689	10,260,446	0.414793	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,186,868	1,009,056	6,195,924	0.622871	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	4,377,383	8,350,077	12,727,460	0.027791	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,183,643	22,248,275	28,431,918	0.184313	0.000000		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	718,966	3,202,132	3,921,098	0.148028	0.000000		54.01
54.02	03630	ULTRA SOUND	947,321	6,209,875	7,157,196	0.134328	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	437,027	48,909,141	49,346,168	0.103078	0.000000		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,074,848	51,126,870	69,201,718	0.037420	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,151,694	2,255,190	6,406,884	0.173707	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,607,339	58,415,780	80,023,119	0.074485	0.000000		59.00
60.00	06000	LABORATORY	28,812,463	42,519,305	71,331,768	0.240488	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,303,020	1,087,407	3,390,427	0.484145	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	5,678,108	15,585,120	21,263,228	0.259160	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,569,554	1,463,322	17,032,876	0.141286	0.000000		65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,273,979	2,302,861	8,576,840	0.161439	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	6,256,778	4,378,062	10,634,840	0.321462	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,841,741	925,546	5,767,287	0.218263	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	977,319	698,883	1,676,202	0.314795	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000		69.00
69.01	03140	CARDIOLOGY	8,194,189	8,897,648	17,091,837	0.127087	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,051,703	4,634,606	5,686,309	0.210738	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	24,816,271	20,760,602	45,576,873	0.314707	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	34,537,708	25,866,921	60,404,629	0.522005	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,139,076	59,707,150	99,846,226	0.281848	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,837,116	0	1,837,116	0.581905	0.000000		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,334,913	10,453,535	12,788,448	0.193471	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	392,150	2,852,490	3,244,640	0.452443	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,273,217	13,667,460	15,940,677	0.392093	0.000000		90.00
91.00	09100	EMERGENCY	10,515,152	49,868,773	60,383,925	0.216146	0.000000		91.00
92.00	09200	OBSERVATION BEDS	1,096,009	5,025,953	6,121,962	0.747990	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
200.00		Subtotal (see instructions)	379,740,968	533,552,842	913,293,810				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	379,740,968	533,552,842	913,293,810				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/17/2019 7:15 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185696		50.00
51.00	05100	RECOVERY ROOM	0.414793		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.622871		52.00
53.00	05300	ANESTHESIOLOGY	0.027791		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184313		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.148028		54.01
54.02	03630	ULTRA SOUND	0.134328		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103078		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.037420		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.173707		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074485		59.00
60.00	06000	LABORATORY	0.240488		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.484145		63.00
64.00	06400	INTRAVENOUS THERAPY	0.259160		64.00
65.00	06500	RESPIRATORY THERAPY	0.141286		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.161439		65.01
66.00	06600	PHYSICAL THERAPY	0.321462		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218263		67.00
68.00	06800	SPEECH PATHOLOGY	0.314795		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.127087		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.210738		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.314707		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522005		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281848		73.00
74.00	07400	RENAL DIALYSIS	0.581905		74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.193471		76.00
76.97	07697	CARDIAC REHABILITATION	0.452443		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.393063		90.00
91.00	09100	EMERGENCY	0.220184		91.00
92.00	09200	OBSERVATION BEDS	0.747990		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0280

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

Worksheet C
Part I
Date/Time Prepared:
5/17/2019 7:15 am

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,370,053		35,370,053	12,014	35,382,067	30.00
31.00	03100	INTENSIVE CARE UNIT	7,518,470		7,518,470	0	7,518,470	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,812,720		1,812,720	7,670	1,820,390	31.01
32.00	03200	CORONARY CARE UNIT	6,768,136		6,768,136	0	6,768,136	32.00
41.00	04100	SUBPROVIDER - IRF	2,325,314		2,325,314	25,936	2,351,250	41.00
43.00	04300	NURSERY	1,701,521		1,701,521	0	1,701,521	43.00
44.00	04400	SKILLED NURSING FACILITY	2,973,496		2,973,496	0	2,973,496	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,628,070		17,628,070	0	17,628,070	50.00
51.00	05100	RECOVERY ROOM	4,255,959		4,255,959	0	4,255,959	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,859,261		3,859,261	0	3,859,261	52.00
53.00	05300	ANESTHESIOLOGY	353,709		353,709	0	353,709	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,240,363		5,240,363	0	5,240,363	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	580,433		580,433	0	580,433	54.01
54.02	03630	ULTRA SOUND	961,412		961,412	0	961,412	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	5,086,488		5,086,488	0	5,086,488	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,589,527		2,589,527	0	2,589,527	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,112,921		1,112,921	0	1,112,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,960,522		5,960,522	0	5,960,522	59.00
60.00	06000	LABORATORY	17,154,428		17,154,428	0	17,154,428	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,641,458		1,641,458	0	1,641,458	63.00
64.00	06400	INTRAVENOUS THERAPY	5,510,573		5,510,573	0	5,510,573	64.00
65.00	06500	RESPIRATORY THERAPY	2,406,515	0	2,406,515	0	2,406,515	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,384,634	0	1,384,634	0	1,384,634	65.01
66.00	06600	PHYSICAL THERAPY	3,418,694	0	3,418,694	0	3,418,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,258,787	0	1,258,787	0	1,258,787	67.00
68.00	06800	SPEECH PATHOLOGY	527,660	0	527,660	0	527,660	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	2,172,155		2,172,155	0	2,172,155	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,198,324		1,198,324	0	1,198,324	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	14,343,361		14,343,361	0	14,343,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,531,525		31,531,525	0	31,531,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,141,468		28,141,468	0	28,141,468	73.00
74.00	07400	RENAL DIALYSIS	1,069,027		1,069,027	0	1,069,027	74.00
76.00	03340	GASTROINTESTINAL SERVICES	2,474,200		2,474,200	0	2,474,200	76.00
76.97	07697	CARDIAC REHABILITATION	1,468,016		1,468,016	0	1,468,016	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,250,222		6,250,222	15,468	6,265,690	90.00
91.00	09100	EMERGENCY	13,051,725		13,051,725	243,828	13,295,553	91.00
92.00	09200	OBSERVATION BEDS	4,579,169		4,579,169	0	4,579,169	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	245,680,316	0	245,680,316	304,916	245,985,232	200.00
201.00		Less Observation Beds	4,579,169		4,579,169		4,579,169	201.00
202.00		Total (see instructions)	241,101,147	0	241,101,147	304,916	241,406,063	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

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

Worksheet C
Part I
Date/Time Prepared:
5/17/2019 7:15 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,365,402		41,365,402		30.00
31.00	03100	INTENSIVE CARE UNIT	11,803,973		11,803,973		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,647,142		1,647,142		31.01
32.00	03200	CORONARY CARE UNIT	12,293,499		12,293,499		32.00
41.00	04100	SUBPROVIDER - IRF	2,898,223		2,898,223		41.00
43.00	04300	NURSERY	2,438,616		2,438,616		43.00
44.00	04400	SKILLED NURSING FACILITY	3,649,095		3,649,095		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,918,706	54,011,113	94,929,819	0.185696	50.00
51.00	05100	RECOVERY ROOM	3,140,757	7,119,689	10,260,446	0.414793	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,186,868	1,009,056	6,195,924	0.622871	52.00
53.00	05300	ANESTHESIOLOGY	4,377,383	8,350,077	12,727,460	0.027791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,183,643	22,248,275	28,431,918	0.184313	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	718,966	3,202,132	3,921,098	0.148028	54.01
54.02	03630	ULTRA SOUND	947,321	6,209,875	7,157,196	0.134328	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	437,027	48,909,141	49,346,168	0.103078	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,074,848	51,126,870	69,201,718	0.037420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,151,694	2,255,190	6,406,884	0.173707	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,607,339	58,415,780	80,023,119	0.074485	59.00
60.00	06000	LABORATORY	28,812,463	42,519,305	71,331,768	0.240488	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,303,020	1,087,407	3,390,427	0.484145	63.00
64.00	06400	INTRAVENOUS THERAPY	5,678,108	15,585,120	21,263,228	0.259160	64.00
65.00	06500	RESPIRATORY THERAPY	15,569,554	1,463,322	17,032,876	0.141286	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,273,979	2,302,861	8,576,840	0.161439	65.01
66.00	06600	PHYSICAL THERAPY	6,256,778	4,378,062	10,634,840	0.321462	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,841,741	925,546	5,767,287	0.218263	67.00
68.00	06800	SPEECH PATHOLOGY	977,319	698,883	1,676,202	0.314795	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	8,194,189	8,897,648	17,091,837	0.127087	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,051,703	4,634,606	5,686,309	0.210738	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	24,816,271	20,760,602	45,576,873	0.314707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	34,537,708	25,866,921	60,404,629	0.522005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,139,076	59,707,150	99,846,226	0.281848	73.00
74.00	07400	RENAL DIALYSIS	1,837,116	0	1,837,116	0.581905	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,334,913	10,453,535	12,788,448	0.193471	76.00
76.97	07697	CARDIAC REHABILITATION	392,150	2,852,490	3,244,640	0.452443	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,273,217	13,667,460	15,940,677	0.392093	90.00
91.00	09100	EMERGENCY	10,515,152	49,868,773	60,383,925	0.216146	91.00
92.00	09200	OBSERVATION BEDS	1,096,009	5,025,953	6,121,962	0.747990	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	379,740,968	533,552,842	913,293,810		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	379,740,968	533,552,842	913,293,810		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/17/2019 7:15 am
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185696		50.00
51.00	05100	RECOVERY ROOM	0.414793		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.622871		52.00
53.00	05300	ANESTHESIOLOGY	0.027791		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184313		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.148028		54.01
54.02	03630	ULTRA SOUND	0.134328		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103078		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.037420		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.173707		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074485		59.00
60.00	06000	LABORATORY	0.240488		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.484145		63.00
64.00	06400	INTRAVENOUS THERAPY	0.259160		64.00
65.00	06500	RESPIRATORY THERAPY	0.141286		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.161439		65.01
66.00	06600	PHYSICAL THERAPY	0.321462		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218263		67.00
68.00	06800	SPEECH PATHOLOGY	0.314795		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.127087		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.210738		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.314707		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522005		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281848		73.00
74.00	07400	RENAL DIALYSIS	0.581905		74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.193471		76.00
76.97	07697	CARDIAC REHABILITATION	0.452443		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.393063		90.00
91.00	09100	EMERGENCY	0.220184		91.00
92.00	09200	OBSERVATION BEDS	0.747990		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 14-0280

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

Worksheet C
Part II
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,628,070	1,882,805	15,745,265	0	0	50.00
51.00	05100 RECOVERY ROOM	4,255,959	273,981	3,981,978	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,859,261	231,069	3,628,192	0	0	52.00
53.00	05300 ANESTHESIOLOGY	353,709	15,587	338,122	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,240,363	756,222	4,484,141	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	580,433	39,814	540,619	0	0	54.01
54.02	03630 ULTRA SOUND	961,412	12,476	948,936	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,086,488	1,370,824	3,715,664	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,589,527	153,747	2,435,780	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,112,921	33,012	1,079,909	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,960,522	1,575,353	4,385,169	0	0	59.00
60.00	06000 LABORATORY	17,154,428	732,625	16,421,803	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,641,458	29,850	1,611,608	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	5,510,573	314,918	5,195,655	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,406,515	142,271	2,264,244	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	1,384,634	40,969	1,343,665	0	0	65.01
66.00	06600 PHYSICAL THERAPY	3,418,694	108,604	3,310,090	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,258,787	21,895	1,236,892	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	527,660	23,559	504,101	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	2,172,155	343,777	1,828,378	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,198,324	38,282	1,160,042	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,343,361	194,068	14,149,293	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,531,525	453,901	31,077,624	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,141,468	640,073	27,501,395	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,069,027	37,512	1,031,515	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	2,474,200	123,645	2,350,555	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,468,016	123,822	1,344,194	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,250,222	325,025	5,925,197	0	0	90.00
91.00	09100 EMERGENCY	13,051,725	1,217,504	11,834,221	0	0	91.00
92.00	09200 OBSERVATION BEDS	4,579,169	270,725	4,308,444	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Subtotal (sum of lines 50 thru 199)	187,210,606	11,527,915	175,682,691	0	0	200.00
201.00	Less Observation Beds	4,579,169	270,725	4,308,444	0	0	201.00
202.00	Total (line 200 minus line 201)	182,631,437	11,257,190	171,374,247	0	0	202.00

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

Provider CCN: 14-0280

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

Worksheet C Part II Date/Time Prepared: 5/17/2019 7:15 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,628,070	94,929,819	0.185696		50.00
51.00	05100 RECOVERY ROOM	4,255,959	10,260,446	0.414793		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,859,261	6,195,924	0.622871		52.00
53.00	05300 ANESTHESIOLOGY	353,709	12,727,460	0.027791		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,240,363	28,431,918	0.184313		54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	580,433	3,921,098	0.148028		54.01
54.02	03630 ULTRA SOUND	961,412	7,157,196	0.134328		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,086,488	49,346,168	0.103078		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,589,527	69,201,718	0.037420		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,112,921	6,406,884	0.173707		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,960,522	80,023,119	0.074485		59.00
60.00	06000 LABORATORY	17,154,428	71,331,768	0.240488		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,641,458	3,390,427	0.484145		63.00
64.00	06400 INTRAVENOUS THERAPY	5,510,573	21,263,228	0.259160		64.00
65.00	06500 RESPIRATORY THERAPY	2,406,515	17,032,876	0.141286		65.00
65.01	03560 PULMONARY FUNCTION TESTING	1,384,634	8,576,840	0.161439		65.01
66.00	06600 PHYSICAL THERAPY	3,418,694	10,634,840	0.321462		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,258,787	5,767,287	0.218263		67.00
68.00	06800 SPEECH PATHOLOGY	527,660	1,676,202	0.314795		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000		69.00
69.01	03140 CARDIOLOGY	2,172,155	17,091,837	0.127087		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,198,324	5,686,309	0.210738		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,343,361	45,576,873	0.314707		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,531,525	60,404,629	0.522005		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,141,468	99,846,226	0.281848		73.00
74.00	07400 RENAL DIALYSIS	1,069,027	1,837,116	0.581905		74.00
76.00	03340 GASTRO INTESTINAL SERVICES	2,474,200	12,788,448	0.193471		76.00
76.97	07697 CARDIAC REHABILITATION	1,468,016	3,244,640	0.452443		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	6,250,222	15,940,677	0.392093		90.00
91.00	09100 EMERGENCY	13,051,725	60,383,925	0.216146		91.00
92.00	09200 OBSERVATION BEDS	4,579,169	6,121,962	0.747990		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
200.00	Subtotal (sum of lines 50 thru 199)	187,210,606	837,197,860			200.00
201.00	Less Observation Beds	4,579,169	0			201.00
202.00	Total (line 200 minus line 201)	182,631,437	837,197,860			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,091,834	0	2,091,834	41,941	49.88	30.00
31.00	INTENSIVE CARE UNIT	427,905		427,905	4,886	87.58	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	74,661		74,661	951	78.51	31.01
32.00	CORONARY CARE UNIT	308,504		308,504	7,129	43.27	32.00
41.00	SUBPROVIDER - IRF	178,571	0	178,571	2,119	84.27	41.00
43.00	NURSERY	91,679		91,679	2,420	37.88	43.00
44.00	SKILLED NURSING FACILITY	231,393		231,393	3,516	65.81	44.00
200.00	Total (lines 30 through 199)	3,404,547		3,404,547	62,962		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	11,429	570,079				
31.00	INTENSIVE CARE UNIT	1,915	167,716				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	3,497	151,315				
41.00	SUBPROVIDER - IRF	846	71,292				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	1,761	115,891				
200.00	Total (lines 30 through 199)	19,448	1,076,293				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,882,805	94,929,819	0.019834	14,117,445	280,005	50.00
51.00	05100	RECOVERY ROOM	273,981	10,260,446	0.026703	1,170,325	31,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	231,069	6,195,924	0.037294	12,414	463	52.00
53.00	05300	ANESTHESIOLOGY	15,587	12,727,460	0.001225	1,566,938	1,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	756,222	28,431,918	0.026598	2,629,436	69,938	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,814	3,921,098	0.010154	320,923	3,259	54.01
54.02	03630	ULTRA SOUND	12,476	7,157,196	0.001743	382,367	666	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,370,824	49,346,168	0.027780	71,339	1,982	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	153,747	69,201,718	0.002222	7,352,932	16,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,012	6,406,884	0.005153	1,643,468	8,469	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,575,353	80,023,119	0.019686	9,550,340	188,008	59.00
60.00	06000	LABORATORY	732,625	71,331,768	0.010271	10,864,694	111,591	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,850	3,390,427	0.008804	1,160,123	10,214	63.00
64.00	06400	INTRAVENOUS THERAPY	314,918	21,263,228	0.014810	2,028,010	30,035	64.00
65.00	06500	RESPIRATORY THERAPY	142,271	17,032,876	0.008353	6,502,453	54,315	65.00
65.01	03560	PULMONARY FUNCTION TESTING	40,969	8,576,840	0.004777	2,644,444	12,633	65.01
66.00	06600	PHYSICAL THERAPY	108,604	10,634,840	0.010212	1,827,691	18,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,895	5,767,287	0.003796	930,193	3,531	67.00
68.00	06800	SPEECH PATHOLOGY	23,559	1,676,202	0.014055	199,750	2,807	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	343,777	17,091,837	0.020114	3,641,890	73,253	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	38,282	5,686,309	0.006732	432,261	2,910	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	194,068	45,576,873	0.004258	8,485,276	36,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	453,901	60,404,629	0.007514	16,501,083	123,989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	640,073	99,846,226	0.006411	15,510,902	99,440	73.00
74.00	07400	RENAL DIALYSIS	37,512	1,837,116	0.020419	1,233,488	25,187	74.00
76.00	03340	GASTROINTESTINAL SERVICES	123,645	12,788,448	0.009668	966,703	9,346	76.00
76.97	07697	CARDIAC REHABILITATION	123,822	3,244,640	0.038162	154,360	5,891	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	325,025	15,940,677	0.020390	778,045	15,864	90.00
91.00	09100	EMERGENCY	1,217,504	60,383,925	0.020163	3,961,255	79,871	91.00
92.00	09200	OBSERVATION BEDS	270,725	6,121,962	0.044222	425,061	18,797	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	11,527,915	837,197,860		117,065,609	1,336,766	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	41,941	0.00	11,429	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,886	0.00	1,915	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	951	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT		0	7,129	0.00	3,497	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,119	0.00	846	41.00	
43.00	04300	NURSERY		0	2,420	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	3,516	0.00	1,761	44.00	
200.00		Total (lines 30 through 199)		0	62,962		19,448	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (Lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	94,929,819	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,260,446	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,195,924	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,727,460	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	28,431,918	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,921,098	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	7,157,196	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	49,346,168	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,201,718	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,406,884	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	80,023,119	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	71,331,768	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,390,427	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,263,228	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,032,876	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	8,576,840	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	10,634,840	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,767,287	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,676,202	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	17,091,837	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,686,309	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	45,576,873	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	60,404,629	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	99,846,226	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,837,116	0.000000	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	0	0	12,788,448	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,244,640	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,940,677	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	60,383,925	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	6,121,962	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	837,197,860		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	14,117,445	0	13,051,052	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,170,325	0	1,580,553	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	12,414	0	3,564	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,566,938	0	2,197,660	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,629,436	0	4,462,825	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	320,923	0	759,932	0	54.01
54.02	03630 ULTRA SOUND	0.000000	382,367	0	938,389	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	71,339	0	16,868,994	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	7,352,932	0	11,728,332	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,643,468	0	647,518	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,550,340	0	23,274,019	0	59.00
60.00	06000 LABORATORY	0.000000	10,864,694	0	6,206,620	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,160,123	0	531,559	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	2,028,010	0	3,283,721	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,502,453	0	283,662	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	2,644,444	0	747,415	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,827,691	0	65,494	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	930,193	0	37,131	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	199,750	0	15,912	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	3,641,890	0	2,386,091	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	432,261	0	1,248,702	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	8,485,276	0	7,146,986	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	16,501,083	0	9,088,221	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	15,510,902	0	23,213,411	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,233,488	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0.000000	966,703	0	2,767,704	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	154,360	0	1,250,073	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	778,045	0	4,785,984	0	90.00
91.00	09100 EMERGENCY	0.000000	3,961,255	0	7,017,180	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	425,061	0	829,390	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		117,065,609	0	146,418,094	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.185696	13,051,052	0	0	2,423,528	50.00
51.00 05100 RECOVERY ROOM	0.414793	1,580,553	0	0	655,602	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.622871	3,564	0	0	2,220	52.00
53.00 05300 ANESTHESIOLOGY	0.027791	2,197,660	0	0	61,075	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.184313	4,462,825	0	0	822,557	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.148028	759,932	0	0	112,491	54.01
54.02 03630 ULTRA SOUND	0.134328	938,389	0	0	126,052	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.103078	16,868,994	0	0	1,738,822	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.037420	11,728,332	0	0	438,874	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.173707	647,518	0	0	112,478	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.074485	23,274,019	0	0	1,733,565	59.00
60.00 06000 LABORATORY	0.240488	6,206,620	0	0	1,492,618	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.484145	531,559	0	0	257,352	63.00
64.00 06400 INTRAVENOUS THERAPY	0.259160	3,283,721	0	0	851,009	64.00
65.00 06500 RESPIRATORY THERAPY	0.141286	283,662	0	0	40,077	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.161439	747,415	0	0	120,662	65.01
66.00 06600 PHYSICAL THERAPY	0.321462	65,494	0	0	21,054	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.218263	37,131	0	0	8,104	67.00
68.00 06800 SPEECH PATHOLOGY	0.314795	15,912	0	0	5,009	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0.127087	2,386,091	0	0	303,241	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.210738	1,248,702	0	0	263,149	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.314707	7,146,986	0	0	2,249,207	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.522005	9,088,221	74,875	0	4,744,097	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.281848	23,213,411	0	38,579	6,542,653	73.00
74.00 07400 RENAL DIALYSIS	0.581905	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0.193471	2,767,704	0	0	535,470	76.00
76.97 07697 CARDIAC REHABILITATION	0.452443	1,250,073	0	0	565,587	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.392093	4,785,984	0	0	1,876,551	90.00
91.00 09100 EMERGENCY	0.216146	7,017,180	0	0	1,516,735	91.00
92.00 09200 OBSERVATION BEDS	0.747990	829,390	0	0	620,375	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	146,418,094	74,875	38,579	30,240,214	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)	146,418,094	74,875	38,579	30,240,214	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	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 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02 03630 ULTRA SOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03140 CARDIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	39,085	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,873		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	39,085	10,873		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	39,085	10,873		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/17/2019 7:15 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,882,805	94,929,819	0.019834	0	50.00
51.00	05100	RECOVERY ROOM	273,981	10,260,446	0.026703	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	231,069	6,195,924	0.037294	0	52.00
53.00	05300	ANESTHESIOLOGY	15,587	12,727,460	0.001225	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	756,222	28,431,918	0.026598	25,298	673 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,814	3,921,098	0.010154	0	54.01
54.02	03630	ULTRA SOUND	12,476	7,157,196	0.001743	1,939	3 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,370,824	49,346,168	0.027780	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	153,747	69,201,718	0.002222	27,664	61 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,012	6,406,884	0.005153	4,779	25 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,575,353	80,023,119	0.019686	0	59.00
60.00	06000	LABORATORY	732,625	71,331,768	0.010271	95,391	980 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,850	3,390,427	0.008804	0	63.00
64.00	06400	INTRAVENOUS THERAPY	314,918	21,263,228	0.014810	0	64.00
65.00	06500	RESPIRATORY THERAPY	142,271	17,032,876	0.008353	137,980	1,153 65.00
65.01	03560	PULMONARY FUNCTION TESTING	40,969	8,576,840	0.004777	52,575	251 65.01
66.00	06600	PHYSICAL THERAPY	108,604	10,634,840	0.010212	422,506	4,315 66.00
67.00	06700	OCCUPATIONAL THERAPY	21,895	5,767,287	0.003796	485,393	1,843 67.00
68.00	06800	SPEECH PATHOLOGY	23,559	1,676,202	0.014055	140,287	1,972 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	69.00
69.01	03140	CARDIOLOGY	343,777	17,091,837	0.020114	3,519	71 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	38,282	5,686,309	0.006732	3,049	21 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	194,068	45,576,873	0.004258	73,867	315 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	453,901	60,404,629	0.007514	1,096	8 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	640,073	99,846,226	0.006411	119,390	765 73.00
74.00	07400	RENAL DIALYSIS	37,512	1,837,116	0.020419	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	123,645	12,788,448	0.009668	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,822	3,244,640	0.038162	153	6 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	325,025	15,940,677	0.020390	12,436	254 90.00
91.00	09100	EMERGENCY	1,217,504	60,383,925	0.020163	0	91.00
92.00	09200	OBSERVATION BEDS	0	6,121,962	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	11,257,190	837,197,860		1,607,322	12,716 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,929,819	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	10,260,446	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,195,924	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,727,460	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	28,431,918	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,921,098	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	7,157,196	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,346,168	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,201,718	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,406,884	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	80,023,119	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	71,331,768	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,390,427	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	21,263,228	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,032,876	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	8,576,840	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	10,634,840	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,767,287	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,676,202	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	17,091,837	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,686,309	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	45,576,873	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	60,404,629	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,846,226	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,837,116	0.000000	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	12,788,448	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,244,640	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	15,940,677	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	60,383,925	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	6,121,962	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	837,197,860	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	25,298	0	458	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	1,939	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	27,664	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,779	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	95,391	0	649	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	137,980	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	52,575	0	1,785	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	422,506	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	485,393	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	140,287	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	3,519	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,049	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	73,867	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	1,096	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	119,390	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	153	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	12,436	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		1,607,322	0	2,892	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.185696	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.414793	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.622871	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.027791	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.184313	458	0	0	84 54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.148028	0	0	0	0 54.01
54.02 03630 ULTRA SOUND	0.134328	0	0	0	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.103078	0	0	0	0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.037420	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.173707	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.074485	0	0	0	0 59.00
60.00 06000 LABORATORY	0.240488	649	0	0	156 60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.484145	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.259160	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.141286	0	0	0	0 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.161439	1,785	0	0	288 65.01
66.00 06600 PHYSICAL THERAPY	0.321462	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.218263	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.314795	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
69.01 03140 RADIOLOGY	0.127087	0	0	0	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.210738	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.314707	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.522005	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.281848	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.581905	0	0	0	0 74.00
76.00 03340 GASTROINTESTINAL SERVICES	0.193471	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.452443	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.392093	0	0	0	0 90.00
91.00 09100 EMERGENCY	0.216146	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS	0.747990	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0	0	0 95.00
200.00	Subtotal (see instructions)		2,892	0	528 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0 201.00
202.00	Net Charges (line 200 - line 201)		2,892	0	528 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,929,819	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	10,260,446	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,195,924	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,727,460	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	28,431,918	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,921,098	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	7,157,196	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,346,168	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,201,718	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,406,884	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	80,023,119	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	71,331,768	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,390,427	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	21,263,228	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,032,876	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	8,576,840	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	10,634,840	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,767,287	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,676,202	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	17,091,837	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,686,309	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	45,576,873	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	60,404,629	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,846,226	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,837,116	0.000000	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	12,788,448	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,244,640	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	15,940,677	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	60,383,925	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	6,121,962	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	0	0	837,197,860		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	39,985	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	5,035	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	149,600	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,200	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	4,133	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	294,122	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	149,082	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	708,110	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	833,767	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	14,854	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	0.000000	9,017	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,052	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	174,696	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	152,156	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	624	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	2,285	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		2,540,718		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	2,091,834	0	2,091,834	41,941	49.88	30.00	
31.00	INTENSIVE CARE UNIT	427,905		427,905	4,886	87.58	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	74,661		74,661	951	78.51	31.01	
32.00	CORONARY CARE UNIT	308,504		308,504	7,129	43.27	32.00	
41.00	SUBPROVIDER - IRF	178,571	0	178,571	2,119	84.27	41.00	
43.00	NURSERY	91,679		91,679	2,420	37.88	43.00	
44.00	SKILLED NURSING FACILITY	231,393		231,393	3,516	65.81	44.00	
200.00	Total (lines 30 through 199)	3,404,547		3,404,547	62,962		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	5,250	261,870					30.00
31.00	INTENSIVE CARE UNIT	356	31,178					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	469	36,821					31.01
32.00	CORONARY CARE UNIT	365	15,794					32.00
41.00	SUBPROVIDER - IRF	285	24,017					41.00
43.00	NURSERY	1,069	40,494					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	7,794	410,174					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,882,805	94,929,819	0.019834	0	0	50.00
51.00	05100	RECOVERY ROOM	273,981	10,260,446	0.026703	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	231,069	6,195,924	0.037294	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,587	12,727,460	0.001225	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	756,222	28,431,918	0.026598	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,814	3,921,098	0.010154	0	0	54.01
54.02	03630	ULTRA SOUND	12,476	7,157,196	0.001743	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,370,824	49,346,168	0.027780	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	153,747	69,201,718	0.002222	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,012	6,406,884	0.005153	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,575,353	80,023,119	0.019686	0	0	59.00
60.00	06000	LABORATORY	732,625	71,331,768	0.010271	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,850	3,390,427	0.008804	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	314,918	21,263,228	0.014810	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	142,271	17,032,876	0.008353	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	40,969	8,576,840	0.004777	0	0	65.01
66.00	06600	PHYSICAL THERAPY	108,604	10,634,840	0.010212	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,895	5,767,287	0.003796	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,559	1,676,202	0.014055	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	343,777	17,091,837	0.020114	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	38,282	5,686,309	0.006732	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	194,068	45,576,873	0.004258	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	453,901	60,404,629	0.007514	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	640,073	99,846,226	0.006411	0	0	73.00
74.00	07400	RENAL DIALYSIS	37,512	1,837,116	0.020419	0	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	123,645	12,788,448	0.009668	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,822	3,244,640	0.038162	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	325,025	15,940,677	0.020390	0	0	90.00
91.00	09100	EMERGENCY	1,217,504	60,383,925	0.020163	0	0	91.00
92.00	09200	OBSERVATION BEDS	270,725	6,121,962	0.044222	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	11,527,915	837,197,860		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	41,941	0.00	5,250	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,886	0.00	356	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	951	0.00	469	31.01	
32.00	03200	CORONARY CARE UNIT		0	7,129	0.00	365	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,119	0.00	285	41.00	
43.00	04300	NURSERY		0	2,420	0.00	1,069	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	3,516	0.00	0	44.00	
200.00		Total (lines 30 through 199)		0	62,962		7,794	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description	Title XIX				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education 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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,929,819	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	10,260,446	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,195,924	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,727,460	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	28,431,918	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,921,098	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	7,157,196	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,346,168	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,201,718	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,406,884	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	80,023,119	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	71,331,768	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,390,427	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	21,263,228	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,032,876	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	8,576,840	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	10,634,840	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,767,287	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,676,202	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	17,091,837	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,686,309	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	45,576,873	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	60,404,629	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,846,226	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,837,116	0.000000	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0	0	12,788,448	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,244,640	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	15,940,677	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	60,383,925	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	6,121,962	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	0	0	837,197,860		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00	
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	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/17/2019 7:15 am	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,882,805	94,929,819	0.019834	0	0	50.00
51.00	05100	RECOVERY ROOM	273,981	10,260,446	0.026703	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	231,069	6,195,924	0.037294	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,587	12,727,460	0.001225	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	756,222	28,431,918	0.026598	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,814	3,921,098	0.010154	0	0	54.01
54.02	03630	ULTRA SOUND	12,476	7,157,196	0.001743	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,370,824	49,346,168	0.027780	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	153,747	69,201,718	0.002222	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,012	6,406,884	0.005153	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,575,353	80,023,119	0.019686	0	0	59.00
60.00	06000	LABORATORY	732,625	71,331,768	0.010271	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,850	3,390,427	0.008804	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	314,918	21,263,228	0.014810	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	142,271	17,032,876	0.008353	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	40,969	8,576,840	0.004777	0	0	65.01
66.00	06600	PHYSICAL THERAPY	108,604	10,634,840	0.010212	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,895	5,767,287	0.003796	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,559	1,676,202	0.014055	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	343,777	17,091,837	0.020114	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	38,282	5,686,309	0.006732	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	194,068	45,576,873	0.004258	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	453,901	60,404,629	0.007514	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	640,073	99,846,226	0.006411	0	0	73.00
74.00	07400	RENAL DIALYSIS	37,512	1,837,116	0.020419	0	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	123,645	12,788,448	0.009668	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,822	3,244,640	0.038162	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	325,025	15,940,677	0.020390	0	0	90.00
91.00	09100	EMERGENCY	1,217,504	60,383,925	0.020163	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	6,121,962	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	11,257,190	837,197,860		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
	Title XIX	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
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	Title XIX	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,929,819	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	10,260,446	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,195,924	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,727,460	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	28,431,918	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,921,098	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	7,157,196	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,346,168	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,201,718	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,406,884	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	80,023,119	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	71,331,768	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,390,427	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	21,263,228	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,032,876	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	8,576,840	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	10,634,840	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,767,287	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,676,202	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	17,091,837	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,686,309	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	45,576,873	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	60,404,629	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,846,226	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,837,116	0.000000	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	12,788,448	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,244,640	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	15,940,677	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	60,383,925	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	6,121,962	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	837,197,860	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
	Title XIX	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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
	Title XIX	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,929,819	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	10,260,446	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,195,924	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,727,460	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	28,431,918	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,921,098	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	7,157,196	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	49,346,168	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,201,718	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,406,884	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	80,023,119	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	71,331,768	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,390,427	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	21,263,228	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,032,876	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	8,576,840	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	10,634,840	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,767,287	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,676,202	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 CARDIOLOGY	0	0	0	17,091,837	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,686,309	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	45,576,873	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	60,404,629	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,846,226	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,837,116	0.000000	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	12,788,448	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,244,640	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	15,940,677	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	60,383,925	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	6,121,962	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	837,197,860		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/17/2019 7:15 am
	Title XIX	Skilled Nursing Facility	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,941	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,941	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)		36,513	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)		11,429	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,382,067	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)		35,382,067	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,382,067	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		843.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,641,733	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)		9,641,733	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS 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	7,518,470	4,886	1,538.78	1,915	2,946,764	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	1,820,390	951	1,914.19	0	0	43.01
44.00	CORONARY CARE UNIT	6,768,136	7,129	949.38	3,497	3,319,982	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)					29,600,540	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,509,019	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)					889,110	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,336,766	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,225,876	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,283,143	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)					5,428	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					843.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,579,169	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,091,834	35,382,067	0.059121	4,579,169	270,725	90.00
91.00	Nursing School cost	0	35,382,067	0.000000	4,579,169	0	91.00
92.00	Allied health cost	0	35,382,067	0.000000	4,579,169	0	92.00
93.00	All other Medical Education	0	35,382,067	0.000000	4,579,169	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,119	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,119	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)		2,119	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)		846	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,351,250	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)		2,351,250	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,351,250	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,109.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		938,722	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)		938,722	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 14-T280		Date/Time Prepared: 5/17/2019 7:15 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
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)					407,151	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,345,873	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)					71,292	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,716	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					84,008	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,261,865	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	178,571	2,351,250	0.075947	0	0	90.00
91.00	Nursing School cost	0	2,351,250	0.000000	0	0	91.00
92.00	Allied health cost	0	2,351,250	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,351,250	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,516	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,516	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)		3,516	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,761	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,973,496	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)		2,973,496	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,973,496	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
43.01	NEONATAL INTENSIVE CARE UNIT					43.01
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				2,973,496	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				845.70	71.00
72.00	Program routine service cost (line 9 x line 71)				1,489,278	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,489,278	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)				0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00	Inpatient routine service cost per diem limitation				0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,489,278	83.00
84.00	Program inpatient ancillary services (see instructions)				626,979	84.00
85.00	Utilization review - physician compensation (see instructions)				0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				2,116,257	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,941	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,941	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)		36,513	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)		5,250	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)		2,420	15.00
16.00	Nursery days (title V or XIX only)		1,069	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,382,067	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)		35,382,067	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,382,067	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		843.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,429,005	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)		4,429,005	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XIX		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)	1,701,521	2,420	703.11	1,069	751,625	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,518,470	4,886	1,538.78	356	547,806	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	1,820,390	951	1,914.19	469	897,755	43.01
44.00	CORONARY CARE UNIT	6,768,136	7,129	949.38	365	346,524	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,972,715	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)					386,157	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					386,157	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,586,558	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)					5,428	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					843.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,579,169	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,091,834	35,382,067	0.059121	4,579,169	270,725	90.00
91.00	Nursing School cost	0	35,382,067	0.000000	4,579,169	0	91.00
92.00	Allied health cost	0	35,382,067	0.000000	4,579,169	0	92.00
93.00	All other Medical Education	0	35,382,067	0.000000	4,579,169	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,119	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,119	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)		2,119	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)		285	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)		2,420	15.00
16.00	Nursery days (title V or XIX only)		1,069	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,351,250	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)		2,351,250	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,351,250	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,109.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		316,236	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)		316,236	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1		
				Component CCN: 14-T280		Date/Time Prepared: 5/17/2019 7:15 am		
				Title XIX	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	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
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)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						316,236		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)						24,017		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						24,017		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						292,219		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)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
		Title XIX		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	178,571	2,351,250	0.075947	0	0	90.00
91.00	Nursing School cost	0	2,351,250	0.000000	0	0	91.00
92.00	Allied health cost	0	2,351,250	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,351,250	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,516	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,516	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)		3,516	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,420	15.00
16.00	Nursery days (title V or XIX only)		1,069	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,973,496	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)		2,973,496	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,973,496	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL INTENSIVE CARE UNIT						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,973,496	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					845.70	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					231,393	75.00
76.00	Per diem capital -related costs (line 75 ÷ line 2)					65.81	76.00
77.00	Program capital -related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
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: 14-0280 Component CCN: 14-5564		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/17/2019 7:15 am	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/17/2019 7:15 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,123,002	30.00
31.00	03100	INTENSIVE CARE UNIT		4,691,807	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		5,900,036	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185696	14,117,445	50.00
51.00	05100	RECOVERY ROOM	0.414793	1,170,325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.622871	12,414	52.00
53.00	05300	ANESTHESIOLOGY	0.027791	1,566,938	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184313	2,629,436	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.148028	320,923	54.01
54.02	03630	ULTRA SOUND	0.134328	382,367	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103078	71,339	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.037420	7,352,932	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.173707	1,643,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074485	9,550,340	59.00
60.00	06000	LABORATORY	0.240488	10,864,694	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.484145	1,160,123	63.00
64.00	06400	INTRAVENOUS THERAPY	0.259160	2,028,010	64.00
65.00	06500	RESPIRATORY THERAPY	0.141286	6,502,453	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.161439	2,644,444	65.01
66.00	06600	PHYSICAL THERAPY	0.321462	1,827,691	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218263	930,193	67.00
68.00	06800	SPEECH PATHOLOGY	0.314795	199,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.127087	3,641,890	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.210738	432,261	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.314707	8,485,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522005	16,501,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281848	15,510,902	73.00
74.00	07400	RENAL DIALYSIS	0.581905	1,233,488	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.193471	966,703	76.00
76.97	07697	CARDIAC REHABILITATION	0.452443	154,360	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.393063	778,045	90.00
91.00	09100	EMERGENCY	0.220184	3,961,255	91.00
92.00	09200	OBSERVATION BEDS	0.747990	425,061	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		117,065,609	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)		117,065,609	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/17/2019 7:15 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
41.00	04100 SUBPROVIDER - IRF		1,154,562		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.185696	0	0	50.00
51.00	05100 RECOVERY ROOM	0.414793	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.622871	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027791	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.184313	25,298	4,663	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.148028	0	0	54.01
54.02	03630 ULTRA SOUND	0.134328	1,939	260	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.103078	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.037420	27,664	1,035	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.173707	4,779	830	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.074485	0	0	59.00
60.00	06000 LABORATORY	0.240488	95,391	22,940	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.484145	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.259160	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.141286	137,980	19,495	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.161439	52,575	8,488	65.01
66.00	06600 PHYSICAL THERAPY	0.321462	422,506	135,820	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.218263	485,393	105,943	67.00
68.00	06800 SPEECH PATHOLOGY	0.314795	140,287	44,162	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	0.127087	3,519	447	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.210738	3,049	643	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.314707	73,867	23,246	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.522005	1,096	572	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.281848	119,390	33,650	73.00
74.00	07400 RENAL DIALYSIS	0.581905	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0.193471	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.452443	153	69	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.393063	12,436	4,888	90.00
91.00	09100 EMERGENCY	0.220184	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.747990	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,607,322	407,151	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)		1,607,322		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/17/2019 7:15 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185696	0	50.00
51.00	05100	RECOVERY ROOM	0.414793	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.622871	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027791	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184313	39,985	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.148028	0	54.01
54.02	03630	ULTRA SOUND	0.134328	5,035	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103078	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.037420	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.173707	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074485	0	59.00
60.00	06000	LABORATORY	0.240488	149,600	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.484145	1,200	63.00
64.00	06400	INTRAVENOUS THERAPY	0.259160	4,133	64.00
65.00	06500	RESPIRATORY THERAPY	0.141286	294,122	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.161439	149,082	65.01
66.00	06600	PHYSICAL THERAPY	0.321462	708,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218263	833,767	67.00
68.00	06800	SPEECH PATHOLOGY	0.314795	14,854	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.127087	9,017	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.210738	2,052	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.314707	174,696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522005	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281848	152,156	73.00
74.00	07400	RENAL DIALYSIS	0.581905	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.193471	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.452443	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.393063	624	90.00
91.00	09100	EMERGENCY	0.220184	0	91.00
92.00	09200	OBSERVATION BEDS	0.747990	2,285	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,540,718	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)		2,540,718	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		29,356,595	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,083,150	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)		500,067	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		286.13	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.99	31.00
32.00	Sum of lines 30 and 31		31.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.15	33.00
34.00	Disproportionate share adjustment (see instructions)		1,455,905	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000		0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,035,048		2,262,423 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,522,104		570,255 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,092,359		
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		42,488,076	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		42,488,076	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,335,506	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		6,110	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,829,692	59.00
60.00	Primary payer payments		52,506	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,777,186	61.00
62.00	Deductibles billed to program beneficiaries		3,952,016	62.00
63.00	Coinurance billed to program beneficiaries		104,185	63.00
64.00	Allowable bad debts (see instructions)		923,066	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		599,993	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		611,420	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,320,978	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	PS&R OTHER ADJUSTMENTS		-23,958	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)		-194,529	70.93
70.94	HRR adjustment amount (see instructions)		-167,470	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)		106,846	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,828,175	71.00
71.01	Sequestration adjustment (see instructions)		836,564	71.01
71.02	Demonstration payment adjustment amount after sequestration		146,960	71.02
72.00	Interim payments		40,542,915	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)		301,736	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		818,476	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/17/2019 7:15 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	29,356,595	0	29,356,595		29,356,595	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,083,150	0		9,083,150	9,083,150	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	500,067	0	473,648	26,419	500,067	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	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1515	0.1515	0.1515	0.1515		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,455,905	0	1,111,881	344,024	1,455,905	11.00
11.01	Uncompensated care payments	36.00	2,092,359	0	1,522,104	570,255	2,092,359	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,488,076	0	32,464,228	10,023,848	42,488,076	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	42,488,076	0	32,464,228	10,023,848	42,488,076	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	3,335,506	0	2,550,185	785,321	3,335,506	16.00
17.00	Special add-on payments for new technologies	54.00	6,110	0	6,110	0	6,110	17.00
17.01	Net organ aquisition 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: 14-0280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/17/2019 7:15 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	35,020,523	10,809,169	45,829,692	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	3,116,883	0	2,380,484	736,399	3,116,883	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	13,532	0	13,065	467	13,532	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0658	0.0658	0.0658	0.0658		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	205,091	0	156,636	48,455	205,091	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,335,506	0	2,550,185	785,321	3,335,506	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: 14-0280		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/17/2019 7:15 am	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 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	29,356,595	29,356,595		29,356,595	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,083,150		9,083,150	9,083,150	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	500,067	473,648	26,419	500,067	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1515	0.1515	0.1515		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,455,905	1,111,881	344,024	1,455,905	11.00
11.01	Uncompensated care payments	36.00	2,092,359	1,522,104	570,255	2,092,359	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,488,076	32,464,228	10,023,848	42,488,076	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,488,076	32,464,228	10,023,848	42,488,076	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,335,506	2,550,185	785,321	3,335,506	16.00
17.00	Special add-on payments for new technologies	54.00	6,110	6,110	0	6,110	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			35,020,523	10,809,169	45,829,692	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/17/2019 7:15 am

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,116,883	2,380,484	736,399	3,116,883	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	13,532	13,065	467	13,532	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0658	0.0658	0.0658		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	205,091	156,636	48,455	205,091	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,335,506	2,550,185	785,321	3,335,506	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	-194,529	-131,708	-62,821	-194,529	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	-167,470	-105,705	-61,765	-167,470	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	106,846	106,846	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		49,958	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,240,214	2.00
3.00	OPPS payments		33,299,248	3.00
4.00	Outlier payment (see instructions)		26,229	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)		49,958	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		113,454	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)		113,454	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		113,454	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		63,496	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)		49,958	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)		33,325,477	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		14,975	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,808,182	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)		27,552,278	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)		27,552,278	30.00
31.00	Primary payer payments		6,847	31.00
32.00	Subtotal (line 30 minus line 31)		27,545,431	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		897,791	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		583,564	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		637,740	36.00
37.00	Subtotal (see instructions)		28,128,995	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-61	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		1,240	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		28,129,056	40.00
40.01	Sequestration adjustment (see instructions)		562,581	40.01
40.02	Demonstration payment adjustment amount after sequestration		220,604	40.02
41.00	Interim payments		27,477,640	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-131,769	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		528	2.00
3.00	OPPS payments		3,457	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		3,457	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		691	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)		2,766	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)		2,766	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,766	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		2,766	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)		2,766	40.00
40.01	Sequestration adjustment (see instructions)		55	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,710	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2019 7:15 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,477,815		27,337,540	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/18/2018	65,100	07/18/2018	140,100	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)		65,100		140,100	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		40,542,915		27,477,640	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		301,736		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		131,769	6.02	
7.00	Total Medicare program liability (see instructions)		40,844,651		27,345,871	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: 14-0280
Component CCN: 14-T280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,326,403		2,710	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)		1,326,403		2,710	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		3,280		0	6.02
7.00	Total Medicare program liability (see instructions)		1,323,123		2,711	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: 14-0280
Component CCN: 14-5564

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

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2019 7:15 am

Title XVIII

Skilled Nursing
Facility

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		826,536		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)		826,536		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		101		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		826,637		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: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,249,324 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0047 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			52,721 3.00
4.00	Outlier Payments			49,751 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)			5.805479 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)			1,351,796 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)			1,351,796 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,351,796 19.00
20.00	Deductibles			4,020 20.00
21.00	Subtotal (line 19 minus line 20)			1,347,776 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			1,347,776 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,616 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,350 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,184 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,350,126 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)			0 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)			1,350,126 32.00
32.01	Sequestration adjustment (see instructions)			27,003 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,326,403 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)			-3,280 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,125 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			49,751 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: 14-0280 Component CCN: 14-5564	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VI Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		867,129	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		867,129	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		15,410	7.00
8.00	Allowable bad debts (see instructions)		158	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		103	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		851,822	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		851,822	15.00
15.01	Sequestration adjustment (see instructions)		17,036	15.01
15.02	Demonstration payment adjustment amount after sequestration		8,149	15.02
16.00	Interim payments		826,536	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		101	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0280

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

Worksheet G

Date/Time Prepared:
5/17/2019 7:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	6,184,050	0	0	0	1.00
2.00	Temporary investments	343,046	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	172,916,014	0	0	0	4.00
5.00	Other receivable	1,842,045	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-129,594,803	0	0	0	6.00
7.00	Inventory	9,489,660	0	0	0	7.00
8.00	Prepaid expenses	1,480,274	0	0	0	8.00
9.00	Other current assets	4,410,432	0	0	0	9.00
10.00	Due from other funds	7,276,862	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	74,347,580	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,909,905	0	0	0	12.00
13.00	Land improvements	9,550,480	0	0	0	13.00
14.00	Accumulated depreciation	-7,016,939	0	0	0	14.00
15.00	Buildings	289,704,879	0	0	0	15.00
16.00	Accumulated depreciation	-167,053,680	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	2,483,520	0	0	0	19.00
20.00	Accumulated depreciation	-885,240	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	106,584,252	0	0	0	23.00
24.00	Accumulated depreciation	-76,260,041	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)	164,017,136	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	36,634,803	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	173,926,004	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	210,560,807	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	448,925,523	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,315,516	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,042,384	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,371,366	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	24,030,672	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,759,938	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	144,078,795	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	144,078,795	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	194,838,733	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	254,086,790				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)	254,086,790	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	448,925,523	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0280

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

Worksheet G-1

Date/Time Prepared:
5/17/2019 7:15 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		262,725,836		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,296,477				2.00
3.00	Total (sum of line 1 and line 2)		291,022,313		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		291,022,313		0		11.00
12.00	Deductions	21,270,168		0		0	12.00
13.00	RELATED PROVIDERS NET	15,665,355		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)		36,935,523		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		254,086,790		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions		0				12.00
13.00	RELATED PROVIDERS NET		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: 14-0280

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/17/2019 7:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	44,304,128		44,304,128	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,903,691		2,903,691	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,655,287		3,655,287	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)	50,863,106		50,863,106	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,832,113		11,832,113	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	1,682,686		1,682,686	11.01
12.00	CORONARY CARE UNIT	12,359,035		12,359,035	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)	25,873,834		25,873,834	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	76,736,940		76,736,940	17.00
18.00	Ancillary services	306,558,741	543,798,311	850,357,052	18.00
19.00	Outpatient services	0	15,637,497	15,637,497	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN	0	38,610,182	38,610,182	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	383,295,681	598,045,990	981,341,671	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		307,965,752		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		307,965,752		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0280

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

Worksheet G-3

Date/Time Prepared:
5/17/2019 7:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	981,341,671	1.00
2.00	Less contractual allowances and discounts on patients' accounts	654,796,228	2.00
3.00	Net patient revenues (line 1 minus line 2)	326,545,443	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	307,965,752	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,579,691	5.00
OTHER INCOME			
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 INCOME	9,716,786	24.00
25.00	Total other income (sum of lines 6-24)	9,716,786	25.00
26.00	Total (line 5 plus line 25)	28,296,477	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,296,477	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0280	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/17/2019 7:15 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,116,883	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		13,532	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)		138.82	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.45	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.99	8.00
9.00	Sum of lines 7 and 8		31.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.58	10.00
11.00	Disproportionate share adjustment (see instructions)		205,091	11.00
12.00	Total prospective capital payments (see instructions)		3,335,506	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00