

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 8:05 am
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PART I - COST REPORT STATUS

Provider use only: 1. Electronically filed cost report Date: 11/26/2019 Time: 8:05 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
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
7. Contractor No.
8. Initial Report for this Provider CCN
9. Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT ANDERSON (15-0088) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	546,078	-372,702	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-1,648	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	544,430	-372,702	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:05 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00 Street: 2015 JACKSON STREET		PO Box:		Zip Code: 46016		County:				
2.00 City: ANDERSON		State: IN								
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		
Hospital and Hospital-Based Component Identification:										
3.00 Hospital		ST. VINCENT ANDERSON	150088	26900	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF										4.00
5.00 Subprovider - IRF		BENNETT REHAB CENTER	15T088	26900	5	06/01/1989	N	P	0	5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF										7.00
8.00 Swing Beds - NF										8.00
9.00 Hospital-Based SNF										9.00
10.00 Hospital-Based NF										10.00
11.00 Hospital-Based OLTC										11.00
12.00 Hospital-Based HHA										12.00
13.00 Separately Certified ASC										13.00
14.00 Hospital-Based Hospice										14.00
15.00 Hospital-Based Health Clinic - RHC										15.00
16.00 Hospital-Based Health Clinic - FQHC										16.00
17.00 Hospital-Based (CMHC) I										17.00
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)						07/01/2018	06/30/2019		20.00	
21.00 Type of Control (see instructions)						1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.03	
23.00 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		23.00	
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		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,294	523	3	71	6,275	15		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:05 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	20	0	0	0	303		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					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.								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)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.02	1		60.03	

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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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:05 am			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 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)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						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: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:05 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	777,340	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	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		154046	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:05 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: ST VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 250 WEST 96TH STREET , SUITE 2058	PO Box:		142.00			
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46260		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?							
Y							
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
N							
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							
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
N							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
N							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
N							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
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							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							
0.00							
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
Y							
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							
0							
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							
168.01							
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							
9.99							
		Beginning	Ending				
		1.00	2.00				
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
10/01/2018 12/31/2018							
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
N							
0							

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 8:05 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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					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)	Y	10/18/2019	Y	10/18/2019		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)	N		N			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: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 8:05 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
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.	KATHY	ZAMBOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3968	KATHY.ZAMBOS@ASCENSION.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 8:05 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.	LEAD 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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 8:05 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	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	123	44,895	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)		123	44,895	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,665	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		157			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 8:05 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,478	1,098	18,592			1.00
2.00	HMO and other (see instructions)	5,254	6,345				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	580	303				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,478	1,098	18,592			7.00
8.00	INTENSIVE CARE UNIT	3,417	26	5,909			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		697	893			13.00
14.00	Total (see instructions)	7,895	1,821	25,394	0.00	562.70	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,188	20	2,511	0.00	11.40	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			192			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	574.10	27.00
28.00	Observation Bed Days		0	1,530			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			176			30.00
31.00	Employee discount days - IRF			16			31.00
32.00	Labor & delivery days (see instructions)	0	15	176			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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 8:05 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	1,660	217	5,100	1.00
2.00 HMO and other (see instructions)			968	1,486		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,660	217	5,100	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	112	29	225	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 8:05 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	38,062,411	0	38,062,411	1,194,036.83	31.88
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		76,381	0	76,381	495.32	154.21
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		8,863,660	0	8,863,660	52,752.57	168.02
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		87,082	0	87,082	2,889.00	30.14
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,490,265	-10,194	4,480,071	126,375.99	35.45
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,634,049	0	4,634,049	140,098.30	33.08
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		2,877,595	0	2,877,595	32,927.00	87.39
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		10,916,538	0	10,916,538	230,152.34	47.43
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,195,157	0	16,195,157		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,962,591	0	1,962,591		
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		19,574	0	19,574		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,320,429	0	3,320,429		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	28,467	0	28,467	889.53	32.00
27.00	Administrative & General	5.00	2,597,001	0	2,597,001	105,120.29	24.71

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 8:05 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.)		1,776,490	0	1,776,490	17,834.66	99.61	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	483,325	0	483,325	24,886.89	19.42	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,047,834	0	2,047,834	87,991.87	23.27	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		555,567	0	555,567	21,144.22	26.28	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	1,648,504	0	1,648,504	44,647.73	36.92	38.00
39.00	Central Services and Supply	14.00	418,021	0	418,021	21,779.37	19.19	39.00
40.00	Pharmacy	15.00	2,655,489	-2,825	2,652,664	65,763.17	40.34	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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 8:05 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	33,491,560	0	33,491,560	1,265,366.01	26.47	1.00
2.00	Excluded area salaries (see instructions)	4,490,265	-10,194	4,480,071	126,375.99	35.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,001,295	10,194	29,011,489	1,138,990.02	25.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,428,182	0	18,428,182	403,177.64	45.71	4.00
5.00	Subtotal wage-related costs (see inst.)	19,535,160	0	19,535,160	0.00	67.34	5.00
6.00	Total (sum of lines 3 thru 5)	66,964,637	10,194	66,974,831	1,542,167.66	43.43	6.00
7.00	Total overhead cost (see instructions)	12,210,698	-2,825	12,207,873	390,057.73	31.30	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 8:05 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,312,762	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)	5,408,903	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	313,508	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)	4,825,522	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,412,405	9.00
10.00	Dental, Hearing and Vision Plan	129,986	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,155	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	959	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	212,030	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	90,038	14.00
15.00	'Workers' Compensation Insurance	-27,417	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	2,665,194	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	47,410	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	21,073	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,456,528	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: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part V Date/Time Prepared: 11/26/2019 8:05 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		4,634,049	16,456,528 1.00
2.00	Hospital		4,634,049	16,456,528 2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 8:05 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)		0.232018	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		19,693,961	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		140,150,771	6.00	
7.00	Medicaid cost (line 1 times line 6)		32,517,502	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)		12,823,541	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,823,541	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)	23,017,618	4,558,580	27,576,198	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,340,502	4,558,580	9,899,082	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)	5,340,502	4,558,580	9,899,082	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)			3,313,617	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			370,146	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			569,455	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,744,162	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			836,004	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,735,086	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,558,627	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,738,929	2,738,929	570	2,739,499	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB		0	0	0	0	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		7,932,253	7,960,720	0	7,960,720	4.00
5.00	00500	ADMINI STRATIVE & GENERAL	2,597,001	54,053,445	56,650,446	-570	56,649,876	5.00
7.00	00700	OPERATION OF PLANT	483,325	5,352,569	5,835,894	0	5,835,894	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	590,353	590,353	0	590,353	8.00
9.00	00900	HOUSEKEEPING	0	2,478,988	2,478,988	0	2,478,988	9.00
10.00	01000	DIETARY	0	3,096,901	3,096,901	-2,264,280	832,621	10.00
11.00	01100	CAFETERIA	0	0	0	2,264,280	2,264,280	11.00
13.00	01300	NURSING ADMINISTRATION	1,648,504	579,057	2,227,561	0	2,227,561	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	418,021	198,729	616,750	0	616,750	14.00
15.00	01500	PHARMACY	2,655,489	991,944	3,647,433	-2,825	3,644,608	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,890	6,890	0	6,890	16.00
23.00	02300	ALLIED HEALTH-EMS	148,368	12,349	160,717	-138,551	22,166	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	75,791	32,140	107,931	125,532	233,463	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	7,305	48	7,353	2,825	10,178	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,734,026	1,113,001	7,847,027	194,089	8,041,116	30.00
31.00	03100	INTENSIVE CARE UNIT	3,456,483	869,954	4,326,437	0	4,326,437	31.00
41.00	04100	SUBPROVIDER - IIRF	940,886	235,573	1,176,459	0	1,176,459	41.00
43.00	04300	NURSERY	0	0	0	233,689	233,689	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	684,244	16,334,182	17,018,426	-1,259,173	15,759,253	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,254,357	210,618	1,464,975	-519,717	945,258	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,422,315	1,422,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,576,259	1,035,965	2,612,224	-125,532	2,486,692	54.00
54.01	03440	MAMMOGRAPHY	207,369	243,572	450,941	0	450,941	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	278,019	666,705	944,724	0	944,724	54.02
54.03	03630	ULTRA SOUND	383,968	122,215	506,183	0	506,183	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	851,208	1,716,267	2,567,475	0	2,567,475	55.00
57.00	05700	CT SCAN	536,730	197,841	734,571	0	734,571	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	230,265	663,555	893,820	0	893,820	58.00
59.00	05900	CARDIAC CATHETERIZATION	958,722	332,076	1,290,798	0	1,290,798	59.00
60.00	06000	LABORATORY	9,799	6,095,298	6,105,097	0	6,105,097	60.00
65.00	06500	RESPIRATORY THERAPY	1,028,909	134,135	1,163,044	0	1,163,044	65.00
66.00	06600	PHYSICAL THERAPY	2,596,574	594,323	3,190,897	-1,083,072	2,107,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	829,458	829,458	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	253,614	253,614	68.00
69.00	06900	ELECTROCARDIOLOGY	115,235	57,052	172,287	0	172,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	274,253	222,825	497,078	0	497,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,282,758	3,282,758	-163,142	3,119,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,265,157	5,265,157	0	5,265,157	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,803,926	18,803,926	0	18,803,926	73.00
76.00	03190	CHEMOTHERAPY	724,012	240,669	964,681	0	964,681	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	800,500	72,867	873,367	65,689	939,056	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,040,407	1,288,558	4,328,965	138,551	4,467,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,744,496	137,863,687	172,608,183	-26,250	172,581,933	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	64,306	36,997	101,303	0	101,303	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,029,830	662,449	2,692,279	0	2,692,279	192.00
194.00	07950	FOUNDATION	120,918	101,983	222,901	0	222,901	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	87,775	15,111	102,886	0	102,886	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	29,249	2,160	31,409	0	31,409	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	1,704	1,704	0	1,704	194.04
194.05	07955	HEALTHY FAMILIES	308,369	36,981	345,350	0	345,350	194.05
194.06	07956	DME-HOME CARE	0	229,164	229,164	0	229,164	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	351	351	0	351	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	677,468	58,085	735,553	26,250	761,803	194.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019	Worksheet A Date/Time Prepared: 11/26/2019 8:05 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
194.13	07962 IDLE SPACE	0	0	0	0	0
200.00	TOTAL (SUM OF LINES 118 through 199)	38,062,411	139,008,672	177,071,083	0	177,071,083
						194.13
						200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
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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	-550,681	2,188,818	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	241,996	8,202,716	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,468,090	44,181,786	5.00
7.00	00700	OPERATION OF PLANT	-5,948	5,829,946	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	590,353	8.00
9.00	00900	HOUSEKEEPING	0	2,478,988	9.00
10.00	01000	DIETARY	-627,192	205,429	10.00
11.00	01100	CAFETERIA	0	2,264,280	11.00
13.00	01300	NURSING ADMINISTRATION	-61,564	2,165,997	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	616,750	14.00
15.00	01500	PHARMACY	-16,830	3,627,778	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,890	0	16.00
23.00	02300	ALLIED HEALTH-EMS	-5,709	16,457	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	-14,613	218,850	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	10,178	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,108	8,040,008	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,326,437	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,176,459	41.00
43.00	04300	NURSERY	0	233,689	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-520,958	15,238,295	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,095	940,163	52.00
53.00	05300	ANESTHESIOLOGY	0	1,422,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-68,458	2,418,234	54.00
54.01	03440	MAMMOGRAPHY	-234	450,707	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	944,724	54.02
54.03	03630	ULTRA SOUND	0	506,183	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-36,503	2,530,972	55.00
57.00	05700	CT SCAN	-49	734,522	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-3,710	890,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,290,798	59.00
60.00	06000	LABORATORY	-85,620	6,019,477	60.00
65.00	06500	RESPIRATORY THERAPY	-3,180	1,159,864	65.00
66.00	06600	PHYSICAL THERAPY	-26,993	2,080,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	829,458	67.00
68.00	06800	SPEECH PATHOLOGY	0	253,614	68.00
69.00	06900	ELECTROCARDIOLOGY	-344	171,943	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-29,000	468,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,119,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,265,157	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,803,926	73.00
76.00	03190	CHEMOTHERAPY	0	964,681	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	-46,847	892,209	90.01
90.02	04950	DIABETIC EDUCATION	0	0	90.02
90.03	09002	MS CLINIC	0	0	90.03
91.00	09100	EMERGENCY	-539,000	3,928,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,882,620	157,699,313	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	101,303	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,692,279	192.00
194.00	07950	FOUNDATION	0	222,901	194.00
194.01	07951	CHILDRENS CLINIC	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	102,886	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	0	31,409	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	1,704	194.04
194.05	07955	HEALTHY FAMILIES	0	345,350	194.05
194.06	07956	DME-HOME CARE	0	229,164	194.06
194.07	07957	MARKETING	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	194.08
194.09	07959	MOB	0	351	194.09
194.10	07960	ASC	0	0	194.10
194.11	07961	MAB	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	761,803	194.12
194.13	07962	IDLE SPACE	0	0	194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,882,620	162,188,463	200.00

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RECLASSIFICATIONS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - INSURANCE EXPENSE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	570		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	570		
D - CAFETERIA/DIETARY RECLASS						
1.00	CAFETERIA	11.00	0	2,264,280		1.00
	TOTALS		0	2,264,280		
E - LABOR DELIVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	244,906	41,122		1.00
2.00	NURSERY	43.00	200,092	33,597		2.00
	TOTALS		444,998	74,719		
H - PT_OT_ST RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	674,967	154,491		1.00
2.00	SPEECH PATHOLOGY	68.00	206,377	47,237		2.00
	TOTALS		881,344	201,728		
J - ADOLESCENT RESIDENTIAL SERVICES						
1.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	0	26,250		1.00
	TOTALS		0	26,250		
K - AH-PHARMACY RESIDENCY RECLASS						
1.00	ALLIED HEALTH-PHARM RESIDENTS	23.02	2,825	0		1.00
	TOTALS		2,825	0		
M - RAD TECH RECLASS						
1.00	ALLIED HEALTH-RAD TECH	23.01	125,532	0		1.00
	TOTALS		125,532	0		
O - ANESTHESIOLOGY RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	1,422,315		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	1,422,315		
P - AND CTR OP RECLASS						
1.00	ANDERSON OUTPATIENT CENTER	90.01	59,255	6,434		1.00
	TOTALS		59,255	6,434		
R - SECURITY OFFICERS TO ED						
1.00	EMERGENCY	91.00	138,551	0		1.00
	TOTALS		138,551	0		
500.00	Grand Total: Increases		1,652,505	3,996,296		500.00

RECLASSIFICATIONS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - INSURANCE EXPENSE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	570	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	570			
D - CAFETERIA/DIETARY RECLASS							
1.00	DIETARY	10.00	0	2,264,280	0		1.00
	TOTALS		0	2,264,280			
E - LABOR DELIVERY RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	444,998	74,719	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		444,998	74,719			
H - PT_OT_ST RECLASS							
1.00	PHYSICAL THERAPY	66.00	881,344	201,728	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		881,344	201,728			
J - ADOLESCENT RESIDENTIAL SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	26,250	0		1.00
	TOTALS		0	26,250			
K - AH-PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY	15.00	2,825	0	0		1.00
	TOTALS		2,825	0			
M - RAD TECH RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	125,532	0	0		1.00
	TOTALS		125,532	0			
O - ANESTHESIOLOGY RECLASS							
1.00	OPERATING ROOM	50.00	0	1,259,173	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	163,142	0		2.00
	TOTALS		0	1,422,315			
P - AND CTR OP RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	59,255	6,434	0		1.00
	TOTALS		59,255	6,434			
R - SECURITY OFFICERS TO ED							
1.00	ALLIED HEALTH-EMS	23.00	138,551	0	0		1.00
	TOTALS		138,551	0			
500.00	Grand Total: Decreases		1,652,505	3,996,296			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part I
Date/Time Prepared:
11/26/2019 8:05 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	5,292,602	0	0	0	1.00
2.00	Land Improvements	1,539,559	68,900	0	68,900	2.00
3.00	Buildings and Fixtures	67,191,990	5,837	0	5,837	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	31,415,641	2,726,388	0	2,726,388	5.00
6.00	Movable Equipment	53,978,511	4,243,404	0	4,243,404	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	159,418,303	7,044,529	0	7,044,529	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	159,418,303	7,044,529	0	7,044,529	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0			1.00
2.00	Land Improvements	1,608,459	0			2.00
3.00	Buildings and Fixtures	65,936,150	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	34,142,029	0			5.00
6.00	Movable Equipment	57,077,896	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	164,057,136	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	164,057,136	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet A-7 Part II Date/Time Prepared: 11/26/2019 8:05 am
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,191,567	0	547,362	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,191,567	0	547,362	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	2,738,929				1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0				1.01
3.00	Total (sum of lines 1-2)	0	2,738,929				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	159,418,303	0	159,418,303	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	159,418,303	0	159,418,303	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	1,640,886	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	1,640,886	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	547,362	570	0	0	2,188,818	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	547,362	570	0	0	2,188,818	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
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Line #	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		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-547,362	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT-MAB (chapter 2)		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-49,331	ADMINISTRATIVE & GENERAL	5.00	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-17,100	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-5,948	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,221,755			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	5,653,948			0	12.00
13.00	Laundry and linen service	B	0	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-568,080	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	-16,830	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-6,890	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-59,112	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
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT-MAB		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
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31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00		31.00			
				Basis/Code (2)	Amount				Cost Center	Line #	Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00			
33.00	OTHER MISCELLANEOUS REVENUE	B	-49	CT SCAN		57.00	0	33.00			
33.01	OTHER MISCELLANEOUS REVENUE	B	-25,561	ADMINISTRATIVE & GENERAL		5.00	0	33.01			
33.02	OTHER MISCELLANEOUS REVENUE	B	-5,709	ALLIED HEALTH-EMS		23.00	0	33.02			
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.03			
33.04	OTHER MISCELLANEOUS REVENUE	B	-13,920	ALLIED HEALTH-RAD TECH		23.01	0	33.04			
33.05	OTHER MISCELLANEOUS REVENUE	B	-3,917	OPERATING ROOM		50.00	0	33.05			
33.06	OTHER MISCELLANEOUS REVENUE	B	-2,120	RADIOLOGY-DIAGNOSTIC		54.00	0	33.06			
33.07	OTHER MISCELLANEOUS REVENUE	B	-234	MAMMOGRAPHY		54.01	0	33.07			
33.08	OTHER MISCELLANEOUS REVENUE	B	-1,445	RADIOLOGY-THERAPEUTIC		55.00	0	33.08			
33.09	OTHER MISCELLANEOUS REVENUE	B	-3,710	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	33.09			
33.10	OTHER MISCELLANEOUS REVENUE	B	0			0.00	0	33.10			
33.11	OTHER MISCELLANEOUS REVENUE	B	-2,370	RESPIRATORY THERAPY		65.00	0	33.11			
33.12	OTHER MISCELLANEOUS REVENUE	B	-26,968	PHYSICAL THERAPY		66.00	0	33.12			
33.13	OTHER MISCELLANEOUS REVENUE	B	0			0.00	0	33.13			
33.14	LEASE INCOME	B	-540,139	CAP REL COSTS-BLDG & FIXT		1.00	9	33.14			
33.15	DONATIONS	A	-20,000	ADMINISTRATIVE & GENERAL		5.00	0	33.15			
36.00	ENTERTAINMENT	A	-62,443	ADMINISTRATIVE & GENERAL		5.00	0	36.00			
36.01	ENTERTAINMENT	A	-364	NURSING ADMINISTRATIVE		13.00	0	36.01			
36.02	ENTERTAINMENT	A	-468	ALLIED HEALTH-RAD TECH		23.01	0	36.02			
36.03	ENTERTAINMENT	A	-97	ADULTS & PEDIATRICS		30.00	0	36.03			
36.04	ENTERTAINMENT	A	-54	RADIOLOGY-THERAPEUTIC		55.00	0	36.04			
36.05	ENTERTAINMENT	A	-286	RESPIRATORY THERAPY		65.00	0	36.05			
36.06	ENTERTAINMENT	A	-25	PHYSICAL THERAPY		66.00	0	36.06			
36.07	ENTERTAINMENT	A	-259	ANDERSON OUTPATIENT CENTER		90.01	0	36.07			
36.08	PHYSICIAN RECRUITMENT EXPENSE	A	-11,770	ANDERSON OUTPATIENT CENTER		90.01	0	36.08			
36.09	PHYSICIAN RECRUITMENT EXPENSE	A	-14,374	ADMINISTRATIVE & GENERAL		5.00	0	36.09			
36.10	CHILD CARE REVENUE	B	-711	ADULTS & PEDIATRICS		30.00	0	36.10			
36.11	PROVIDER TAX EXPENSE	A	-7,512,841	ADMINISTRATIVE & GENERAL		5.00	0	36.11			
36.12	MARKETING EXPENSE	A	-65,326	ADMINISTRATIVE & GENERAL		5.00	0	36.12			
36.13	MARKETING EXPENSE	A	-225	ALLIED HEALTH-RAD TECH		23.01	0	36.13			
36.14	EQUIPMENT RENTAL	B	-3,098	OPERATING ROOM		50.00	0	36.14			
36.15	CONTRACT SERVICE REVENUE	B	-34,818	ANDERSON OUTPATIENT CENTER		90.01	0	36.15			
36.16	CHARITABLE CONTRIBUTIONS	A	-61,200	NURSING ADMINISTRATIVE		13.00	0	36.16			
36.17	CHARITABLE CONTRIBUTIONS	A	-1,300	ADMINISTRATIVE & GENERAL		5.00	0	36.17			
36.18	CORPORATE SPONSORSHIPS	A	-102,166	ADMINISTRATIVE & GENERAL		5.00	0	36.18			
36.19	COMMUNITY BENEFITS	A	-62,572	ADMINISTRATIVE & GENERAL		5.00	0	36.19			
36.20	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	36.20			
36.21	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	36.21			
36.22	LATE FEES AND PENALTIES	A	-1,757	ADMINISTRATIVE & GENERAL		5.00	0	36.22			
36.23	LATE FEES AND PENALTIES	A	-112	RADIOLOGY-DIAGNOSTIC		54.00	0	36.23			
36.24	LOBBYING EXPENSE	A	-2,540	ADMINISTRATIVE & GENERAL		5.00	0	36.24			
36.25	DEPRECIATION ADJUSTMENT	A	-10,542	CAP REL COSTS-BLDG & FIXT		1.00	9	36.25			
36.26	PROMOTIONAL ITEMS	A	-10,392	ADMINISTRATIVE & GENERAL		5.00	0	36.26			
36.27	PROMOTIONAL ITEMS	A	-300	ADULTS & PEDIATRICS		30.00	0	36.27			
36.28	PROMOTIONAL ITEMS	A	-5,095	DELIVERY ROOM & LABOR ROOM		52.00	0	36.28			
36.29	PROMOTIONAL ITEMS	A	-524	RESPIRATORY THERAPY		65.00	0	36.29			
36.30	PROMOTIONAL ITEMS	A	-344	ELECTROCARDIOLOGY		69.00	0	36.30			
36.31	PRINT SHOP REVENUE	B	-362,794	ADMINISTRATIVE & GENERAL		5.00	0	36.31			
36.32	LAB	B	-982	LABORATORY		60.00	0	36.32			
36.33	UNCLAIMED PROPERTY	B	-49,655	ADMINISTRATIVE & GENERAL		5.00	0	36.33			
36.34	GAIN ON SALE OF DISPOSAL	B	-1,800	ADMINISTRATIVE & GENERAL		5.00	0	36.34			
36.35	BILLING ARRANGEMENTS	B	-616	OPERATING ROOM		50.00	0	36.35			
36.36	BILLING ARRANGEMENTS	B	-16,168	ADMINISTRATIVE & GENERAL		5.00	0	36.36			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,882,620					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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/26/2019 8:05 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	4.00	5.00

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: 15-0088

Period: From 07/01/2018 To 06/30/2019

Worksheet A-8-1

Date/Time Prepared: 11/26/2019 8:05 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - CAPITAL	3,223,042	0
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - INTEREST	45,415	0
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	37,171,519	35,579,302
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	7,693,381	7,451,385
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACK	21,965	21,965
4.02	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACK	212,920	212,920
4.03	15.00	PHARMACY	SVH CHARGEBACK	-8,000	-8,000
4.04	23.01	ALLIED HEALTH-RAD TECH	SVH CHARGEBACK	25,142	25,142
4.05	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACK	66,377	66,377
4.06	55.00	RADIOLOGY-THERAPEUTIC	SVH CHARGEBACK	3,802	3,802
4.07	59.00	CARDIAC CATHETERIZATION	SVH CHARGEBACK	117,000	117,000
4.08	90.01	ANDERSON OUTPATIENT CENTER	SVH CHARGEBACK	-2,080	-2,080
4.09	192.00	PHYSICIANS' PRIVATE OFFICES	SVH CHARGEBACK	241,996	241,996
4.10	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	547,362	0
4.11	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	3,916	0
4.12	0.00			0	0
4.13	0.00			0	0
4.14	0.00			0	0
4.15	0.00			0	0
4.16	0.00			0	0
4.17	0.00			0	0
4.18	0.00			0	0
4.19	0.00			0	0
4.20	0.00			0	0
4.21	0.00			0	0
4.22	0.00			0	0
4.23	0.00			0	0
4.24	0.00			0	0
4.25	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			49,363,757	43,709,809

* 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	G	ST VINCENT HEAL	100.00	ST VINCENT HEAL	100.00	6.00
7.00	G	ASCENSION HEALT	100.00	ASCENSION HEALT	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:	FINANCIAL				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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 8:05 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	3,223,042	0		1.00
2.00	45,415	0		2.00
3.00	1,592,217	0		3.00
4.00	241,996	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	547,362	11		4.10
4.11	3,916	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
5.00	5,653,948			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE		6.00
7.00	SYSTEM OFFICE		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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 8:05 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	5.00 ADMINISTRATIVE & GENERAL	9,014,349	8,935,074	79,275	211,500	588	1.00
2.00	31.00 INTENSIVE CARE UNIT	374,972	0	374,972	211,500	8,760	2.00
3.00	50.00 OPERATING ROOM	1,404,067	0	1,404,067	211,500	8,760	3.00
4.00	54.00 RADIOLOGY-DIAGNOSTIC	66,226	66,226	0	0	0	4.00
5.00	55.00 RADIOLOGY-THERAPEUTIC	35,004	35,004	0	211,500	0	5.00
6.00	60.00 LABORATORY	84,638	84,638	0	0	0	6.00
7.00	91.00 EMERGENCY	539,000	539,000	0	0	0	7.00
8.00	70.00 ELECTROENCEPHALOGRAPHY	137,334	29,000	108,334	211,500	8,760	8.00
9.00	0.00	0	0	0	0	0	9.00
10.00	0.00	0	0	0	0	0	10.00
200.00		11,655,590	9,688,942	1,966,648		26,868	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	5.00 ADMINISTRATIVE & GENERAL	59,789	2,989	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	890,740	44,537	0	0	0	2.00
3.00	50.00 OPERATING ROOM	890,740	44,537	0	0	0	3.00
4.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	60.00 LABORATORY	0	0	0	0	0	6.00
7.00	91.00 EMERGENCY	0	0	0	0	0	7.00
8.00	70.00 ELECTROENCEPHALOGRAPHY	890,740	44,537	0	0	0	8.00
9.00	0.00	0	0	0	0	0	9.00
10.00	0.00	0	0	0	0	0	10.00
200.00		2,732,009	136,600	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	0	59,789	19,486	8,954,560	1.00
2.00	31.00 INTENSIVE CARE UNIT	0	890,740	0	0	2.00
3.00	50.00 OPERATING ROOM	0	890,740	513,327	513,327	3.00
4.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	66,226	4.00
5.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	35,004	5.00
6.00	60.00 LABORATORY	0	0	0	84,638	6.00
7.00	91.00 EMERGENCY	0	0	0	539,000	7.00
8.00	70.00 ELECTROENCEPHALOGRAPHY	0	890,740	0	29,000	8.00
9.00	0.00	0	0	0	0	9.00
10.00	0.00	0	0	0	0	10.00
200.00		0	2,732,009	532,813	10,221,755	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	BLDG & FIXT-MAB			
	0	1.00	1.01	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,188,818	2,188,818			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0		1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,202,716	28,920	0	8,231,636	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	44,181,786	207,702	0	562,066	44,951,554 5.00
7.00 00700	OPERATION OF PLANT	5,829,946	260,121	0	104,606	6,194,673 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	590,353	36,727	0	0	627,080 8.00
9.00 00900	HOUSEKEEPING	2,478,988	46,554	0	0	2,525,542 9.00
10.00 01000	DIETARY	205,429	30,078	0	0	235,507 10.00
11.00 01100	CAFETERIA	2,264,280	99,803	0	0	2,364,083 11.00
13.00 01300	NURSING ADMINISTRATION	2,165,997	22,789	0	356,784	2,545,570 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	616,750	74,004	0	90,472	781,226 14.00
15.00 01500	PHARMACY	3,627,778	22,019	0	574,113	4,223,910 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,329	0	0	24,329 16.00
23.00 02300	ALLIED HEALTH-EMS	16,457	607	0	2,125	19,189 23.00
23.01 02301	ALLIED HEALTH-RAD TECH	218,850	513	0	43,572	262,935 23.01
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	10,178	467	0	2,192	12,837 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,040,008	308,877	0	1,497,607	9,846,492 30.00
31.00 03100	INTENSIVE CARE UNIT	4,326,437	68,405	0	748,083	5,142,925 31.00
41.00 04100	SUBPROVIDER - IRF	1,176,459	46,661	0	203,635	1,426,755 41.00
43.00 04300	NURSERY	233,689	34,258	0	43,306	311,253 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,238,295	223,959	0	148,090	15,610,344 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	940,163	95,398	0	175,169	1,210,730 52.00
53.00 05300	ANESTHESIOLOGY	1,422,315	0	0	0	1,422,315 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,418,234	66,622	0	313,979	2,798,835 54.00
54.01 03440	MAMMOGRAPHY	450,707	0	0	44,881	495,588 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	944,724	5,259	0	60,171	1,010,154 54.02
54.03 03630	ULTRA SOUND	506,183	0	0	83,102	589,285 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,530,972	0	0	184,226	2,715,198 55.00
57.00 05700	CT SCAN	734,522	2,571	0	116,164	853,257 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	890,110	4,680	0	49,836	944,626 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,290,798	39,951	0	207,495	1,538,244 59.00
60.00 06000	LABORATORY	6,019,477	58,531	0	2,121	6,080,129 60.00
65.00 06500	RESPIRATORY THERAPY	1,159,864	33,307	0	222,686	1,415,857 65.00
66.00 06600	PHYSICAL THERAPY	2,080,832	47,198	0	371,226	2,499,256 66.00
67.00 06700	OCCUPATIONAL THERAPY	829,458	19,658	0	146,082	995,198 67.00
68.00 06800	SPEECH PATHOLOGY	253,614	7,134	0	44,666	305,414 68.00
69.00 06900	ELECTROCARDIOLOGY	171,943	0	0	24,940	196,883 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	468,078	54,332	0	59,356	581,766 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,119,616	0	0	0	3,119,616 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,265,157	0	0	0	5,265,157 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	18,803,926	0	0	0	18,803,926 73.00
76.00 03190	CHEMOTHERAPY	964,681	0	0	156,697	1,121,378 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	ANDERSON OUTPATIENT CENTER	892,209	16,331	0	186,076	1,094,616 90.01
90.02 04950	DIABETIC EDUCATION	0	0	0	0	0 90.02
90.03 09002	MS CLINIC	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	3,928,516	105,010	0	688,019	4,721,545 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	157,699,313	2,092,775	0	7,513,543	156,885,177 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	8,782	0	0	8,782 190.00
191.00 19100	RESEARCH	101,303	0	0	13,918	115,221 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,692,279	8,534	0	439,314	3,140,127 192.00
194.00 07950	FOUNDATION	222,901	2,968	0	26,170	252,039 194.00
194.01 07951	CHILDRENS CLINIC	0	0	0	0	0 194.01
194.02 07952	PSS ADMINISTRATION	102,886	2,580	0	18,997	124,463 194.02
194.03 07953	SEXUAL ASSULT PROGRAM	31,409	0	0	6,330	37,739 194.03
194.04 07954	ASPR BIOTERRORISM GRANT	1,704	0	0	0	1,704 194.04
194.05 07955	HEALTHY FAMILIES	345,350	47,086	0	66,740	459,176 194.05
194.06 07956	DME-HOME CARE	229,164	1,027	0	0	230,191 194.06
194.07 07957	MARKETING	0	0	0	0	0 194.07
194.08 07958	CORPORATE COMMUNICATIONS	0	11,791	0	0	11,791 194.08
194.09 07959	MOB	351	0	0	0	351 194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	BLDG & FIXT-MAB			
	0	1.00	1.01	4.00	4A	
194.10 07960 ASC	0	0	0	0	0	194.10
194.11 07961 MAB	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	761,803	13,275	0	146,624	921,702	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	194.13
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)	162,188,463	2,188,818	0	8,231,636	162,188,463	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part I Date/Time Prepared: 11/26/2019 8:05 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,951,554				5.00
7.00	00700	OPERATION OF PLANT	2,375,192	8,569,865			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	240,438	186,011	1,053,529		8.00
9.00	00900	HOUSEKEEPING	968,356	235,780		3,729,678	9.00
10.00	01000	DIETARY	90,299	152,334		17,431	495,571
11.00	01100	CAFETERIA	906,449	505,473		47,502	0
13.00	01300	NURSING ADMINISTRATION	976,035	115,421		24,530	0
14.00	01400	CENTRAL SERVICES & SUPPLY	299,542	374,810	13,514	38,960	0
15.00	01500	PHARMACY	1,619,553	111,521		20,490	0
16.00	01600	MEDICAL RECORDS & LIBRARY	9,328	123,219		8,658	0
23.00	02300	ALLIED HEALTH-EMS	7,358	3,072		0	0
23.01	02301	ALLIED HEALTH-RAD TECH	100,816	2,600		0	0
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	4,922	2,363		0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,775,391	1,564,373	312,451	1,439,891	372,703
31.00	03100	INTENSIVE CARE UNIT	1,971,926	346,451	139,902	294,362	62,725
41.00	04100	SUBPROVIDER - IRF	547,054	236,324	50,056	187,583	40,256
43.00	04300	NURSERY	119,342	173,509	9,648	29,898	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,985,396	1,134,284	180,153	542,549	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	464,224	483,164	29,330	121,035	0
53.00	05300	ANESTHESIOLOGY	545,351	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,073,143	337,423	4,087	126,980	0
54.01	03440	MAMMOGRAPHY	190,021	0	1,109	14,429	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	387,318	26,634	790	14,429	0
54.03	03630	ULTRA SOUND	225,947	0	969	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,041,075	0	17,050	14,429	15,703
57.00	05700	CT SCAN	327,160	13,021	59,099	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	362,193	23,703	10,378	14,429	0
59.00	05900	CARDIAC CATHETERIZATION	589,801	202,341	0	23,087	0
60.00	06000	LABORATORY	2,331,273	296,445	0	109,664	0
65.00	06500	RESPIRATORY THERAPY	542,875	168,688	0	5,772	0
66.00	06600	PHYSICAL THERAPY	958,277	239,042	13,902	41,961	0
67.00	06700	OCCUPATIONAL THERAPY	381,584	99,563	5,156	16,507	0
68.00	06800	SPEECH PATHOLOGY	117,103	36,134	930	5,021	0
69.00	06900	ELECTROCARDIOLOGY	75,490	0	231	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	223,064	275,176	0	46,174	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,196,139	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,018,793	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,209,888	0	0	0	0
76.00	03190	CHEMOTHERAPY	429,964	0	19,398	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ANDERSON OUTPATIENT CENTER	419,703	82,713	0	40,403	0
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0
90.03	09002	MS CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	1,810,358	531,847	172,456	369,395	4,184
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,918,141	8,083,439	1,040,609	3,615,569	495,571
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	3,367	44,476	0	0	0
191.00	19100	RESEARCH	44,179	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,204,003	43,224	0	27,243	0
194.00	07950	FOUNDATION	96,638	15,030	0	4,329	0
194.01	07951	CHILDRENS CLINIC	0	0	484	54,832	0
194.02	07952	PSS ADMINISTRATION	47,722	13,069	0	0	0
194.03	07953	SEXUAL ASSULT PROGRAM	14,470	0	0	0	0
194.04	07954	ASPR BIOTERRORISM GRANT	653	0	0	0	0
194.05	07955	HEALTHY FAMILIES	176,060	238,475	0	7,215	0
194.06	07956	DME-HOME CARE	88,261	5,199	0	0	0
194.07	07957	MARKETING	0	0	0	0	0
194.08	07958	CORPORATE COMMUNICATIONS	4,521	59,719	0	4,329	0
194.09	07959	MOB	135	0	12,436	10,389	0
194.10	07960	ASC	0	0	0	5,772	0
194.11	07961	MAB	0	0	0	0	0
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	353,404	67,234	0	0	0
194.13	07962	IDLE SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	44,951,554	8,569,865	1,053,529	3,729,678	495,571	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part I Date/Time Prepared: 11/26/2019 8:05 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,823,507					11.00
13.00	01300	NURSING ADMINISTRATION	100,586	3,762,142				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,114	0	1,600,166			14.00
15.00	01500	PHARMACY	278,145	0	23,832	6,277,451		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	165,534	16.00
23.00	02300	ALLIED HEALTH-EMS	29,217	0	30	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	25,254	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	1,556	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	950,143	1,634,783	35,551	0	8,896	30.00
31.00	03100	INTENSIVE CARE UNIT	396,440	682,102	39,181	0	4,521	31.00
41.00	04100	SUBPROVIDER - I RF	100,290	172,556	2,893	0	911	41.00
43.00	04300	NURSERY	23,385	40,235	1,310	0	365	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	127	147,610	1,222,340	0	29,121	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,459	172,847	9,815	0	1,074	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,777	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,586	0	36,839	0	4,740	54.00
54.01	03440	MAMMOGRAPHY	27,340	0	9,217	0	1,081	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	28,240	0	28,648	0	3,617	54.02
54.03	03630	ULTRA SOUND	38,095	0	377	0	2,285	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	108,576	0	26,239	0	7,791	55.00
57.00	05700	CT SCAN	65,282	0	85	0	3,798	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,400	0	355	0	783	58.00
59.00	05900	CARDIAC CATHETERIZATION	113,118	194,627	55,495	0	6,561	59.00
60.00	06000	LABORATORY	1,265	0	225	0	19,417	60.00
65.00	06500	RESPIRATORY THERAPY	120,071	0	17,118	0	3,131	65.00
66.00	06600	PHYSICAL THERAPY	120,152	0	5,958	0	2,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,229	0	2,345	0	879	67.00
68.00	06800	SPEECH PATHOLOGY	26,671	0	717	0	269	68.00
69.00	06900	ELECTROCARDIOLOGY	16,762	0	262	0	269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,890	0	1,164	0	1,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,277,451	27,243	73.00
76.00	03190	CHEMOTHERAPY	114,082	0	18,497	0	2,252	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	56,912	0	63	0	813	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	416,945	717,382	61,418	0	19,801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,708,332	3,762,142	1,599,974	6,277,451	165,534	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	8,734	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,138	0	192	0	0	192.00
194.00	07950	FOUNDATION	13,649	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	13,158	0	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	1,984	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	69,512	0	0	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
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Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,823,507	3,762,142	1,600,166	6,277,451	165,534	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

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Part I
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Cost Center Description			ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
23.00	02300	ALLIED HEALTH-EMS	58,866					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		391,605				23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			21,678			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	19,940,674	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,080,535	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,764,678	0	41.00
43.00	04300	NURSERY	0	0	0	708,945	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	24,851,924	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,592,678	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,970,443	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,041	0	4,688,674	0	54.00
54.01	03440	MAMMOGRAPHY	0	17,576	0	756,361	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	58,780	0	1,558,610	0	54.02
54.03	03630	ULTRA SOUND	0	37,141	0	894,099	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	126,609	0	4,072,670	0	55.00
57.00	05700	CT SCAN	0	61,726	0	1,383,428	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,732	0	1,393,599	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,723,274	0	59.00
60.00	06000	LABORATORY	0	0	0	8,838,418	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,273,512	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,881,074	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,588,461	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	492,259	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	289,897	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,144,376	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,320,356	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,288,820	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	21,678	32,340,186	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	1,705,571	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	1,695,223	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	58,866	0	0	8,884,197	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,866	391,605	21,678	154,122,942	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	56,625	0	190.00
191.00	19100	RESEARCH	0	0	0	168,134	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,422,927	0	192.00
194.00	07950	FOUNDATION	0	0	0	381,685	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	55,316	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	198,412	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	0	0	0	54,193	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	2,357	0	194.04
194.05	07955	HEALTHY FAMILIES	0	0	0	950,438	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	323,651	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	80,360	0	194.08
194.09	07959	MOB	0	0	0	23,311	0	194.09
194.10	07960	ASC	0	0	0	5,772	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	0	1,342,340	0	194.12
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
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)	58,866	391,605	21,678	162,188,463	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part I Date/Time Prepared: 11/26/2019 8:05 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
23.00	02300	ALLIED HEALTH-EMS	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03440	MAMMOGRAPHY	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.03	03630	ULTRA SOUND	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	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
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03190	CHEMOTHERAPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	90.01
90.02	04950	DIABETIC EDUCATION	90.02
90.03	09002	MS CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	FOUNDATION	194.00
194.01	07951	CHILDRENS CLINIC	194.01
194.02	07952	PSS ADMINISTRATION	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	194.04
194.05	07955	HEALTHY FAMILIES	194.05
194.06	07956	DME-HOME CARE	194.06
194.07	07957	MARKETING	194.07
194.08	07958	CORPORATE COMMUNICATIONS	194.08
194.09	07959	MOB	194.09
194.10	07960	ASC	194.10
194.11	07961	MAB	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	194.12
194.13	07962	IDLE SPACE	194.13
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part I Date/Time Prepared: 11/26/2019 8:05 am
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	162,188,463		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT-MAB			
		0	1.01			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,920	0	28,920	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	3,223,042	207,702	0	3,430,744	5.00
7.00 00700	OPERATION OF PLANT	0	260,121	0	260,121	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	36,727	0	36,727	8.00
9.00 00900	HOUSEKEEPING	0	46,554	0	46,554	9.00
10.00 01000	DIETARY	0	30,078	0	30,078	10.00
11.00 01100	CAFETERIA	0	99,803	0	99,803	11.00
13.00 01300	NURSING ADMINISTRATION	0	22,789	0	22,789	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	74,004	0	74,004	14.00
15.00 01500	PHARMACY	0	22,019	0	22,019	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,329	0	24,329	16.00
23.00 02300	ALLIED HEALTH-EMS	0	607	0	607	23.00
23.01 02301	ALLIED HEALTH-RAD TECH	0	513	0	513	23.01
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	0	467	0	467	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	308,877	0	308,877	30.00
31.00 03100	INTENSIVE CARE UNIT	0	68,405	0	68,405	31.00
41.00 04100	SUBPROVIDER - IRF	0	46,661	0	46,661	41.00
43.00 04300	NURSERY	0	34,258	0	34,258	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	223,959	0	223,959	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	95,398	0	95,398	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	66,622	0	66,622	54.00
54.01 03440	MAMMOGRAPHY	0	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,259	0	5,259	54.02
54.03 03630	ULTRA SOUND	0	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	2,571	0	2,571	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,680	0	4,680	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	39,951	0	39,951	59.00
60.00 06000	LABORATORY	0	58,531	0	58,531	60.00
65.00 06500	RESPIRATORY THERAPY	0	33,307	0	33,307	65.00
66.00 06600	PHYSICAL THERAPY	0	47,198	0	47,198	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	19,658	0	19,658	67.00
68.00 06800	SPEECH PATHOLOGY	0	7,134	0	7,134	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	54,332	0	54,332	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ANDERSON OUTPATIENT CENTER	0	16,331	0	16,331	90.01
90.02 04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03 09002	MS CLINIC	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	105,010	0	105,010	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,223,042	2,092,775	0	5,315,817	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	8,782	0	8,782	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	8,534	0	8,534	192.00
194.00 07950	FOUNDATION	0	2,968	0	2,968	194.00
194.01 07951	CHILDRENS CLINIC	0	0	0	0	194.01
194.02 07952	PSS ADMINISTRATION	0	2,580	0	2,580	194.02
194.03 07953	SEXUAL ASSULT PROGRAM	0	0	0	0	194.03
194.04 07954	ASPR BIOTERRORISM GRANT	0	0	0	0	194.04
194.05 07955	HEALTHY FAMILIES	0	47,086	0	47,086	194.05
194.06 07956	DME-HOME CARE	0	1,027	0	1,027	194.06
194.07 07957	MARKETING	0	0	0	0	194.07
194.08 07958	CORPORATE COMMUNICATIONS	0	11,791	0	11,791	194.08
194.09 07959	MOB	0	0	0	0	194.09
194.10 07960	ASC	0	0	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT-MAB			
		1.00	1.01			
	0			2A	4.00	
194.11 07961 MAB	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	0	13,275	0	13,275	515	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3,223,042	2,188,818	0	5,411,860	28,920	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 11/26/2019 8:05 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,432,718				5.00
7.00	00700	OPERATION OF PLANT	181,380	441,868			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,361	9,591	64,679		8.00
9.00	00900	HOUSEKEEPING	73,948	12,157	0	132,659	9.00
10.00	01000	DIETARY	6,896	7,854	0	620	45,448
11.00	01100	CAFETERIA	69,220	26,063	0	1,690	0
13.00	01300	NURSING ADMINISTRATION	74,534	5,951	0	872	0
14.00	01400	CENTRAL SERVICES & SUPPLY	22,874	19,325	830	1,386	0
15.00	01500	PHARMACY	123,676	5,750	0	729	0
16.00	01600	MEDICAL RECORDS & LIBRARY	712	6,353	0	308	0
23.00	02300	ALLIED HEALTH-EMS	562	158	0	0	0
23.01	02301	ALLIED HEALTH-RAD TECH	7,699	134	0	0	0
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	376	122	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	288,305	80,662	19,182	51,216	34,180
31.00	03100	INTENSIVE CARE UNIT	150,585	17,863	8,589	10,470	5,752
41.00	04100	SUBPROVIDER - IRF	41,775	12,185	3,073	6,672	3,692
43.00	04300	NURSERY	9,113	8,946	592	1,063	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	457,071	58,484	11,060	19,298	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,450	24,912	1,801	4,305	0
53.00	05300	ANESTHESIOLOGY	41,645	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,950	17,398	251	4,516	0
54.01	03440	MAMMOGRAPHY	14,511	0	68	513	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	29,577	1,373	48	513	0
54.03	03630	ULTRA SOUND	17,254	0	59	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	79,501	0	1,047	513	1,440
57.00	05700	CT SCAN	24,983	671	3,628	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,659	1,222	637	513	0
59.00	05900	CARDIAC CATHETERIZATION	45,040	10,433	0	821	0
60.00	06000	LABORATORY	178,026	15,285	0	3,901	0
65.00	06500	RESPIRATORY THERAPY	41,456	8,698	0	205	0
66.00	06600	PHYSICAL THERAPY	73,178	12,325	853	1,492	0
67.00	06700	OCCUPATIONAL THERAPY	29,139	5,134	317	587	0
68.00	06800	SPEECH PATHOLOGY	8,943	1,863	57	179	0
69.00	06900	ELECTROCARDIOLOGY	5,765	0	14	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	17,034	14,188	0	1,642	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	91,342	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,164	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	550,603	0	0	0	0
76.00	03190	CHEMOTHERAPY	32,834	0	1,191	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ANDERSON OUTPATIENT CENTER	32,050	4,265	0	1,437	0
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0
90.03	09002	MS CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	138,247	27,422	10,588	13,139	384
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,277,438	416,787	63,885	128,600	45,448
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	257	2,293	0	0	0
191.00	19100	RESEARCH	3,374	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91,943	2,229	0	969	0
194.00	07950	FOUNDATION	7,380	775	0	154	0
194.01	07951	CHILDRENS CLINIC	0	0	30	1,950	0
194.02	07952	PSS ADMINISTRATION	3,644	674	0	0	0
194.03	07953	SEXUAL ASSULT PROGRAM	1,105	0	0	0	0
194.04	07954	ASPR BIOTERRORISM GRANT	50	0	0	0	0
194.05	07955	HEALTHY FAMILIES	13,445	12,296	0	257	0
194.06	07956	DME-HOME CARE	6,740	268	0	0	0
194.07	07957	MARKETING	0	0	0	0	0
194.08	07958	CORPORATE COMMUNICATIONS	345	3,079	0	154	0
194.09	07959	MOB	10	0	764	370	0
194.10	07960	ASC	0	0	0	205	0
194.11	07961	MAB	0	0	0	0	0
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	26,987	3,467	0	0	0
194.13	07962	IDLE SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 11/26/2019 8:05 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	5.00	7.00	8.00	9.00	10.00	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,432,718	441,868	64,679	132,659	45,448	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 11/26/2019 8:05 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	196,776					11.00
13.00	01300	NURSING ADMINISTRATION	5,177	110,576				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,741	0	123,478			14.00
15.00	01500	PHARMACY	14,315	0	1,839	170,344		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	31,702	16.00
23.00	02300	ALLIED HEALTH-EMS	1,504	0	2	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	1,300	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	80	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,896	48,049	2,743	0	1,715	30.00
31.00	03100	INTENSIVE CARE UNIT	20,403	20,048	3,024	0	872	31.00
41.00	04100	SUBPROVIDER - I RF	5,161	5,072	223	0	176	41.00
43.00	04300	NURSERY	1,204	1,183	101	0	70	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7	4,339	94,323	0	5,403	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,170	5,080	757	0	207	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,816	0	2,843	0	914	54.00
54.01	03440	MAMMOGRAPHY	1,407	0	711	0	208	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,453	0	2,211	0	697	54.02
54.03	03630	ULTRA SOUND	1,961	0	29	0	441	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,588	0	2,025	0	1,502	55.00
57.00	05700	CT SCAN	3,360	0	7	0	732	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256	0	27	0	151	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,822	5,720	4,282	0	1,265	59.00
60.00	06000	LABORATORY	65	0	17	0	3,743	60.00
65.00	06500	RESPIRATORY THERAPY	6,179	0	1,321	0	604	65.00
66.00	06600	PHYSICAL THERAPY	6,184	0	460	0	487	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,489	0	181	0	170	67.00
68.00	06800	SPEECH PATHOLOGY	1,373	0	55	0	52	68.00
69.00	06900	ELECTROCARDIOLOGY	863	0	20	0	52	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	818	0	90	0	220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	887	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	170,344	5,252	73.00
76.00	03190	CHEMOTHERAPY	5,871	0	1,427	0	434	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	2,929	0	5	0	157	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	21,458	21,085	4,740	0	3,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	190,850	110,576	123,463	170,344	31,702	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	449	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	419	0	15	0	0	192.00
194.00	07950	FOUNDATION	702	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	677	0	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	102	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	3,577	0	0	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 11/26/2019 8:05 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	196,776	110,576	123,478	170,344	31,702		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
23.00	02300	2,840					23.00
23.01	02301		9,799				23.01
23.02	02303			1,053			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000				889,097	0	30.00
31.00	03100				308,638	0	31.00
41.00	04100				125,405	0	41.00
43.00	04300				56,682	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000				874,464	0	50.00
52.00	05200				173,695	0	52.00
53.00	05300				42,180	0	53.00
54.00	05400				187,413	0	54.00
54.01	03440				17,576	0	54.01
54.02	03450				41,342	0	54.02
54.03	03630				20,036	0	54.03
55.00	05500				92,263	0	55.00
57.00	05700				36,360	0	57.00
58.00	05800				36,320	0	58.00
59.00	05900				114,063	0	59.00
60.00	06000				259,575	0	60.00
65.00	06500				92,552	0	65.00
66.00	06600				143,481	0	66.00
67.00	06700				60,188	0	67.00
68.00	06800				19,813	0	68.00
69.00	06900				6,802	0	69.00
70.00	07000				88,532	0	70.00
71.00	07100				92,229	0	71.00
72.00	07200				155,103	0	72.00
73.00	07300				726,199	0	73.00
76.00	03190				42,307	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000				0	0	90.00
90.01	09001				57,827	0	90.01
90.02	04950				0	0	90.02
90.03	09002				0	0	90.03
91.00	09100				348,306	0	91.00
92.00	09200				0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		0	0	0	5,108,448	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000				11,332	0	190.00
191.00	19100				3,872	0	191.00
192.00	19200				105,652	0	192.00
194.00	07950				12,071	0	194.00
194.01	07951				1,980	0	194.01
194.02	07952				7,642	0	194.02
194.03	07953				1,229	0	194.03
194.04	07954				50	0	194.04
194.05	07955				76,895	0	194.05
194.06	07956				8,035	0	194.06
194.07	07957				0	0	194.07
194.08	07958				15,369	0	194.08
194.09	07959				1,144	0	194.09
194.10	07960				205	0	194.10
194.11	07961				0	0	194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES				44,244		0194.12
194.13	07962 IDLE SPACE				0		0194.13
200.00	Cross Foot Adjustments	2,840	9,799	1,053	13,692		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	2,840	9,799	1,053	5,411,860		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 11/26/2019 8:05 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
23.00	02300	ALLIED HEALTH-EMS	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	889,097
31.00	03100	INTENSIVE CARE UNIT	308,638
41.00	04100	SUBPROVIDER - IRF	125,405
43.00	04300	NURSERY	56,682
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	874,464
52.00	05200	DELIVERY ROOM & LABOR ROOM	173,695
53.00	05300	ANESTHESIOLOGY	42,180
54.00	05400	RADIOLOGY-DIAGNOSTIC	187,413
54.01	03440	MAMMOGRAPHY	17,576
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	41,342
54.03	03630	ULTRA SOUND	20,036
55.00	05500	RADIOLOGY-THERAPEUTIC	92,263
57.00	05700	CT SCAN	36,360
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,320
59.00	05900	CARDIAC CATHETERIZATION	114,063
60.00	06000	LABORATORY	259,575
65.00	06500	RESPIRATORY THERAPY	92,552
66.00	06600	PHYSICAL THERAPY	143,481
67.00	06700	OCCUPATIONAL THERAPY	60,188
68.00	06800	SPEECH PATHOLOGY	19,813
69.00	06900	ELECTROCARDIOLOGY	6,802
70.00	07000	ELECTROENCEPHALOGRAPHY	88,532
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	92,229
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,103
73.00	07300	DRUGS CHARGED TO PATIENTS	726,199
76.00	03190	CHEMOTHERAPY	42,307
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0
90.01	09001	ANDERSON OUTPATIENT CENTER	57,827
90.02	04950	DIABETIC EDUCATION	0
90.03	09002	MS CLINIC	0
91.00	09100	EMERGENCY	348,306
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,108,448
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	11,332
191.00	19100	RESEARCH	3,872
192.00	19200	PHYSICIANS' PRIVATE OFFICES	105,652
194.00	07950	FOUNDATION	12,071
194.01	07951	CHILDRENS CLINIC	1,980
194.02	07952	PSS ADMINISTRATION	7,642
194.03	07953	SEXUAL ASSULT PROGRAM	1,229
194.04	07954	ASPR BIOTERRORISM GRANT	50
194.05	07955	HEALTHY FAMILIES	76,895
194.06	07956	DME-HOME CARE	8,035
194.07	07957	MARKETING	0
194.08	07958	CORPORATE COMMUNICATIONS	15,369
194.09	07959	MOB	1,144
194.10	07960	ASC	205
194.11	07961	MAB	0
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	44,244
194.13	07962	IDLE SPACE	0
200.00		Cross Foot Adjustments	13,692
201.00		Negative Cost Centers	0

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 11/26/2019 8:05 am
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	5,411,860		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)				
	1.00	1.01				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	469,090				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0			1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,198	0	38,033,944		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	44,513	0	2,597,001	-44,951,554	117,236,909
7.00 00700	OPERATION OF PLANT	55,747	0	483,325	0	6,194,673
8.00 00800	LAUNDRY & LINEN SERVICE	7,871	0	0	0	627,080
9.00 00900	HOUSEKEEPING	9,977	0	0	0	2,525,542
10.00 01000	DIETARY	6,446	0	0	0	235,507
11.00 01100	CAFETERIA	21,389	0	0	0	2,364,083
13.00 01300	NURSING ADMINISTRATION	4,884	0	1,648,504	0	2,545,570
14.00 01400	CENTRAL SERVICES & SUPPLY	15,860	0	418,021	0	781,226
15.00 01500	PHARMACY	4,719	0	2,652,664	0	4,223,910
16.00 01600	MEDICAL RECORDS & LIBRARY	5,214	0	0	0	24,329
23.00 02300	ALLIED HEALTH-EMS	130	0	9,817	0	19,189
23.01 02301	ALLIED HEALTH-RAD TECH	110	0	201,323	0	262,935
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	100	0	10,130	0	12,837
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	66,196	0	6,919,677	0	9,846,492
31.00 03100	INTENSIVE CARE UNIT	14,660	0	3,456,483	0	5,142,925
41.00 04100	SUBPROVIDER - IRF	10,000	0	940,886	0	1,426,755
43.00 04300	NURSERY	7,342	0	200,092	0	311,253
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	47,997	0	684,244	0	15,610,344
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,445	0	809,359	0	1,210,730
53.00 05300	ANESTHESIOLOGY	0	0	0	0	1,422,315
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,278	0	1,450,727	0	2,798,835
54.01 03440	MAMMOGRAPHY	0	0	207,369	0	495,588
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	0	278,019	0	1,010,154
54.03 03630	ULTRA SOUND	0	0	383,968	0	589,285
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	851,208	0	2,715,198
57.00 05700	CT SCAN	551	0	536,730	0	853,257
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	230,265	0	944,626
59.00 05900	CARDIAC CATHETERIZATION	8,562	0	958,722	0	1,538,244
60.00 06000	LABORATORY	12,544	0	9,799	0	6,080,129
65.00 06500	RESPIRATORY THERAPY	7,138	0	1,028,909	0	1,415,857
66.00 06600	PHYSICAL THERAPY	10,115	0	1,715,230	0	2,499,256
67.00 06700	OCCUPATIONAL THERAPY	4,213	0	674,967	0	995,198
68.00 06800	SPEECH PATHOLOGY	1,529	0	206,377	0	305,414
69.00 06900	ELECTROCARDIOLOGY	0	0	115,235	0	196,883
70.00 07000	ELECTROENCEPHALOGRAPHY	11,644	0	274,253	0	581,766
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,119,616
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,265,157
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,803,926
76.00 03190	CHEMOTHERAPY	0	0	724,012	0	1,121,378
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	ANDERSON OUTPATIENT CENTER	3,500	0	859,755	0	1,094,616
90.02 04950	DIABETIC EDUCATION	0	0	0	0	0
90.03 09002	MS CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	22,505	0	3,178,958	0	4,721,545
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	448,507	0	34,716,029	-44,951,554	111,933,623
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	8,782
191.00 19100	RESEARCH	0	0	64,306	0	115,221
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	2,029,830	0	3,140,127
194.00 07950	FOUNDATION	636	0	120,918	0	252,039
194.01 07951	CHILDRENS CLINIC	0	0	0	0	0
194.02 07952	PSS ADMINISTRATION	553	0	87,775	0	124,463
194.03 07953	SEXUAL ASSULT PROGRAM	0	0	29,249	0	37,739
194.04 07954	ASPR BIOTERRORISM GRANT	0	0	0	0	1,704
194.05 07955	HEALTHY FAMILIES	10,091	0	308,369	0	459,176
194.06 07956	DME-HOME CARE	220	0	0	0	230,191
194.07 07957	MARKETING	0	0	0	0	0
194.08 07958	CORPORATE COMMUNICATIONS	2,527	0	0	0	11,791
194.09 07959	MOB	0	0	0	0	351

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)					
	1.00	1.01	4.00				
194.10 07960 ASC	0	0	0	0	0	0	194.10
194.11 07961 MAB	0	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	2,845	0	677,468	0	921,702	194.12	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	0	194.13
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)	2,188,818	0	8,231,636		44,951,554	202.00	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.666094	0.000000	0.216429		0.383425	203.00	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			28,920		3,432,718	204.00	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000760		0.029280	205.00	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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	362,632				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	931,000			8.00
9.00	00900	HOUSEKEEPING	9,977	0	64,619		9.00
10.00	01000	DIETARY	6,446	0	302	96,539	10.00
11.00	01100	CAFETERIA	21,389	0	823	0	904,008
13.00	01300	NURSING ADMINISTRATION	4,884	0	425	0	23,782
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	11,942	675	0	21,779
15.00	01500	PHARMACY	4,719	0	355	0	65,763
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	150	0	0
23.00	02300	ALLIED HEALTH-EMS	130	0	0	0	6,908
23.01	02301	ALLIED HEALTH-RAD TECH	110	0	0	0	5,971
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	100	0	0	0	368
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,196	276,111	24,947	72,604	224,646
31.00	03100	INTENSIVE CARE UNIT	14,660	123,631	5,100	12,219	93,732
41.00	04100	SUBPROVIDER - IIRF	10,000	44,234	3,250	7,842	23,712
43.00	04300	NURSERY	7,342	8,526	518	0	5,529
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,997	159,201	9,400	0	30
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,445	25,919	2,097	0	23,752
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,278	3,612	2,200	0	54,282
54.01	03440	MAMMOGRAPHY	0	980	250	0	6,464
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	698	250	0	6,677
54.03	03630	ULTRA SOUND	0	856	0	0	9,007
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,067	250	3,059	25,671
57.00	05700	CT SCAN	551	52,226	0	0	15,435
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	9,171	250	0	5,769
59.00	05900	CARDIAC CATHETERIZATION	8,562	0	400	0	26,745
60.00	06000	LABORATORY	12,544	0	1,900	0	299
65.00	06500	RESPIRATORY THERAPY	7,138	0	100	0	28,389
66.00	06600	PHYSICAL THERAPY	10,115	12,285	727	0	28,408
67.00	06700	OCCUPATIONAL THERAPY	4,213	4,556	286	0	20,624
68.00	06800	SPEECH PATHOLOGY	1,529	822	87	0	6,306
69.00	06900	ELECTROCARDIOLOGY	0	204	0	0	3,963
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	800	0	3,757
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03190	CHEMOTHERAPY	0	17,142	0	0	26,973
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ANDERSON OUTPATIENT CENTER	3,500	0	700	0	13,456
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0
90.03	09002	MS CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	22,505	152,399	6,400	815	98,580
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	342,049	919,582	62,642	96,539	876,777
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	2,065
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	472	0	1,924
194.00	07950	FOUNDATION	636	0	75	0	3,227
194.01	07951	CHILDRENS CLINIC	0	428	950	0	0
194.02	07952	PSS ADMINISTRATION	553	0	0	0	3,111
194.03	07953	SEXUAL ASSULT PROGRAM	0	0	0	0	469
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0
194.05	07955	HEALTHY FAMILIES	10,091	0	125	0	16,435
194.06	07956	DME-HOME CARE	220	0	0	0	0
194.07	07957	MARKETING	0	0	0	0	0
194.08	07958	CORPORATE COMMUNICATIONS	2,527	0	75	0	0
194.09	07959	MOB	0	10,990	180	0	0
194.10	07960	ASC	0	0	100	0	0
194.11	07961	MAB	0	0	0	0	0
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	2,845	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
		7.00	8.00	9.00	10.00	11.00	
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,569,865	1,053,529	3,729,678	495,571	3,823,507	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.632401	1.131610	57.717978	5.133376	4.229506	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	441,868	64,679	132,659	45,448	196,776	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.218503	0.069473	2.052941	0.470773	0.217671	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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)		
		13.00	14.00	15.00	16.00	23.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
1.01	00101						1.01	
4.00	00400						4.00	
5.00	00500						5.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000						10.00	
11.00	01100						11.00	
13.00	01300	516,980					13.00	
14.00	01400	0	12,249,151				14.00	
15.00	01500	0	182,432	18,735,511			15.00	
16.00	01600	0	0	0	664,270,973		16.00	
23.00	02300	0	230	0	0	100	23.00	
23.01	02301	0	0	0	0	0	23.01	
23.02	02303	0	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	224,646	272,143	0	35,727,884	0	30.00	
31.00	03100	93,732	299,929	0	18,157,681	0	31.00	
41.00	04100	23,712	22,147	0	3,657,944	0	41.00	
43.00	04300	5,529	10,028	0	1,466,471	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	20,284	9,356,926	0	116,424,249	0	50.00	
52.00	05200	23,752	75,130	0	4,315,163	0	52.00	
53.00	05300	0	0	0	11,152,459	0	53.00	
54.00	05400	0	281,999	0	19,036,469	0	54.00	
54.01	03440	0	70,556	0	4,342,962	0	54.01	
54.02	03450	0	219,300	0	14,524,246	0	54.02	
54.03	03630	0	2,889	0	9,177,408	0	54.03	
55.00	05500	0	200,860	0	31,287,261	0	55.00	
57.00	05700	0	651	0	15,252,163	0	57.00	
58.00	05800	0	2,715	0	3,146,110	0	58.00	
59.00	05900	26,745	424,806	0	26,348,465	0	59.00	
60.00	06000	0	1,719	0	77,979,941	0	60.00	
65.00	06500	0	131,037	0	12,575,713	0	65.00	
66.00	06600	0	45,606	0	10,143,895	0	66.00	
67.00	06700	0	17,947	0	3,531,546	0	67.00	
68.00	06800	0	5,487	0	1,079,805	0	68.00	
69.00	06900	0	2,007	0	1,082,317	0	69.00	
70.00	07000	0	8,908	0	4,585,253	0	70.00	
71.00	07100	0	0	0	18,478,589	0	71.00	
72.00	07200	0	0	0	19,557,150	0	72.00	
73.00	07300	0	0	18,735,511	109,408,352	0	73.00	
76.00	03190	0	141,595	0	9,043,587	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	485	0	3,263,871	0	90.01	
90.02	04950	0	0	0	0	0	90.02	
90.03	09002	0	0	0	0	0	90.03	
91.00	09100	98,580	470,146	0	79,524,019	100	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		516,980	12,247,678	18,735,511	664,270,973	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	1,473	0	0	0	192.00	
194.00	07950	0	0	0	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	0	0	0	0	194.02	
194.03	07953	0	0	0	0	0	194.03	
194.04	07954	0	0	0	0	0	194.04	
194.05	07955	0	0	0	0	0	194.05	
194.06	07956	0	0	0	0	0	194.06	
194.07	07957	0	0	0	0	0	194.07	
194.08	07958	0	0	0	0	0	194.08	
194.09	07959	0	0	0	0	0	194.09	
194.10	07960	0	0	0	0	0	194.10	
194.11	07961	0	0	0	0	0	194.11	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,762,142	1,600,166	6,277,451	165,534	58,866	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.277152	0.130635	0.335056	0.000249	588.660000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	110,576	123,478	170,344	31,702	2,840	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.213888	0.010081	0.009092	0.000048	28.400000	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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description		ALLIED HEALTH-RAD TECH (ASSIGNED TIME)	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
1.01	00101			1.01
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
23.00	02300			23.00
23.01	02301	96,766,618		23.01
23.02	02303		100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000		0	30.00
31.00	03100		0	31.00
41.00	04100		0	41.00
43.00	04300		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000		0	50.00
52.00	05200		0	52.00
53.00	05300		0	53.00
54.00	05400	19,036,468	0	54.00
54.01	03440	4,342,962	0	54.01
54.02	03450	14,524,246	0	54.02
54.03	03630	9,177,408	0	54.03
55.00	05500	31,287,261	0	55.00
57.00	05700	15,252,164	0	57.00
58.00	05800	3,146,109	0	58.00
59.00	05900		0	59.00
60.00	06000		0	60.00
65.00	06500		0	65.00
66.00	06600		0	66.00
67.00	06700		0	67.00
68.00	06800		0	68.00
69.00	06900		0	69.00
70.00	07000		0	70.00
71.00	07100		0	71.00
72.00	07200		0	72.00
73.00	07300		100	73.00
76.00	03190		0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000		0	90.00
90.01	09001		0	90.01
90.02	04950		0	90.02
90.03	09002		0	90.03
91.00	09100		0	91.00
92.00	09200		0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
118.00		96,766,618	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000		0	190.00
191.00	19100		0	191.00
192.00	19200		0	192.00
194.00	07950		0	194.00
194.01	07951		0	194.01
194.02	07952		0	194.02
194.03	07953		0	194.03
194.04	07954		0	194.04
194.05	07955		0	194.05
194.06	07956		0	194.06
194.07	07957		0	194.07
194.08	07958		0	194.08
194.09	07959		0	194.09
194.10	07960		0	194.10
194.11	07961		0	194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		ALLIED HEALTH-RAD TECH (ASSIGNED TIME) 23.01	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME) 23.02	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	194.12
194.13	07962 IDLE SPACE	0	0	194.13
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)	391,605	21,678	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004047	216.780000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,799	1,053	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000101	10.530000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
11/26/2019 8:05 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	19,940,674		19,940,674	0	19,940,674	30.00
31.00	03100	INTENSIVE CARE UNIT	9,080,535		9,080,535	0	9,080,535	31.00
41.00	04100	SUBPROVIDER - I RF	2,764,678		2,764,678	0	2,764,678	41.00
43.00	04300	NURSERY	708,945		708,945	0	708,945	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,851,924		24,851,924	513,327	25,365,251	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,592,678		2,592,678	0	2,592,678	52.00
53.00	05300	ANESTHESIOLOGY	1,970,443		1,970,443	0	1,970,443	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,688,674		4,688,674	0	4,688,674	54.00
54.01	03440	MAMMOGRAPHY	756,361		756,361	0	756,361	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,558,610		1,558,610	0	1,558,610	54.02
54.03	03630	ULTRA SOUND	894,099		894,099	0	894,099	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,072,670		4,072,670	0	4,072,670	55.00
57.00	05700	CT SCAN	1,383,428		1,383,428	0	1,383,428	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,393,599		1,393,599	0	1,393,599	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,723,274		2,723,274	0	2,723,274	59.00
60.00	06000	LABORATORY	8,838,418		8,838,418	0	8,838,418	60.00
65.00	06500	RESPIRATORY THERAPY	2,273,512	0	2,273,512	0	2,273,512	65.00
66.00	06600	PHYSICAL THERAPY	3,881,074	0	3,881,074	0	3,881,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,588,461	0	1,588,461	0	1,588,461	67.00
68.00	06800	SPEECH PATHOLOGY	492,259	0	492,259	0	492,259	68.00
69.00	06900	ELECTROCARDIOLOGY	289,897		289,897	0	289,897	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,144,376		1,144,376	0	1,144,376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,320,356		4,320,356	0	4,320,356	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,288,820		7,288,820	0	7,288,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,340,186		32,340,186	0	32,340,186	73.00
76.00	03190	CHEMOTHERAPY	1,705,571		1,705,571	0	1,705,571	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,695,223		1,695,223	0	1,695,223	90.01
90.02	04950	DIABETIC EDUCATION	0		0	0	0	90.02
90.03	09002	MS CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	8,884,197		8,884,197	0	8,884,197	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,516,215		1,516,215	0	1,516,215	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	155,639,157	0	155,639,157	513,327	156,152,484	200.00
201.00		Less Observation Beds	1,516,215		1,516,215		1,516,215	201.00
202.00		Total (see instructions)	154,122,942	0	154,122,942	513,327	154,636,269	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 11/26/2019 8:05 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	33,332,970		33,332,970				30.00
31.00	03100	INTENSIVE CARE UNIT	18,157,681		18,157,681				31.00
41.00	04100	SUBPROVIDER - IRF	3,657,944		3,657,944				41.00
43.00	04300	NURSERY	1,466,471		1,466,471				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,998,784	91,425,465	116,424,249	0.213460	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,652,270	662,893	4,315,163	0.600830	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,995,114	9,157,345	11,152,459	0.176682	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,873,534	13,162,935	19,036,469	0.246300	0.000000		54.00
54.01	03440	MAMMOGRAPHY	2,377	4,340,585	4,342,962	0.174158	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,243,222	13,281,024	14,524,246	0.107311	0.000000		54.02
54.03	03630	ULTRA SOUND	1,496,128	7,681,280	9,177,408	0.097424	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	658,827	30,628,434	31,287,261	0.130170	0.000000		55.00
57.00	05700	CT SCAN	3,193,002	12,059,161	15,252,163	0.090704	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	685,929	2,460,181	3,146,110	0.442959	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,436,891	19,911,574	26,348,465	0.103356	0.000000		59.00
60.00	06000	LABORATORY	27,475,523	50,504,418	77,979,941	0.113342	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	10,793,866	1,781,847	12,575,713	0.180786	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,932,018	7,211,877	10,143,895	0.382602	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,946,043	1,585,503	3,531,546	0.449792	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	491,630	588,175	1,079,805	0.455878	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	354	1,081,963	1,082,317	0.267849	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	404,123	4,181,130	4,585,253	0.249578	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,097,857	9,380,732	18,478,589	0.233803	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,496,509	11,060,641	19,557,150	0.372693	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,043,685	89,364,667	109,408,352	0.295592	0.000000		73.00
76.00	03190	CHEMOTHERAPY	71,957	8,971,630	9,043,587	0.188595	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	7,653	3,256,218	3,263,871	0.519390	0.000000		90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		90.02
90.03	09002	MS CLINIC	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	16,135,746	63,388,273	79,524,019	0.111717	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,394,914	2,394,914	0.633098	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	204,748,108	459,522,865	664,270,973				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	204,748,108	459,522,865	664,270,973				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 8:05 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.217869		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.600830		52.00
53.00	05300 ANESTHESIOLOGY	0.176682		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246300		54.00
54.01	03440 MAMMOGRAPHY	0.174158		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107311		54.02
54.03	03630 ULTRA SOUND	0.097424		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130170		55.00
57.00	05700 CT SCAN	0.090704		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.442959		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103356		59.00
60.00	06000 LABORATORY	0.113342		60.00
65.00	06500 RESPIRATORY THERAPY	0.180786		65.00
66.00	06600 PHYSICAL THERAPY	0.382602		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.449792		67.00
68.00	06800 SPEECH PATHOLOGY	0.455878		68.00
69.00	06900 ELECTROCARDIOLOGY	0.267849		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.249578		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.233803		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.372693		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295592		73.00
76.00	03190 CHEMOTHERAPY	0.188595		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.519390		90.01
90.02	04950 DIABETIC EDUCATION	0.000000		90.02
90.03	09002 MS CLINIC	0.000000		90.03
91.00	09100 EMERGENCY	0.111717		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.633098		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
11/26/2019 8:05 am

Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		19,940,674	0	19,940,674	30.00
31.00	03100 INTENSIVE CARE UNIT		9,080,535	0	9,080,535	31.00
41.00	04100 SUBPROVIDER - I RF		2,764,678	0	2,764,678	41.00
43.00	04300 NURSERY		708,945	0	708,945	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		24,851,924	513,327	25,365,251	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,592,678	0	2,592,678	52.00
53.00	05300 ANESTHESIOLOGY		1,970,443	0	1,970,443	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,688,674	0	4,688,674	54.00
54.01	03440 MAMMOGRAPHY		756,361	0	756,361	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,558,610	0	1,558,610	54.02
54.03	03630 ULTRA SOUND		894,099	0	894,099	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		4,072,670	0	4,072,670	55.00
57.00	05700 CT SCAN		1,383,428	0	1,383,428	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,393,599	0	1,393,599	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,723,274	0	2,723,274	59.00
60.00	06000 LABORATORY		8,838,418	0	8,838,418	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,273,512	0	2,273,512	65.00
66.00	06600 PHYSICAL THERAPY	0	3,881,074	0	3,881,074	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,588,461	0	1,588,461	67.00
68.00	06800 SPEECH PATHOLOGY	0	492,259	0	492,259	68.00
69.00	06900 ELECTROCARDIOLOGY		289,897	0	289,897	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,144,376	0	1,144,376	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,320,356	0	4,320,356	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,288,820	0	7,288,820	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		32,340,186	0	32,340,186	73.00
76.00	03190 CHEMOTHERAPY		1,705,571	0	1,705,571	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER		1,695,223	0	1,695,223	90.01
90.02	04950 DIABETIC EDUCATION		0	0	0	90.02
90.03	09002 MS CLINIC		0	0	0	90.03
91.00	09100 EMERGENCY		8,884,197	0	8,884,197	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,516,215	0	1,516,215	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		155,639,157	513,327	156,152,484	200.00
201.00	Less Observation Beds		1,516,215		1,516,215	201.00
202.00	Total (see instructions)		154,122,942	513,327	154,636,269	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 11/26/2019 8:05 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	33,332,970		33,332,970				30.00
31.00	03100	INTENSIVE CARE UNIT	18,157,681		18,157,681				31.00
41.00	04100	SUBPROVIDER - IRF	3,657,944		3,657,944				41.00
43.00	04300	NURSERY	1,466,471		1,466,471				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,998,784	91,425,465	116,424,249	0.213460	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,652,270	662,893	4,315,163	0.600830	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,995,114	9,157,345	11,152,459	0.176682	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,873,534	13,162,935	19,036,469	0.246300	0.000000		54.00
54.01	03440	MAMMOGRAPHY	2,377	4,340,585	4,342,962	0.174158	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,243,222	13,281,024	14,524,246	0.107311	0.000000		54.02
54.03	03630	ULTRA SOUND	1,496,128	7,681,280	9,177,408	0.097424	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	658,827	30,628,434	31,287,261	0.130170	0.000000		55.00
57.00	05700	CT SCAN	3,193,002	12,059,161	15,252,163	0.090704	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	685,929	2,460,181	3,146,110	0.442959	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,436,891	19,911,574	26,348,465	0.103356	0.000000		59.00
60.00	06000	LABORATORY	27,475,523	50,504,418	77,979,941	0.113342	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	10,793,866	1,781,847	12,575,713	0.180786	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,932,018	7,211,877	10,143,895	0.382602	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,946,043	1,585,503	3,531,546	0.449792	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	491,630	588,175	1,079,805	0.455878	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	354	1,081,963	1,082,317	0.267849	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	404,123	4,181,130	4,585,253	0.249578	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,097,857	9,380,732	18,478,589	0.233803	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,496,509	11,060,641	19,557,150	0.372693	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,043,685	89,364,667	109,408,352	0.295592	0.000000		73.00
76.00	03190	CHEMOTHERAPY	71,957	8,971,630	9,043,587	0.188595	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	7,653	3,256,218	3,263,871	0.519390	0.000000		90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		90.02
90.03	09002	MS CLINIC	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	16,135,746	63,388,273	79,524,019	0.111717	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,394,914	2,394,914	0.633098	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	204,748,108	459,522,865	664,270,973				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	204,748,108	459,522,865	664,270,973				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 8:05 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03440 MAMMOGRAPHY	0.000000		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.03	03630 ULTRA SOUND	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03190 CHEMOTHERAPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.000000		90.01
90.02	04950 DIABETIC EDUCATION	0.000000		90.02
90.03	09002 MS CLINIC	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part I Date/Time Prepared: 11/26/2019 8:05 am	
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	PPS 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	889,097	0	889,097	20,122	44.19	30.00
31.00	INTENSIVE CARE UNIT	308,638	0	308,638	5,909	52.23	31.00
41.00	SUBPROVIDER - IRF	125,405	0	125,405	2,511	49.94	41.00
43.00	NURSERY	56,682		56,682	893	63.47	43.00
200.00	Total (lines 30 through 199)	1,379,822		1,379,822	29,435		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,478	197,883				
31.00	INTENSIVE CARE UNIT	3,417	178,470				
41.00	SUBPROVIDER - IRF	1,188	59,329				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	9,083	435,682				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/26/2019 8:05 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		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	874,464	116,424,249	0.007511	9,935,771	74,628	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	173,695	4,315,163	0.040252	11,663	469	52.00
53.00	05300 ANESTHESIOLOGY	42,180	11,152,459	0.003782	835,175	3,159	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	187,413	19,036,469	0.009845	1,484,069	14,611	54.00
54.01	03440 MAMMOGRAPHY	17,576	4,342,962	0.004047	719	3	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	41,342	14,524,246	0.002846	494,269	1,407	54.02
54.03	03630 ULTRASOUND	20,036	9,177,408	0.002183	609,479	1,330	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	92,263	31,287,261	0.002949	192,346	567	55.00
57.00	05700 CT SCAN	36,360	15,252,163	0.002384	1,242,475	2,962	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	36,320	3,146,110	0.011544	245,697	2,836	58.00
59.00	05900 CARDIAC CATHETERIZATION	114,063	26,348,465	0.004329	2,159,833	9,350	59.00
60.00	06000 LABORATORY	259,575	77,979,941	0.003329	10,133,784	33,735	60.00
65.00	06500 RESPIRATORY THERAPY	92,552	12,575,713	0.007360	4,137,209	30,450	65.00
66.00	06600 PHYSICAL THERAPY	143,481	10,143,895	0.014145	776,913	10,989	66.00
67.00	06700 OCCUPATIONAL THERAPY	60,188	3,531,546	0.017043	348,662	5,942	67.00
68.00	06800 SPEECH PATHOLOGY	19,813	1,079,805	0.018349	112,673	2,067	68.00
69.00	06900 ELECTROCARDIOLOGY	6,802	1,082,317	0.006285	354	2	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	88,532	4,585,253	0.019308	182,526	3,524	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	92,229	18,478,589	0.004991	2,990,074	14,923	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	155,103	19,557,150	0.007931	4,110,338	32,599	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	726,199	109,408,352	0.006638	6,870,702	45,608	73.00
76.00	03190 CHEMOTHERAPY	42,307	9,043,587	0.004678	4,145	19	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	57,827	3,263,871	0.017717	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002 MS CLINIC	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	348,306	79,524,019	0.004380	5,325,235	23,325	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	67,603	2,394,914	0.028228	0	0	92.00
200.00	Total (lines 50 through 199)	3,796,229	607,655,907		52,204,111	314,505	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part III Date/Time Prepared: 11/26/2019 8:05 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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
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	20,122	0.00	4,478	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,909	0.00	3,417	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,511	0.00	1,188	41.00	
43.00	04300	NURSERY	0	0	893	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	29,435		9,083	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
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:05 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	0	50.00
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	77,041	54.00
54.01 03440 MAMMOGRAPHY	0	0	0	0	0	17,576	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	58,780	54.02
54.03 03630 ULTRA SOUND	0	0	0	0	0	37,141	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	126,609	55.00
57.00 05700 CT SCAN	0	0	0	0	0	61,726	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	12,732	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
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	21,678	73.00
76.00 03190 CHEMOTHERAPY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	0	0	0	0	0	0	90.01
90.02 04950 DIABETIC EDUCATION	0	0	0	0	0	0	90.02
90.03 09002 MS CLINIC	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	58,866	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	472,149	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:05 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	116,424,249	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,315,163	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,152,459	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,041	77,041	19,036,469	0.004047	54.00
54.01	03440	MAMMOGRAPHY	0	17,576	17,576	4,342,962	0.004047	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	58,780	58,780	14,524,246	0.004047	54.02
54.03	03630	ULTRA SOUND	0	37,141	37,141	9,177,408	0.004047	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	126,609	126,609	31,287,261	0.004047	55.00
57.00	05700	CT SCAN	0	61,726	61,726	15,252,163	0.004047	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,732	12,732	3,146,110	0.004047	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,348,465	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,979,941	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,575,713	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,143,895	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,531,546	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,079,805	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,082,317	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,585,253	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,478,589	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,557,150	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,678	21,678	109,408,352	0.000198	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	9,043,587	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	3,263,871	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	58,866	58,866	79,524,019	0.000740	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,394,914	0.000000	92.00
200.00		Total (lines 50 through 199)	0	472,149	472,149	607,655,907		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:05 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	9,935,771	0	24,897,406	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	11,663	0	3,744	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	835,175	0	1,830,128	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.004047	1,484,069	6,006	3,384,129	13,696	54.00	
54.01	03440 MAMMOGRAPHY	0.004047	719	3	801	3	54.01	
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.004047	494,269	2,000	4,813,976	19,482	54.02	
54.03	03630 ULTRA SOUND	0.004047	609,479	2,467	1,424,951	5,767	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.004047	192,346	778	11,234,004	45,464	55.00	
57.00	05700 CT SCAN	0.004047	1,242,475	5,028	3,044,895	12,323	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.004047	245,697	994	657,854	2,662	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,159,833	0	4,315,724	0	59.00	
60.00	06000 LABORATORY	0.000000	10,133,784	0	7,800,895	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,137,209	0	545,507	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	776,913	0	24,538	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	348,662	0	9,878	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	112,673	0	203,765	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	354	0	410,248	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	182,526	0	1,149,431	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,990,074	0	2,519,602	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,110,338	0	2,596,096	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000198	6,870,702	1,360	40,702,817	8,059	73.00	
76.00	03190 CHEMOTHERAPY	0.000000	4,145	0	1,380,911	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 ANDERSON OUTPATIENT CENTER	0.000000	0	0	344,327	0	90.01	
90.02	04950 DIABETIC EDUCATION	0.000000	0	0	0	0	90.02	
90.03	09002 MS CLINIC	0.000000	0	0	0	0	90.03	
91.00	09100 EMERGENCY	0.000740	5,325,235	3,941	13,401,330	9,917	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,085,799	0	92.00	
200.00	Total (lines 50 through 199)		52,204,111	22,577	127,782,756	117,373	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 8:05 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.213460	24,897,406	0	0	5,314,600	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.600830	3,744	0	0	2,250	52.00
53.00 05300 ANESTHESIOLOGY	0.176682	1,830,128	0	0	323,351	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.246300	3,384,129	0	0	833,511	54.00
54.01 03440 MAMMOGRAPHY	0.174158	801	0	0	140	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107311	4,813,976	0	0	516,593	54.02
54.03 03630 ULTRA SOUND	0.097424	1,424,951	0	0	138,824	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.130170	11,234,004	0	0	1,462,330	55.00
57.00 05700 CT SCAN	0.090704	3,044,895	0	0	276,184	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.442959	657,854	0	0	291,402	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.103356	4,315,724	0	0	446,056	59.00
60.00 06000 LABORATORY	0.113342	7,800,895	0	0	884,169	60.00
65.00 06500 RESPIRATORY THERAPY	0.180786	545,507	0	0	98,620	65.00
66.00 06600 PHYSICAL THERAPY	0.382602	24,538	0	0	9,388	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.449792	9,878	0	0	4,443	67.00
68.00 06800 SPEECH PATHOLOGY	0.455878	203,765	0	0	92,892	68.00
69.00 06900 ELECTROCARDIOLOGY	0.267849	410,248	0	0	109,885	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.249578	1,149,431	0	0	286,873	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.233803	2,519,602	0	0	589,091	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.372693	2,596,096	0	0	967,547	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.295592	40,702,817	0	11,879	12,031,427	73.00
76.00 03190 CHEMOTHERAPY	0.188595	1,380,911	0	0	260,433	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	0.519390	344,327	0	0	178,840	90.01
90.02 04950 DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03 09002 MS CLINIC	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.111717	13,401,330	0	0	1,497,156	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.633098	1,085,799	0	0	687,417	92.00
200.00	Subtotal (see instructions)	127,782,756	0	11,879	27,303,422	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 - line 201)	127,782,756	0	11,879	27,303,422	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 8:05 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
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 03440 MAMMOGRAPHY	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.03 03630 ULTRA SOUND	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,511		73.00
76.00 03190 CHEMOTHERAPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	0	0		90.01
90.02 04950 DIABETIC EDUCATION	0	0		90.02
90.03 09002 MS CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	3,511		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	3,511		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0088 Component CCN: 15-T088		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/26/2019 8:05 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	874,464	116,424,249	0.007511	12,734	96	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173,695	4,315,163	0.040252	0	0	52.00
53.00	05300	ANESTHESIOLOGY	42,180	11,152,459	0.003782	807	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	187,413	19,036,469	0.009845	51,507	507	54.00
54.01	03440	MAMMOGRAPHY	17,576	4,342,962	0.004047	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	41,342	14,524,246	0.002846	0	0	54.02
54.03	03630	ULTRA SOUND	20,036	9,177,408	0.002183	6,654	15	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	92,263	31,287,261	0.002949	0	0	55.00
57.00	05700	CT SCAN	36,360	15,252,163	0.002384	11,900	28	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,320	3,146,110	0.011544	4,750	55	58.00
59.00	05900	CARDIAC CATHETERIZATION	114,063	26,348,465	0.004329	12,920	56	59.00
60.00	06000	LABORATORY	259,575	77,979,941	0.003329	274,792	915	60.00
65.00	06500	RESPIRATORY THERAPY	92,552	12,575,713	0.007360	166,014	1,222	65.00
66.00	06600	PHYSICAL THERAPY	143,481	10,143,895	0.014145	555,379	7,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	60,188	3,531,546	0.017043	564,566	9,622	67.00
68.00	06800	SPEECH PATHOLOGY	19,813	1,079,805	0.018349	99,454	1,825	68.00
69.00	06900	ELECTROCARDIOLOGY	6,802	1,082,317	0.006285	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,532	4,585,253	0.019308	1,489	29	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	92,229	18,478,589	0.004991	65,080	325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,103	19,557,150	0.007931	548	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	726,199	109,408,352	0.006638	253,770	1,685	73.00
76.00	03190	CHEMOTHERAPY	42,307	9,043,587	0.004678	1,159	5	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	57,827	3,263,871	0.017717	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	348,306	79,524,019	0.004380	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,394,914	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	3,728,626	607,655,907		2,083,523	24,248	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:05 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
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	77,041	54.00
54.01	03440 MAMMOGRAPHY	0	0	0	0	17,576	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	58,780	54.02
54.03	03630 ULTRA SOUND	0	0	0	0	37,141	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	126,609	55.00
57.00	05700 CT SCAN	0	0	0	0	61,726	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	12,732	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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	21,678	73.00
76.00	03190 CHEMOTHERAPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0	0	0	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002 MS CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	58,866	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	472,149	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:05 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	116,424,249	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	4,315,163	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	11,152,459	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	77,041	77,041	19,036,469	0.004047	54.00
54.01 03440 MAMMOGRAPHY	0	17,576	17,576	4,342,962	0.004047	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	58,780	58,780	14,524,246	0.004047	54.02
54.03 03630 ULTRA SOUND	0	37,141	37,141	9,177,408	0.004047	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	126,609	126,609	31,287,261	0.004047	55.00
57.00 05700 CT SCAN	0	61,726	61,726	15,252,163	0.004047	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,732	12,732	3,146,110	0.004047	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	26,348,465	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	77,979,941	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,575,713	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,143,895	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,531,546	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,079,805	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,082,317	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,585,253	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,478,589	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,557,150	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	21,678	21,678	109,408,352	0.000198	73.00
76.00 03190 CHEMOTHERAPY	0	0	0	9,043,587	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	0	0	0	3,263,871	0.000000	90.01
90.02 04950 DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03 09002 MS CLINIC	0	0	0	0	0.000000	90.03
91.00 09100 EMERGENCY	0	58,866	58,866	79,524,019	0.000740	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,394,914	0.000000	92.00
200.00 Total (lines 50 through 199)	0	472,149	472,149	607,655,907		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0088 Component CCN: 15-T088		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:05 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	12,734	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	807	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.004047	51,507	208	0	0	54.00
54.01	03440 MAMMOGRAPHY	0.004047	0	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.004047	0	0	0	0	54.02
54.03	03630 ULTRA SOUND	0.004047	6,654	27	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.004047	0	0	0	0	55.00
57.00	05700 CT SCAN	0.004047	11,900	48	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.004047	4,750	19	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	12,920	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	274,792	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	166,014	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	555,379	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	564,566	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	99,454	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,489	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	65,080	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	548	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000198	253,770	50	0	0	73.00
76.00	03190 CHEMOTHERAPY	0.000000	1,159	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.000000	0	0	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002 MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000740	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		2,083,523	352	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 8:05 am
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		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.213460	0	19,240,432	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.600830	0	455,586	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.176682	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246300	0	3,519,674	0	0	54.00
54.01	03440 MAMMOGRAPHY	0.174158	0	379,529	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107311	0	1,479,120	0	0	54.02
54.03	03630 ULTRA SOUND	0.097424	0	2,151,415	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130170	0	3,843,224	0	0	55.00
57.00	05700 CT SCAN	0.090704	0	2,681,979	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.442959	0	439,559	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103356	0	2,623,965	0	0	59.00
60.00	06000 LABORATORY	0.113342	0	11,758,252	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.180786	0	323,881	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.382602	0	1,218,835	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.449792	0	317,526	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.455878	0	117,418	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.267849	0	84,111	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.249578	0	750,625	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.233803	0	1,864,939	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.372693	0	2,198,994	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295592	0	9,559,562	0	0	73.00
76.00	03190 CHEMOTHERAPY	0.188595	0	982,600	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.519390	0	1,398,059	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002 MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.111717	0	24,450,455	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.633098	0	472,544	0	0	92.00
200.00	Subtotal (see instructions)		0	92,312,284	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	92,312,284	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 8:05 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	4,107,063	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	273,730	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	866,896	0		54.00
54.01 03440 MAMMOGRAPHY	66,098	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	158,726	0		54.02
54.03 03630 ULTRA SOUND	209,599	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	500,272	0		55.00
57.00 05700 CT SCAN	243,266	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	194,707	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	271,203	0		59.00
60.00 06000 LABORATORY	1,332,704	0		60.00
65.00 06500 RESPIRATORY THERAPY	58,553	0		65.00
66.00 06600 PHYSICAL THERAPY	466,329	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	142,821	0		67.00
68.00 06800 SPEECH PATHOLOGY	53,528	0		68.00
69.00 06900 ELECTROCARDIOLOGY	22,529	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	187,339	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	436,028	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	819,550	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,825,730	0		73.00
76.00 03190 CHEMOTHERAPY	185,313	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	726,138	0		90.01
90.02 04950 DIABETIC EDUCATION	0	0		90.02
90.03 09002 MS CLINIC	0	0		90.03
91.00 09100 EMERGENCY	2,731,531	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	299,167	0		92.00
200.00 Subtotal (see instructions)	17,178,820	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	17,178,820	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 8:05 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)		20,122	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,122	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)		18,592	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,478	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)		19,940,674	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)		19,940,674	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)		19,940,674	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)		990.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,437,653	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)		4,437,653	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 8:05 am	
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)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	9,080,535	5,909	1,536.73	3,417	5,251,006	43.00
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)					10,572,361	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,261,020	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)					376,353	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					337,082	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					713,435	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,547,585	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,530	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					990.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,516,215	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 8:05 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	889,097	19,940,674	0.044587	1,516,215	67,603	90.00
91.00	Nursing School cost	0	19,940,674	0.000000	1,516,215	0	91.00
92.00	Allied health cost	0	19,940,674	0.000000	1,516,215	0	92.00
93.00	All other Medical Education	0	19,940,674	0.000000	1,516,215	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 8:05 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)		2,511	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,511	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)		2,511	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)		1,188	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)		2,764,678	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)		2,764,678	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)		2,764,678	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)		1,101.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,308,024	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,308,024	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1	
		Component CCN: 15-T088				Date/Time Prepared: 11/26/2019 8:05 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
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)					684,715		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,992,739		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)					59,329		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,600		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					83,929		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,908,810		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: 15-0088 Component CCN: 15-T088		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 8:05 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	125,405	2,764,678	0.045360	0	0	90.00
91.00	Nursing School cost	0	2,764,678	0.000000	0	0	91.00
92.00	Allied health cost	0	2,764,678	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,764,678	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 8:05 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		7,218,114	30.00
31.00	03100	INTENSIVE CARE UNIT		8,936,846	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217869	9,935,771	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.600830	11,663	52.00
53.00	05300	ANESTHESIOLOGY	0.176682	835,175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246300	1,484,069	54.00
54.01	03440	MAMMOGRAPHY	0.174158	719	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107311	494,269	54.02
54.03	03630	ULTRA SOUND	0.097424	609,479	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130170	192,346	55.00
57.00	05700	CT SCAN	0.090704	1,242,475	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.442959	245,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103356	2,159,833	59.00
60.00	06000	LABORATORY	0.113342	10,133,784	60.00
65.00	06500	RESPIRATORY THERAPY	0.180786	4,137,209	65.00
66.00	06600	PHYSICAL THERAPY	0.382602	776,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.449792	348,662	67.00
68.00	06800	SPEECH PATHOLOGY	0.455878	112,673	68.00
69.00	06900	ELECTROCARDIOLOGY	0.267849	354	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249578	182,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.233803	2,990,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.372693	4,110,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295592	6,870,702	73.00
76.00	03190	CHEMOTHERAPY	0.188595	4,145	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.519390	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	90.02
90.03	09002	MS CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.111717	5,325,235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.633098	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		52,204,111	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)		52,204,111	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 8:05 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
41.00	04100 SUBPROVIDER - IRF		1,708,242	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.217869	12,734	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.600830	0	52.00
53.00	05300 ANESTHESIOLOGY	0.176682	807	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246300	51,507	54.00
54.01	03440 MAMMOGRAPHY	0.174158	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107311	0	54.02
54.03	03630 ULTRA SOUND	0.097424	6,654	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130170	0	55.00
57.00	05700 CT SCAN	0.090704	11,900	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.442959	4,750	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103356	12,920	59.00
60.00	06000 LABORATORY	0.113342	274,792	60.00
65.00	06500 RESPIRATORY THERAPY	0.180786	166,014	65.00
66.00	06600 PHYSICAL THERAPY	0.382602	555,379	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.449792	564,566	67.00
68.00	06800 SPEECH PATHOLOGY	0.455878	99,454	68.00
69.00	06900 ELECTROCARDIOLOGY	0.267849	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.249578	1,489	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.233803	65,080	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.372693	548	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295592	253,770	73.00
76.00	03190 CHEMOTHERAPY	0.188595	1,159	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.519390	0	90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	90.02
90.03	09002 MS CLINIC	0.000000	0	90.03
91.00	09100 EMERGENCY	0.111717	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.633098	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,083,523	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)		2,083,523	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 8:05 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		11,257,876	30.00
31.00	03100	INTENSIVE CARE UNIT		3,603,394	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		981,628	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213460	4,131,188	881,843 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.600830	2,876,052	1,728,018 52.00
53.00	05300	ANESTHESIOLOGY	0.176682	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246300	987,423	243,202 54.00
54.01	03440	MAMMOGRAPHY	0.174158	939	164 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107311	210,275	22,565 54.02
54.03	03630	ULTRA SOUND	0.097424	334,446	32,583 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130170	111,079	14,459 55.00
57.00	05700	CT SCAN	0.090704	543,787	49,324 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.442959	132,266	58,588 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103356	1,186,197	122,601 59.00
60.00	06000	LABORATORY	0.113342	6,030,532	683,513 60.00
65.00	06500	RESPIRATORY THERAPY	0.180786	1,653,006	298,840 65.00
66.00	06600	PHYSICAL THERAPY	0.382602	178,854	68,430 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.449792	85,033	38,247 67.00
68.00	06800	SPEECH PATHOLOGY	0.455878	20,111	9,168 68.00
69.00	06900	ELECTROCARDIOLOGY	0.267849	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249578	146,072	36,456 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.233803	1,114,057	260,470 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.372693	1,019,473	379,950 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295592	4,138,178	1,223,212 73.00
76.00	03190	CHEMOTHERAPY	0.188595	2,035	384 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.519390	4,397	2,284 90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0 90.02
90.03	09002	MS CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.111717	4,375,024	488,765 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.633098	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		29,280,424	6,643,066 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		29,280,424	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 8:05 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		426,820	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.213460	9,067	1,935 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.600830	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.176682	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246300	10,144	2,498 54.00
54.01	03440 MAMMOGRAPHY	0.174158	0	0 54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107311	0	0 54.02
54.03	03630 ULTRA SOUND	0.097424	4,807	468 54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130170	0	0 55.00
57.00	05700 CT SCAN	0.090704	6,800	617 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.442959	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103356	1,124	116 59.00
60.00	06000 LABORATORY	0.113342	87,038	9,865 60.00
65.00	06500 RESPIRATORY THERAPY	0.180786	54,028	9,768 65.00
66.00	06600 PHYSICAL THERAPY	0.382602	131,879	50,457 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.449792	126,348	56,830 67.00
68.00	06800 SPEECH PATHOLOGY	0.455878	33,454	15,251 68.00
69.00	06900 ELECTROCARDIOLOGY	0.267849	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.249578	5,900	1,473 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.233803	20,945	4,897 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.372693	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295592	59,578	17,611 73.00
76.00	03190 CHEMOTHERAPY	0.188595	0	0 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.519390	0	0 90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0 90.02
90.03	09002 MS CLINIC	0.000000	0	0 90.03
91.00	09100 EMERGENCY	0.111717	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.633098	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		551,112	171,786 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		551,112	171,786 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 8:05 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)		3,744,262	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,920,618	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)		277,669	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)		139.28	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)		5.38	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.78	31.00
32.00	Sum of lines 30 and 31		37.16	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.87	33.00
34.00	Disproportionate share adjustment (see instructions)		728,478	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 8:05 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)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000273470	0.000294297	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,850,488	2,434,685	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	466,425	1,821,010	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,287,435		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	17,958,462		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		17,958,462	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,292,107	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		34,831	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		22,577	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,307,977	59.00
60.00	Primary payer payments		4,377	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,303,600	61.00
62.00	Deductibles billed to program beneficiaries		1,689,092	62.00
63.00	Coinurance billed to program beneficiaries		23,678	63.00
64.00	Allowable bad debts (see instructions)		140,087	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		91,057	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		98,392	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,681,887	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-6,765	70.93
70.94	HRR adjustment amount (see instructions)		-196,603	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 8:05 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			17,478,519	71.00
71.01	Sequestration adjustment (see instructions)			349,570	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			16,582,871	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)			546,078	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			375,629	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 8:05 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	3,744,262	0	3,744,262		3,744,262	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,920,618	0		10,920,618	10,920,618	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	277,669	0	0	277,669	277,669	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	0.1987	0.1987	0.1987	0.1987		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	728,478	0	185,996	542,482	728,478	11.00
11.01	Uncompensated care payments	36.00	2,287,435	0	321,525	870,488	1,192,013	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	17,958,462	0	4,251,783	13,706,679	17,958,462	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	17,958,462	0	4,251,783	13,706,679	17,958,462	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,292,107	0	328,979	963,128	1,292,107	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 8:05 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	4,580,762	14,669,807	19,250,569	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	1,193,544	0	305,007	888,537	1,193,544	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	5,347	0	151	5,196	5,347	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	0.0781	0.0781	0.0781	0.0781		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,216	0	23,821	69,395	93,216	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,292,107	0	328,979	963,128	1,292,107	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: 15-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2019 8:05 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	3,744,262	3,744,262		3,744,262	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,920,618		10,920,618	10,920,618	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	277,669	0	277,669	277,669	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	0.1987	0.1987	0.1987		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	728,478	185,996	542,482	728,478	11.00
11.01	Uncompensated care payments	36.00	2,287,435	466,425	1,821,010	2,287,435	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	17,958,462	4,396,683	13,561,779	17,958,462	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	17,958,462	4,396,683	13,561,779	17,958,462	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,292,107	328,979	963,128	1,292,107	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			4,725,662	14,524,907	19,250,569	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 8:05 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	1,193,544	305,007	888,537	1,193,544	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	5,347	151	5,196	5,347	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	0.0781	0.0781	0.0781		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,216	23,821	69,395	93,216	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,292,107	328,979	963,128	1,292,107	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	-6,765	-7,595	830	-6,765	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	-196,603	-105,963	-90,640	-196,603	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 8:05 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,511	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,186,049	2.00
3.00	OPPS payments		21,623,686	3.00
4.00	Outlier payment (see instructions)		160,549	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		117,373	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,511	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,879	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)		11,879	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)		11,879	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,368	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)		3,511	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)		21,901,608	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)		4,298,692	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)		17,606,427	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)		17,606,427	30.00
31.00	Primary payer payments		1,120	31.00
32.00	Subtotal (line 30 minus line 31)		17,605,307	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)		428,052	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		278,234	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		313,782	36.00
37.00	Subtotal (see instructions)		17,883,541	37.00
38.00	MSP-LCC reconciliation amount from PS&R		16	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,883,525	40.00
40.01	Sequestration adjustment (see instructions)		357,671	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,898,556	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-372,702	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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 8:05 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		16,543,071		17,776,756	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	01/23/2019	39,800	01/23/2019	121,800	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)		39,800		121,800	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)		16,582,871		17,898,556	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		546,078		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		372,702	6.02	
7.00	Total Medicare program liability (see instructions)		17,128,949		17,525,854	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: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part I Date/Time Prepared: 11/26/2019 8:05 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				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		1,938,526		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,938,526		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)				0 5.00
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0 5.01
5.02			0		0 5.02
5.03			0		0 5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0 5.50
5.51			0		0 5.51
5.52			0		0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0 6.00
6.01	SETTLEMENT TO PROVIDER		0		0 6.01
6.02	SETTLEMENT TO PROGRAM		1,648		0 6.02
7.00	Total Medicare program liability (see instructions)		1,936,878		0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/26/2019 8:05 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: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/26/2019 8:05 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,887,612 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0465 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			98,911 3.00
4.00	Outlier Payments			6,491 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)			6.879452 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)			1,993,014 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)			1,993,014 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,993,014 19.00
20.00	Deductibles			13,448 20.00
21.00	Subtotal (line 19 minus line 20)			1,979,566 21.00
22.00	Coinsurance			4,367 22.00
23.00	Subtotal (line 21 minus line 22)			1,975,199 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,316 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			855 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,976,054 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)			352 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)			1,976,406 32.00
32.01	Sequestration adjustment (see instructions)			39,528 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,938,526 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)			-1,648 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			22,085 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			6,491 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: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2019 8:05 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			17,178,820	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	17,178,820	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	17,178,820	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		11,257,876		8.00
9.00	Ancillary service charges		29,280,424	92,312,284	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		40,538,300	92,312,284	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		40,538,300	92,312,284	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		40,538,300	75,133,464	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	17,178,820	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	17,178,820	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	17,178,820	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	17,178,820	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	17,178,820	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	17,178,820	40.00
41.00	Interim payments		0	17,178,820	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2019 8:05 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	551,112	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	551,112	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	551,112	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	551,112	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
11/26/2019 8:05 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	12,984	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	68,359,239	0	0	0	4.00
5.00	Other receivable	6,355,158	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-41,028,213	0	0	0	6.00
7.00	Inventory	3,077,202	0	0	0	7.00
8.00	Prepaid expenses	204,432	0	0	0	8.00
9.00	Other current assets	5,382,531	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,363,333	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,608,459	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	103,026,467	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	56,523,210	0	0	0	23.00
24.00	Accumulated depreciation	-115,950,462	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)	50,500,276	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	87,873	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	87,873	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,951,482	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,350,646	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,656,345	0	0	0	38.00
39.00	Payroll taxes payable	1,622,647	0	0	0	39.00
40.00	Notes and loans payable (short term)	248,701	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	22,910,657	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,788,996	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	14,176,077	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	632,654	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,808,731	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	46,597,727	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	46,353,755				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)	46,353,755	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,951,482	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/26/2019 8:05 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		34,249,697			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,562,092				2.00
3.00	Total (sum of line 1 and line 2)		46,811,789			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)		46,811,789			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	MISCELLANEOUS	458,034		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)		458,034			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		46,353,755			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	MISCELLANEOUS		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: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 8:05 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	39,111,813		39,111,813	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,670,763		3,670,763	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				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)	42,782,576		42,782,576	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,345,746		18,345,746	11.00
12.00	CORONARY CARE UNIT				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)	18,345,746		18,345,746	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	61,128,322		61,128,322	17.00
18.00	Ancillary services	145,351,584	393,075,687	538,427,271	18.00
19.00	Outpatient services	0	66,418,421	66,418,421	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				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	2,740,732	2,740,732	27.00
27.01	OTHER (SPECIFY)	0	0	0	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	206,479,906	462,234,840	668,714,746	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		177,071,083		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)		177,071,083		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/26/2019 8:05 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	668,714,746	1.00
2.00	Less contractual allowances and discounts on patients' accounts	481,560,410	2.00
3.00	Net patient revenues (line 1 minus line 2)	187,154,336	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	177,071,083	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,083,253	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	9,750	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	568,080	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	16,830	17.00
18.00	Revenue from sale of medical records and abstracts	26,083	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	59,112	21.00
22.00	Rental of hospital space	661,540	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICE REVENUE	982	24.00
24.01	SHARED SERVICE REVENUE	362,794	24.01
24.02	DME	0	24.02
24.03	GRANTS REVENUE	435,408	24.03
24.04	MISC REVENUE	174,403	24.04
24.05	CHILD CARE REVENUE	711	24.05
24.06	STATE PROGRAM REVENUE	8,500	24.06
24.07	CONTRACT SERVICE REVENUE	47,388	24.07
24.08	LAUNDRY REVENUE	0	24.08
24.09	RESEARCH REVENUE	65,220	24.09
24.10	ASSETS RELEASED FROM RESTRICTED FUND	40,238	24.10
24.11	GAIN ON DISPOSAL OF ASSET	1,800	24.11
25.00	Total other income (sum of lines 6-24)	2,478,839	25.00
26.00	Total (line 5 plus line 25)	12,562,092	26.00
27.00	EHR	0	27.00
27.01	RESTRUCTURING EXPENSE	0	27.01
27.02	FUND RAISING ACTIVITIES	0	27.02
27.03	OTHER EXPENSES	0	27.03
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)	12,562,092	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 8:05 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,193,544	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,347	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)		68.09	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)		5.38	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.78	8.00
9.00	Sum of lines 7 and 8		37.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.81	10.00
11.00	Disproportionate share adjustment (see instructions)		93,216	11.00
12.00	Total prospective capital payments (see instructions)		1,292,107	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