

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2019	Time: 12:33 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH NORTH HOSPITAL (15-0161) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) CARA BREIDSTER
 Officer or Administrator of Provider(s)

CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-270,511	-46,355	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	-270,511	-46,355	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: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:33 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11700 NORTH MERIDIAN ST		PO Box:				1.00				
2.00	City: CARMEL		State: IN		Zip Code: 46032-4656		County: HAMILTON				
		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		IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										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)					01/01/2018	12/31/2018		20.00		
21.00	Type of Control (see instructions)					4			21.00		
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	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.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	400	769	0	15	6,193	5		24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:33 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:33 pm	
	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)			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0161

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

		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.					N			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)							0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:33 pm			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		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		109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:33 pm		
		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.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	376,072	0	0		
		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		5.05		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		15H059		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:33 pm			
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: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 340 W. 10TH STREET	PO Box:					
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N	145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			Y	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0	168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99	169.00		
		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)			01/01/2018	03/31/2018		
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			Y	814		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 12:33 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	02/28/2019			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2019	Y	04/03/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 12:33 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
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.			N	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.		Y		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.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 12:33 pm
		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.	DI RECTOR OF GOVERNMENT PROGRAMS		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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	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)		120	43,800	0.00	0	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	34.00	0	0	0.00	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	2,190	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)		149				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)		12	4,380			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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,608	154	22,672			1.00
2.00 HMO and other (see instructions)	2,686	6,232				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,608	154	22,672			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	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	209	1,304			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	14	4,546			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		768	4,582			13.00
14.00 Total (see instructions)	6,608	1,145	33,104	0.00	834.23	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)			113			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	834.23	27.00
28.00 Observation Bed Days		28	1,432			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	5	812			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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,726	65	9,647	1.00
2.00 HMO and other (see instructions)				573	980		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
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	0	1,726	65	9,647	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							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: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part II Date/Time Prepared: 5/29/2019 12:33 pm			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	59,243,577	-648,692	58,594,885	1,846,545.13	31.73	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		383,184	0	383,184	1,478.50	259.17	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,641,841	-2,758	1,639,083	57,099.54	28.71	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,313,458	0	1,313,458	20,509.79	64.04	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		324,830	0	324,830	2,125.34	152.84	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		12,934,854	0	12,934,854	381,011.00	33.95	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		15,753,402	0	15,753,402			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		509,940	0	509,940			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		71,367	0	71,367			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		5,912,855	0	5,912,855			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		2,958,731	0	2,958,731			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	629,142	-393,675	235,467	12,810.29	18.38	26.00
27.00	Administrative & General	5.00	4,876,137	-12,594	4,863,543	103,501.80	46.99	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 12:33 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	106,195	0	106,195	994.68	106.76	28.00
29.00	Maintenance & Repairs	2,009,658	-478	2,009,180	63,918.16	31.43	29.00
30.00	Operation of Plant	1,190,659	-2,954	1,187,705	41,413.81	28.68	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,463,583	-11,683	1,451,900	93,059.84	15.60	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	741,492	-4,108	737,384	43,456.82	16.97	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	1,232,881	0	1,232,881	68,218.19	18.07	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,971,665	-20,507	2,951,158	62,639.39	47.11	38.00
39.00	Central Services and Supply	866,769	0	866,769	42,406.71	20.44	39.00
40.00	Pharmacy	2,573,710	-870	2,572,840	55,635.86	46.24	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	381,969	0	381,969	11,093.70	34.43	42.00
43.00	Other General Service	192,790	0	192,790	13,937.22	13.83	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 12:33 pm

	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)	59,349,772	-648,692	58,701,080	1,847,539.81	31.77	1.00
2.00	Excluded area salaries (see instructions)	1,641,841	-2,758	1,639,083	57,099.54	28.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,707,931	-645,934	57,061,997	1,790,440.27	31.87	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,573,142	0	14,573,142	403,646.13	36.10	4.00
5.00	Subtotal wage-related costs (see inst.)	21,737,624	0	21,737,624	0.00	38.09	5.00
6.00	Total (sum of lines 3 thru 5)	94,018,697	-645,934	93,372,763	2,194,086.40	42.56	6.00
7.00	Total overhead cost (see instructions)	19,236,650	-446,869	18,789,781	613,086.47	30.65	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 12:33 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,922,115	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		9,475,345	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		273,140	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		27,684	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		331,156	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,133	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		4,244,958	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		56,078	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		1,101	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,334,710	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: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 12:33 pm
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		1,313,458	16,334,710
2.00	Hospital		1,313,458	16,334,710
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 12:33 pm
---	-----------------------	---	---

			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)		0.224330	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,226,855	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		82,367,519	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,477,506	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)		10,250,651	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)		10,250,651	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)	6,146,507	380,775	6,527,282	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,378,846	380,775	1,759,621	21.00
22.00	Payments received from patients for amounts previously written off as charity care	42,296	21,131	63,427	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,336,550	359,644	1,696,194	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)		8,821,391	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		168,013	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		258,482	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		8,562,909	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,011,386	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,707,580	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,958,231	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/29/2019 12:33 pm

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	NEW CAP REL COSTS-BLDG & FIXT	0	0	9,156,242	9,156,242	1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0	13,233,223	13,233,223	1.01	
1.02	00102	MOB LEASED SPACE	0	0	1,124,753	1,124,753	1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	4,908,084	4,908,084	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	629,142	697,472	1,326,614	10,436,824	11,763,438	4.00
5.01	00540	NONPATIENT TELEPHONES	0	6,616	6,616	-4,169	2,447	5.01
5.02	00550	DATA PROCESSING	0	4,385	4,385	-4,384	1	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	277	145,768	146,045	-99,943	46,102	5.03
5.04	00570	ADMINITTING	810,733	671,831	1,482,564	-407,368	1,075,196	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	4,065,127	63,365,564	67,430,691	-23,189,388	44,241,303	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,009,658	5,255,336	7,264,994	-678,610	6,586,384	6.00
7.00	00700	OPERATION OF PLANT	1,190,659	2,110,525	3,301,184	-250,633	3,050,551	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	123,748	123,748	0	123,748	8.00
9.00	00900	HOUSEKEEPING	1,463,583	4,843,992	6,307,575	-551,602	5,755,973	9.00
10.00	01000	DIETARY	741,492	634,793	1,376,285	-193,530	1,182,755	10.00
11.00	01100	CAFETERIA	1,232,881	1,941,049	3,173,930	-409,328	2,764,602	11.00
13.00	01300	NURSING ADMINISTRATION	2,971,665	954,575	3,926,240	-578,857	3,347,383	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	866,769	1,532,734	2,399,503	6,553,625	8,953,128	14.00
15.00	01500	PHARMACY	2,573,710	4,236,028	6,809,738	-3,589,255	3,220,483	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	98,382	98,382	-905	97,477	16.00
17.00	01700	SOCIAL SERVICE	381,969	286,109	668,078	-78,209	589,869	17.00
18.00	01850	PATIENT TRANSPORTATION	192,790	57,259	250,049	-41,190	208,859	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,607,204	9,207,611	21,814,815	-4,925,298	16,889,517	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	999,141	812,221	1,811,362	-277,962	1,533,400	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,554,303	1,587,433	4,141,736	-662,692	3,479,044	34.02
43.00	04300	NURSERY	0	0	0	1,342,312	1,342,312	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,136,016	20,748,775	24,884,791	-18,991,288	5,893,503	50.00
51.00	05100	RECOVERY ROOM	1,995,273	842,260	2,837,533	-653,939	2,183,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,962,464	2,916,861	5,879,325	-1,591,159	4,288,166	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,447,467	3,565,906	7,013,373	-2,545,660	4,467,713	54.00
56.00	05600	RADIOISOTOPE	232,080	220,851	452,931	-202,178	250,753	56.00
60.00	06000	LABORATORY	661,979	5,242,183	5,904,162	-125,715	5,778,447	60.00
65.00	06500	RESPIRATORY THERAPY	1,870,473	855,633	2,726,106	-680,643	2,045,463	65.00
66.00	06600	PHYSICAL THERAPY	2,291,553	1,050,348	3,341,901	-672,809	2,669,092	66.00
67.00	06700	OCCUPATIONAL THERAPY	470,123	134,947	605,070	-98,034	507,036	67.00
68.00	06800	SPEECH PATHOLOGY	242,737	103,278	346,015	-81,074	264,941	68.00
69.00	06900	ELECTROCARDIOLOGY	334,747	435,744	770,491	-238,441	532,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105,930	405,192	511,122	-52,852	458,270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,064,833	5,064,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,093,580	10,093,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,931,534	3,931,534	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,340,624	2,863,751	4,204,375	-2,408,383	1,795,992	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,219,167	1,901,303	4,120,470	-803,368	3,317,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,601,736	139,860,463	197,462,199	756,144	198,218,343	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	346,330	1,525,630	1,871,960	-254,982	1,616,978	192.01
192.02	19202	CHILDBIRTH EDUCATION	173,145	67,707	240,852	-4,675	236,177	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	49,097	49,097	-48,347	750	192.04
192.05	19205	PHYSICIAN PRACTICE	1,122,366	1,283,981	2,406,347	-448,140	1,958,207	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	59,243,577	142,786,878	202,030,455	0	202,030,455	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,412,675	7,743,567	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	151,656	13,384,879	1.01
1.02	00102	MOB LEASED SPACE	-634,503	490,250	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	310,676	5,218,760	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	226,556	11,989,994	4.00
5.01	00540	NONPATIENT TELEPHONES	-1	2,446	5.01
5.02	00550	DATA PROCESSING	5,807,432	5,807,433	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	845,829	891,931	5.03
5.04	00570	ADMINISTRATIVE	1,608,987	2,684,183	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-23,544,754	20,696,549	5.05
6.00	00600	MAINTENANCE & REPAIRS	-1,665,388	4,920,996	6.00
7.00	00700	OPERATION OF PLANT	-208,564	2,841,987	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	123,748	8.00
9.00	00900	HOUSEKEEPING	0	5,755,973	9.00
10.00	01000	DIETARY	-30,952	1,151,803	10.00
11.00	01100	CAFETERIA	-1,593,271	1,171,331	11.00
13.00	01300	NURSING ADMINISTRATION	-104,760	3,242,623	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-51,436	8,901,692	14.00
15.00	01500	PHARMACY	-35,434	3,185,049	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	97,477	16.00
17.00	01700	SOCIAL SERVICE	-13,970	575,899	17.00
18.00	01850	PATIENT TRANSPORTATION	0	208,859	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,873,767	13,015,750	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-452,723	1,080,677	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-1,659,759	1,819,285	34.02
43.00	04300	NURSERY	-80	1,342,232	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,126,213	4,767,290	50.00
51.00	05100	RECOVERY ROOM	0	2,183,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,242,331	3,045,835	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,632	4,462,081	54.00
56.00	05600	RADIOISOTOPE	0	250,753	56.00
60.00	06000	LABORATORY	-31,713	5,746,734	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,045,463	65.00
66.00	06600	PHYSICAL THERAPY	-256	2,668,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	507,036	67.00
68.00	06800	SPEECH PATHOLOGY	-18,086	246,855	68.00
69.00	06900	ELECTROCARDIOLOGY	0	532,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	458,270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,064,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,093,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,931,534	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-92,576	1,703,416	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-795,362	2,521,740	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,643,070	168,575,273	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	-168,606	1,448,372	192.01
192.02	19202	CHILD BIRTH EDUCATION	-55,919	180,258	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-750	0	192.04
192.05	19205	PHYSICIAN PRACTICE	-115,520	1,842,687	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,983,865	172,046,590	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,842,449		1.00
2.00	MOB LEASED SPACE	1.02	0	1,124,753		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	200,982		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
TOTALS			0	3,168,184		
B - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,313,793		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,707,102		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
TOTALS			0	12,020,895		
C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,483,950		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 12:33 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
TOTALS					
			0	10,483,950	
D - INTEREST					
1.00	NEW CAP REL COSTS-INTEREST	1.01		13,233,223	1.00
TOTALS					
			0	13,233,223	
E - LABOR AND DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	231,648	25,654	1.00
2.00	NURSERY	43.00	20,298	2,248	2.00
TOTALS					
			251,946	27,902	
F - MARKETING					
1.00	CHILD BIRTH EDUCATION	192.02	0	12,657	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
TOTALS					
			0	12,657	
G - NURSERY					
1.00	NURSERY	43.00	1,030,299	289,467	1.00
TOTALS					
			1,030,299	289,467	
H - FMLA					
1.00	ADMINISTRATIVE	5.04	0	2,556	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	10,382	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	478	3.00
4.00	OPERATION OF PLANT	7.00	0	2,954	4.00
5.00	HOUSEKEEPING	9.00	0	11,683	5.00
6.00	DIETARY	10.00	0	4,108	6.00
7.00	NURSING ADMINISTRATION	13.00	0	20,163	7.00
8.00	PHARMACY	15.00	0	870	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	83,086	9.00
10.00	OPERATING ROOM	50.00	0	30,477	10.00
11.00	RECOVERY ROOM	51.00	0	12,893	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,428	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,820	13.00
14.00	LABORATORY	60.00	0	1,041	14.00
15.00	RESPIRATORY THERAPY	65.00	0	7,222	15.00
16.00	PHYSICAL THERAPY	66.00	0	10,098	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	1,668	17.00
18.00	SPEECH PATHOLOGY	68.00	0	4,769	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	917	19.00
20.00	EMERGENCY	91.00	0	18,646	20.00
21.00	OTHER NON-REIMBURSABLE	192.01	0	1,243	21.00
22.00	PHYSICIAN PRACTICE	192.05	0	1,515	22.00
TOTALS					
			0	255,017	
I - ACCURED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		393,675	1.00
TOTALS					
			0	393,675	
J - BILLABLE SUPPLIES					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	4	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,064,833	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 12:33 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
TOTALS			0	5,064,837	
K - NON-BILLABLE SUPPLIES					
1.00	DATA PROCESSING	5.02	0	935	1.00
2.00	OPERATION OF PLANT	7.00	0	626	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,255,860	3.00
4.00	CHILD BIRTH EDUCATION	192.02	0	34	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
TOTALS			0	7,257,455	
L - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,931,534	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
TOTALS			0	3,931,534	
M - NON-BILLABLE DRUGS					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	2,200	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	4	2.00
3.00	PHARMACY	15.00	0	473,838	3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	12	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 12:33 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
	TOTALS		0	476,054		
N - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,093,580		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
	TOTALS		0	10,093,580		
500.00	Grand Total: Increases		1,282,245	66,708,430		500.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 12:33 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - LEASES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,306,360	10	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	4,945	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	7,735	10	3.00	
4.00	CAFETERIA	11.00	0	8,213	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	44,227	0	5.00	
6.00	OPERATING ROOM	50.00	0	140,967	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	89,932	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	2,631	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	209,710	0	9.00	
10.00	OTHER NON-REIMBURSABLE	192.01	0	170,092	0	10.00	
11.00	PHYSICIAN PRACTICE	192.05	0	183,372	0	11.00	
	TOTALS		0	3,168,184			
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,390	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	4,169	9	2.00	
3.00	DATA PROCESSING	5.02	0	5,319	0	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	5,894	0	4.00	
5.00	ADMINISTRATIVE	5.04	0	250,436	0	5.00	
6.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	7,223,903	0	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	235,634	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	26,823	0	8.00	
9.00	HOUSEKEEPING	9.00	0	86,144	0	9.00	
10.00	DIETARY	10.00	0	417	0	10.00	
11.00	CAFETERIA	11.00	0	30,697	0	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	16,565	0	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	81,251	0	13.00	
14.00	PHARMACY	15.00	0	115,664	0	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	905	0	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	202,013	0	16.00	
17.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	24,619	0	17.00	
18.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	97,394	0	18.00	
19.00	OPERATING ROOM	50.00	0	1,181,716	0	19.00	
20.00	RECOVERY ROOM	51.00	0	37,697	0	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	142,076	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,289,805	0	22.00	
23.00	LABORATORY	60.00	0	1,657	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	52,601	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	22,031	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	184	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	1,337	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	169,858	0	28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,102	0	29.00	
30.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	534,058	0	30.00	
31.00	EMERGENCY	91.00	0	49,940	0	31.00	
32.00	OTHER NON-REIMBURSABLE	192.01	0	6,364	0	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	48,347	0	33.00	
34.00	PHYSICIAN PRACTICE	192.05	0	47,885	0	34.00	
	TOTALS		0	12,020,895			
C - EMPLOYEE BENEFITS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	13	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	149,687	0	2.00	
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	400,703	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	355,033	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	216,701	0	5.00	
6.00	HOUSEKEEPING	9.00	0	459,852	0	6.00	
7.00	DIETARY	10.00	0	183,069	0	7.00	
8.00	CAFETERIA	11.00	0	369,918	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	561,847	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	202,220	0	10.00	
11.00	PHARMACY	15.00	0	338,235	0	11.00	
12.00	SOCIAL SERVICE	17.00	0	70,657	0	12.00	
13.00	PATIENT TRANSPORTATION	18.00	0	38,238	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	2,345,425	0	14.00	
15.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	190,476	0	15.00	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 12:33 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
16.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	384,118	0	16.00
17.00	OPERATING ROOM	50.00	0	825,892	0	17.00
18.00	RECOVERY ROOM	51.00	0	356,488	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	573,934	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	536,904	0	20.00
21.00	RADIO SOTOPE	56.00	0	29,126	0	21.00
22.00	LABORATORY	60.00	0	113,004	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	318,716	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	406,755	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	84,490	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0	34,845	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	58,930	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,421	0	28.00
29.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	203,911	0	29.00
30.00	EMERGENCY	91.00	0	357,098	0	30.00
31.00	OTHER NON-REIMBURSABLE	192.01	0	77,763	0	31.00
32.00	CHILD BIRTH EDUCATION	192.02	0	17,366	0	32.00
33.00	PHYSICIAN PRACTICE	192.05	0	210,115	0	33.00
	TOTALS		0	10,483,950		
D - INTEREST						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05		13,233,223	11	1.00
	TOTALS		0	13,233,223		
E - LABOR AND DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	251,946	27,902	0	1.00
2.00		0.00		0	0	2.00
	TOTALS		251,946	27,902		
F - MARKETING						
1.00	ADMINISTRATIVE	5.04	0	2,660	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	7,001	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	51	0	3.00
4.00	OPERATING ROOM	50.00	0	144	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	450	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	810	0	6.00
7.00	EMERGENCY	91.00	0	1,206	0	7.00
8.00	PHYSICIAN PRACTICE	192.05	0	335	0	8.00
	TOTALS		0	12,657		
G - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,030,299	289,467	0	1.00
	TOTALS		1,030,299	289,467		
H - FMLA						
1.00	ADMINISTRATIVE	5.04	2,212	0	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	10,382	0	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	478	0	0	3.00
4.00	OPERATION OF PLANT	7.00	2,954	0	0	4.00
5.00	HOUSEKEEPING	9.00	11,683	0	0	5.00
6.00	DIETARY	10.00	4,108	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	20,507	0	0	7.00
8.00	PHARMACY	15.00	870	0	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	83,086	0	0	9.00
10.00	OPERATING ROOM	50.00	30,477	0	0	10.00
11.00	RECOVERY ROOM	51.00	12,893	0	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	14,428	0	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	13,820	0	0	13.00
14.00	LABORATORY	60.00	1,041	0	0	14.00
15.00	RESPIRATORY THERAPY	65.00	7,222	0	0	15.00
16.00	PHYSICAL THERAPY	66.00	10,098	0	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	1,668	0	0	17.00
18.00	SPEECH PATHOLOGY	68.00	4,769	0	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	917	0	0	19.00
20.00	EMERGENCY	91.00	18,646	0	0	20.00
21.00	OTHER NON-REIMBURSABLE	192.01	1,243	0	0	21.00
22.00	PHYSICIAN PRACTICE	192.05	1,515	0	0	22.00
	TOTALS		255,017	0		
I - ACCURED PTO						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	393,675	0	0	1.00
	TOTALS		393,675	0		

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 12:33 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	82,642	0	2.00	
3.00	HOUSEKEEPING	9.00	0	157	0	3.00	
4.00	DIETARY	10.00	0	2	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,273	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	4,198	0	6.00	
7.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	175	0	7.00	
8.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	323	0	8.00	
9.00	OPERATING ROOM	50.00	0	3,805,858	0	9.00	
10.00	RECOVERY ROOM	51.00	0	1,279	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	269,127	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	140,308	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	28,588	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	1	0	14.00	
15.00	SPEECH PATHOLOGY	68.00	0	5,066	0	15.00	
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	703,464	0	16.00	
17.00	EMERGENCY	91.00	0	15,375	0	17.00	
	TOTALS		0	5,064,837			
K - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,849	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	13,594	0	2.00	
3.00	ADMITTING	5.04	0	4,929	0	3.00	
4.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	18,206	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	82,998	0	5.00	
6.00	HOUSEKEEPING	9.00	0	5,444	0	6.00	
7.00	DIETARY	10.00	0	10,042	0	7.00	
8.00	CAFETERIA	11.00	0	500	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	14	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	408,721	0	10.00	
11.00	PHARMACY	15.00	0	149,345	0	11.00	
12.00	PATIENT TRANSPORTATION	18.00	0	2,952	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	1,144,619	0	13.00	
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	62,704	0	14.00	
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	171,400	0	15.00	
16.00	OPERATING ROOM	50.00	0	3,350,165	0	16.00	
17.00	RECOVERY ROOM	51.00	0	243,840	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	292,797	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	321,129	0	19.00	
20.00	RADIOISOTOPE	56.00	0	3,497	0	20.00	
21.00	LABORATORY	60.00	0	10,858	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	272,140	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	33,460	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	13,320	0	24.00	
25.00	SPEECH PATHOLOGY	68.00	0	2,116	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	1,013	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,131	0	27.00	
28.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	318,321	0	28.00	
29.00	EMERGENCY	91.00	0	298,372	0	29.00	
30.00	OTHER NON-REIMBURSABLE	192.01	0	569	0	30.00	
31.00	PHYSICIAN PRACTICE	192.05	0	6,410	0	31.00	
	TOTALS		0	7,257,455			
L - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	3,459,849	0	1.00	
2.00	SOCIAL SERVICE	17.00	0	7,552	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	4	0	3.00	
4.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	94	0	4.00	
5.00	OPERATING ROOM	50.00	0	139,066	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,024	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	138,380	0	7.00	
8.00	RADIOISOTOPE	56.00	0	157,060	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	2,485	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	8,640	0	10.00	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 12:33 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
11.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	17,380	0	11.00
	TOTALS		0	3,931,534		
M - NON-BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43,886	0	1.00
2.00	HOUSEKEEPING	9.00	0	5	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	36	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	366	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	121,990	0	5.00
6.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	9,363	0	6.00
7.00	OPERATING ROOM	50.00	0	109,674	0	7.00
8.00	RECOVERY ROOM	51.00	0	14,635	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,353	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,752	0	10.00
11.00	RADIOISOTOPE	56.00	0	12,495	0	11.00
12.00	LABORATORY	60.00	0	196	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	3,482	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	42	0	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	14	0	15.00
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	17,599	0	16.00
17.00	EMERGENCY	91.00	0	80,949	0	17.00
18.00	OTHER NON-REIMBURSABLE	192.01	0	194	0	18.00
19.00	PHYSICIAN PRACTICE	192.05	0	23	0	19.00
	TOTALS		0	476,054		
N - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,404	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	358	0	2.00
3.00	OPERATING ROOM	50.00	0	9,437,806	0	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	40	0	4.00
5.00	SPEECH PATHOLOGY	68.00	0	37,710	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,184	0	6.00
7.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	613,650	0	7.00
8.00	EMERGENCY	91.00	0	428	0	8.00
	TOTALS		0	10,093,580		
500.00	Grand Total: Decreases		1,930,937	66,059,738		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	11,942,223	0	0	0	0	2.00
3.00	Buildings and Fixtures	148,779,889	0	0	0	0	3.00
4.00	Building Improvements	11,390,969	0	0	0	92,024	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	95,314,862	13,945,926	0	13,945,926	25,344,502	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	267,427,943	13,945,926	0	13,945,926	25,436,526	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	267,427,943	13,945,926	0	13,945,926	25,436,526	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	11,942,223	0				2.00
3.00	Buildings and Fixtures	148,779,889	0				3.00
4.00	Building Improvements	11,298,945	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	83,916,286	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	255,937,343	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	255,937,343	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 12:33 pm

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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 12:33 pm

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	NEW CAP REL COSTS-BLDG & FIXT	172,021,057	0	172,021,057	0.672122	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	83,916,286	0	83,916,286	0.327878	0	2.00
3.00	Total (sum of lines 1-2)	255,937,343	0	255,937,343	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,964,207	1,779,360	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	6,226,563	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	490,250	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,017,778	200,982	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,208,548	2,470,592	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	7,743,567	1.00
1.01	NEW CAP REL COSTS-INTEREST	7,158,316	0	0	0	13,384,879	1.01
1.02	MOB LEASED SPACE	0	0	0	0	490,250	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,218,760	2.00
3.00	Total (sum of lines 1-2)	7,158,316	0	0	0	26,837,456	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 12:33 pm

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	3.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)	B	-6,074,907	0	NEW CAP REL COSTS-INTEREST	1.01	11 1.01
1.02	Investment income - MOB LEASED SPACE (chapter 2)			0	MOB LEASED SPACE	1.02	0 1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0	0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0	0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0	0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0 7.00
8.00	Television and radio service (chapter 21)		0	0		0.00	0 8.00
9.00	Parking lot (chapter 21)		0	0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-10,672,626	0		0.00	0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	15,805,491	0		0.00	0 12.00
13.00	Laundry and linen service		0	0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,522,867	0	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0	0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0	0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0	0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0	0		0.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0 19.00
20.00	Vending machines		0	0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	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 - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST			0	NEW CAP REL COSTS-INTEREST	1.01	0 26.01
26.02	Depreciation - MOB LEASED SPACE			0	MOB LEASED SPACE	1.02	0 26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0		0.00	0 29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 12:33 pm

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	
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MISCELLANEOUS INCOME	B	-550		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 MISCELLANEOUS INCOME	B	-1		NONPATIENT TELEPHONES	5.01	0 33.01
33.02 MISCELLANEOUS INCOME	B	-348,560		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.02
33.03 MISCELLANEOUS INCOME	B	-559,964		MAINTENANCE & REPAIRS	6.00	0 33.03
33.04 MISCELLANEOUS INCOME	B	-14,220		OPERATION OF PLANT	7.00	0 33.04
33.05 MISCELLANEOUS INCOME	B	-12,787		DIETARY	10.00	0 33.05
33.06 MISCELLANEOUS INCOME	B	14,820		NURSING ADMINISTRATION	13.00	0 33.06
33.07 MISCELLANEOUS INCOME	B	-35,000		PHARMACY	15.00	0 33.07
33.08 MISCELLANEOUS INCOME	B	-1,575		ADULTS & PEDIATRICS	30.00	0 33.08
33.09 MISCELLANEOUS INCOME	B	-18,086		SPEECH PATHOLOGY	68.00	0 33.09
33.10 LIC LEASE INCOME	B	-63,089		NEW CAP REL COSTS-BLDG & FIXT	1.00	10 33.10
33.11 LIC LEASE INCOME	B	-623,147		MOB LEASED SPACE	1.02	10 33.11
33.12 INTERCOMPANY	B	-35,715		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.12
33.13 INTERCOMPANY	B	-20,784		ADMINISTRATIVE	5.04	0 33.13
33.14 INTERCOMPANY	B	-1,871,687		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.14
33.15 INTERCOMPANY	B	-1,105,424		MAINTENANCE & REPAIRS	6.00	0 33.15
33.16 INTERCOMPANY	B	-194,344		OPERATION OF PLANT	7.00	0 33.16
33.17 INTERCOMPANY	B	-17,995		DIETARY	10.00	0 33.17
33.18 INTERCOMPANY	B	-70,404		CAFETERIA	11.00	0 33.18
33.19 INTERCOMPANY	B	-119,380		NURSING ADMINISTRATION	13.00	0 33.19
33.20 INTERCOMPANY	B	-51,436		CENTRAL SERVICES & SUPPLY	14.00	0 33.20
33.21 INTERCOMPANY	B	-13,970		SOCIAL SERVICE	17.00	0 33.21
33.22 INTERCOMPANY	B	-62,650		OPERATING ROOM	50.00	0 33.22
33.23 INTERCOMPANY	B	-31,267		LABORATORY	60.00	0 33.23
33.24 INTERCOMPANY	B	-92,576		CARDIAC CATHETERIZATION LABORATORY	75.01	0 33.24
33.25 INTERCOMPANY	B	-87,970		EMERGENCY	91.00	0 33.25
33.26 INTERCOMPANY	B	-168,606		OTHER NON-REIMBURSABLE	192.01	0 33.26
33.27 INTERCOMPANY	B	-55,919		CHILD BIRTH EDUCATION	192.02	0 33.27
33.28 INTERCOMPANY	B	-750		PHYSICIANS' PRIVATE OFFICES	192.04	0 33.28
33.29 RADIOLOGY START-UP	A	5,908		RADIOLOGY-DIAGNOSTIC	54.00	0 33.29
33.30 EMPLOYEE BENEFITS	A	-10,540,969		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.30
33.31 ACCRUED PTO	A	-393,675		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.31
33.32 MEDICAL HOSPITAL ASSESSMENT FEE	A	-10,032,289		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.32
33.33 TELEPHONE EQUIPMENT	A	-1,180		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.33
33.34 TELEPHONE EQUIPMENT	A	-434		PHARMACY	15.00	0 33.34
33.35 TELEPHONE EQUIPMENT	A	-6,268		ADULTS & PEDIATRICS	30.00	0 33.35
33.36 TELEPHONE EQUIPMENT	A	-1,842		PEDIATRIC INTENSIVE CARE UNIT	34.01	0 33.36
33.37 TELEPHONE EQUIPMENT	A	-867		PREMATURE INTENSIVE CARE UNIT	34.02	0 33.37
33.38 TELEPHONE EQUIPMENT	A	-434		OPERATING ROOM	50.00	0 33.38
33.39 TELEPHONE EQUIPMENT	A	-6,445		DELIVERY ROOM & LABOR ROOM	52.00	0 33.39
33.40 TELEPHONE EQUIPMENT	A	-446		LABORATORY	60.00	0 33.40
33.41 TELEPHONE EQUIPMENT	A	-223		PHYSICAL THERAPY	66.00	0 33.41
33.42 TELEPHONE EQUIPMENT	A	-867		EMERGENCY	91.00	0 33.42
33.43 UNWANTED SITUATIONS	A	-200		NURSING ADMINISTRATION	13.00	0 33.43
33.44 UNWANTED SITUATIONS	A	-44,035		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.44
33.45 UNWANTED SITUATIONS	A	-176		ADULTS & PEDIATRICS	30.00	0 33.45
33.46 UNWANTED SITUATIONS	A	-80		NURSERY	43.00	0 33.46
33.47 UNWANTED SITUATIONS	A	-33		PHYSICAL THERAPY	66.00	0 33.47
33.48 UNWANTED SITUATIONS	A	-170		DIETARY	10.00	0 33.48
33.49 PHYSICIAN MALPRACTICE INS	A	-4,770		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.49

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 12:33 pm

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	
33.50 CANCER CENTER PLANNING - SALARY	A	-145,496	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.50
33.51 CANCER CENTER PLANNING - OTHER	A	-554,053	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.51
33.52 CARMEL REHAB START-UP	A	-11,356	MOB LEASED SPACE	1.02	10	33.52
33.53 INTERCOMPANY	B	-115,520	PHYSICIAN PRACTICE	192.05	0	33.53
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,983,865				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 12:33 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE ALLOCATION	485,128	1,834,714	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HOME OFFICE ALLOCATION	19,459,786	13,233,223	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE ALLOCATION	310,676	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	11,353,741	156,276	4.00
4.01	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	5,807,432	0	4.01
4.02	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE ALLOCATION	845,829	0	4.02
4.03	5.04	ADMITTING	HOME OFFICE ALLOCATION	1,629,771	0	4.03
4.04	5.05	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	18,174,657	27,037,316	4.04
4.05	13.00	NURSING ADMINISTRATION	INTERCOMPANY	96,022	96,022	4.05
4.06	17.00	SOCIAL SERVICE	INTERCOMPANY	187,172	187,172	4.06
4.07	30.00	ADULTS & PEDIATRICALS	INTERCOMPANY	3,958,681	3,958,681	4.07
4.08	34.01	PEDIATRIC INTENSIVE CARE UNI	INTERCOMPANY	475,197	475,197	4.08
4.09	34.02	PREMATURE INTENSIVE CARE UNI	INTERCOMPANY	662,092	662,092	4.09
4.10	50.00	OPERATING ROOM	INTERCOMPANY	527,907	527,907	4.10
4.11	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY	1,130,008	1,130,008	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	477,587	477,587	4.12
4.13	60.00	LABORATORY	INTERCOMPANY	4,690,915	4,690,915	4.13
4.14	66.00	PHYSICAL THERAPY	INTERCOMPANY	10,789	10,789	4.14
4.15	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	163,091	163,091	4.15
4.16	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY	259,351	259,351	4.16
4.17	75.01	CARDIAC CATHETERIZATION LABORA	INTERCOMPANY	175,532	175,532	4.17
4.18	91.00	EMERGENCY	INTERCOMPANY	804,837	804,837	4.18
4.19	192.01	OTHER NON-REIMBURSABLE	INTERCOMPANY	125,980	125,980	4.19
4.20	192.02	CHILD BIRTH EDUCATION	INTERCOMPANY	27,400	27,400	4.20
4.21	192.05	PHYSICIAN PRACTICE	INTERCOMPANY	246,653	246,653	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			72,086,234	56,280,743	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	B		0.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 12:33 pm

	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	-1,349,586	9		1.00
2.00	6,226,563	9		2.00
3.00	310,676	9		3.00
4.00	11,197,465	0		4.00
4.01	5,807,432	0		4.01
4.02	845,829	0		4.02
4.03	1,629,771	0		4.03
4.04	-8,862,659	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	0	0		4.10
4.11	0	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
5.00	15,805,491			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0161

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 12:33 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	1,680,025	1,680,025	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,865,748	3,865,748	0	179,000	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	450,881	450,881	0	169,700	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	1,658,892	1,658,892	0	169,700	0	4.00
5.00	50.00	OPERATING ROOM	1,063,129	1,063,129	0	246,400	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,235,886	1,235,886	0	237,100	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	11,540	11,540	0	271,900	0	7.00
8.00	91.00	EMERGENCY	706,525	706,525	0	211,500	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			10,672,626	10,672,626	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	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			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,680,025	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,865,748	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	450,881	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,658,892	4.00
5.00	50.00	OPERATING ROOM	0	0	0	1,063,129	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,235,886	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	11,540	7.00
8.00	91.00	EMERGENCY	0	0	0	706,525	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	0	0	10,672,626	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	7,743,567	7,743,567				1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST	13,384,879	0	13,384,879			1.01	
1.02 00102 MOB LEASED SPACE	490,250	0	0	490,250		1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	5,218,760				5,218,760	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	11,989,994	12,747	22,033	3,682	1,494	4.00	
5.01 00540 NONPATIENT TELEPHONES	2,446	0	0	0	4,790	5.01	
5.02 00550 DATA PROCESSING	5,807,433	109,009	188,424	1,391	6,112	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	891,931	202,550	350,111	708	6,773	5.03	
5.04 00570 ADMITTING	2,684,183	61,800	106,822	0	252,913	5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL	20,696,549	84,876	146,710	63,621	123,530	5.05	
6.00 00600 MAINTENANCE & REPAIRS	4,920,996	112,715	194,829	0	127,563	6.00	
7.00 00700 OPERATION OF PLANT	2,841,987	1,253,718	2,167,072	6,181	28,507	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	123,748	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	5,755,973	103,334	178,614	853	98,986	9.00	
10.00 01000 DIETARY	1,151,803	46,153	79,776	0	1,061	10.00	
11.00 01100 CAFETERIA	1,171,331	302,017	522,041	0	32,596	11.00	
13.00 01300 NURSING ADMINISTRATION	3,242,623	51,542	89,090	13,985	8,632	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	8,901,692	309,321	534,666	0	82,478	14.00	
15.00 01500 PHARMACY	3,185,049	112,231	193,994	0	128,667	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	97,477	19,603	33,885	857	1,040	16.00	
17.00 01700 SOCIAL SERVICE	575,899	11,225	19,402	0	0	17.00	
18.00 01850 PATIENT TRANSPORTATION	208,859	0	0	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	13,015,750	1,488,116	2,572,233	0	269,096	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	1,080,677	138,494	239,390	0	22,736	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	1,819,285	382,077	660,426	1,783	65,744	34.02	
43.00 04300 NURSERY	1,342,232	180,333	311,708	0	3,806	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,767,290	820,852	1,418,855	0	1,590,498	50.00	
51.00 05100 RECOVERY ROOM	2,183,594	160,157	276,833	0	42,179	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,045,835	505,694	874,101	0	99,662	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,462,081	327,331	565,797	82,219	1,450,022	54.00	
56.00 05600 RADIOISOTOPE	250,753	22,342	38,619	0	0	56.00	
60.00 06000 LABORATORY	5,746,734	163,630	282,836	0	1,904	60.00	
65.00 06500 RESPIRATORY THERAPY	2,045,463	32,081	55,453	0	60,442	65.00	
66.00 06600 PHYSICAL THERAPY	2,668,836	5,979	10,336	140,770	9,506	66.00	
67.00 06700 OCCUPATIONAL THERAPY	507,036	0	0	0	211	67.00	
68.00 06800 SPEECH PATHOLOGY	246,855	0	0	0	1,536	68.00	
69.00 06900 ELECTROCARDIOLOGY	532,050	45,025	77,826	0	202,033	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	458,270	15,146	26,179	0	33,476	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,064,833	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	10,093,580	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	3,931,534	0	0	0	0	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	1,703,416	276,881	478,594	0	368,400	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	2,521,740	244,030	421,810	0	60,284	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	168,575,273	7,601,009	13,138,465	316,050	5,186,677	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	1,448,372	47,621	82,313	8,393	7,314	192.01	
192.02 19202 CHILDBIRTH EDUCATION	180,258	0	0	0	0	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	94,937	164,101	0	962	192.04	
192.05 19205 PHYSICIAN PRACTICE	1,842,687	0	0	165,807	23,807	192.05	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	172,046,590	7,743,567	13,384,879	490,250	5,218,760	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B Part I Date/Time Prepared: 5/29/2019 12:33 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,029,950					4.00
5.01	00540	NONPATIENT TELEPHONES	0	7,236				5.01
5.02	00550	DATA PROCESSING	0	0	6,112,369			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	57	0	0	1,452,130		5.03
5.04	00570	ADMINISTRATIVE	166,965	89	75,316	348	3,348,436	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	807,287	255	215,033	1,159	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	414,910	250	210,982	5,924	0	6.00
7.00	00700	OPERATION OF PLANT	245,269	162	136,695	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	299,828	364	307,170	504	0	9.00
10.00	01000	DIETARY	152,275	170	143,424	635	0	10.00
11.00	01100	CAFETERIA	254,599	267	225,194	47	0	11.00
13.00	01300	NURSING ADMINISTRATION	609,435	306	258,081	22	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	178,994	166	139,991	26,501	0	14.00
15.00	01500	PHARMACY	531,309	217	183,657	10,774	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	78,879	43	36,594	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	39,812	54	46,000	187	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,325,703	1,510	1,277,565	74,977	321,441	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	206,330	118	99,415	3,963	31,187	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	527,481	286	241,397	11,555	96,130	34.02
43.00	04300	NURSERY	216,956	130	110,194	0	33,656	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	847,823	525	443,728	235,579	760,491	50.00
51.00	05100	RECOVERY ROOM	409,375	219	184,961	15,873	120,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	660,819	304	256,570	20,014	173,672	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	709,072	404	341,292	20,837	223,827	54.00
56.00	05600	RADIOISOTOPE	47,926	22	18,331	225	36,686	56.00
60.00	06000	LABORATORY	136,488	251	212,081	697	174,314	60.00
65.00	06500	RESPIRATORY THERAPY	384,774	132	111,773	17,436	53,628	65.00
66.00	06600	PHYSICAL THERAPY	471,136	240	202,469	2,220	47,235	66.00
67.00	06700	OCCUPATIONAL THERAPY	96,739	48	40,233	842	14,381	67.00
68.00	06800	SPEECH PATHOLOGY	49,142	23	19,361	146	5,741	68.00
69.00	06900	ELECTROCARDIOLOGY	68,938	36	30,003	68	49,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,875	12	10,024	780	14,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	321,736	124,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	636,042	353,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	216,927	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	276,848	146	123,445	22,997	142,361	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	454,423	264	222,928	19,591	353,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,691,467	7,013	5,923,907	1,451,679	3,348,436	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	71,263	54	45,725	39	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	35,756	21	17,713	0	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	231,464	148	125,024	412	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,029,950	7,236	6,112,369	1,452,130	3,348,436	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5A. 04	5. 05	6. 00	7. 00	8. 00		
GENERAL SERVICE COST CENTERS								
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00	
1. 01	00101	NEW CAP REL COSTS-INTEREST					1. 01	
1. 02	00102	MOB LEASED SPACE					1. 02	
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00	
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT					4. 00	
5. 01	00540	NONPATIENT TELEPHONES					5. 01	
5. 02	00550	DATA PROCESSING					5. 02	
5. 03	00560	PURCHASING RECEIVING AND STORES					5. 03	
5. 04	00570	ADMITTING					5. 04	
5. 05	00590	OTHER ADMINISTRATIVE & GENERAL	22,139,020	22,139,020			5. 05	
6. 00	00600	MAINTENANCE & REPAIRS	5,988,169	884,357	6,872,526		6. 00	
7. 00	00700	OPERATION OF PLANT	6,679,591	986,469	1,203,403	8,869,463	7. 00	
8. 00	00800	LAUNDRY & LINEN SERVICE	123,748	18,276	0	142,024	8. 00	
9. 00	00900	HOUSEKEEPING	6,745,626	996,221	99,187	155,180	9. 00	
10. 00	01000	DIETARY	1,575,297	232,646	44,301	69,309	10. 00	
11. 00	01100	CAFETERIA	2,508,092	370,405	289,896	453,548	11. 00	
13. 00	01300	NURSING ADMINISTRATION	4,273,716	631,159	49,473	77,402	13. 00	
14. 00	01400	CENTRAL SERVICES & SUPPLY	10,173,809	1,502,509	296,907	464,517	14. 00	
15. 00	01500	PHARMACY	4,345,898	641,820	107,727	168,541	15. 00	
16. 00	01600	MEDICAL RECORDS & LIBRARY	152,862	22,575	18,817	29,439	16. 00	
17. 00	01700	SOCIAL SERVICE	722,042	106,634	10,774	16,857	17. 00	
18. 00	01850	PATIENT TRANSPORTATION	294,912	43,554	0	0	18. 00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	21,346,391	3,152,590	1,428,395	2,234,750	97,269	30. 00
34. 00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34. 00
34. 01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,822,310	269,126	132,936	207,982	5,594	34. 01
34. 02	03402	PREMATURE INTENSIVE CARE UNIT	3,806,164	562,110	366,743	573,778	19,503	34. 02
43. 00	04300	NURSERY	2,199,015	324,759	173,096	270,812	19,658	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	10,885,641	1,607,635	787,908	1,232,700	0	50. 00
51. 00	05100	RECOVERY ROOM	3,393,718	501,198	153,729	240,512	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	5,636,671	832,446	485,399	759,418	0	52. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	8,182,882	1,208,481	314,194	491,564	0	54. 00
56. 00	05600	RADIOISOTOPE	414,904	61,275	21,446	33,552	0	56. 00
60. 00	06000	LABORATORY	6,718,935	992,279	157,063	245,728	0	60. 00
65. 00	06500	RESPIRATORY THERAPY	2,761,182	407,782	30,794	48,178	0	65. 00
66. 00	06600	PHYSICAL THERAPY	3,558,727	525,567	5,739	8,980	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	659,490	97,396	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	322,804	47,673	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	1,005,742	148,532	43,218	67,616	0	69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	580,108	85,673	14,538	22,745	0	70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,511,213	813,918	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	11,083,382	1,636,838	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	4,148,461	612,661	0	0	0	73. 00
75. 00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
75. 01	07501	CARDIAC CATHETERIZATION LABORATORY	3,393,088	501,105	265,769	415,802	0	75. 01
OUTPATIENT SERVICE COST CENTERS								
91. 00	09100	EMERGENCY	4,298,789	634,862	234,237	366,468	0	91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92. 00
SPECIAL PURPOSE COST CENTERS								
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	167,452,399	21,460,531	6,735,689	8,655,378	142,024	118. 00
NONREIMBURSABLE COST CENTERS								
192. 00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192. 00
192. 01	19201	OTHER NON-REIMBURSABLE	1,711,094	252,701	45,710	71,514	0	192. 01
192. 02	19202	CHILD BIRTH EDUCATION	233,748	34,521	0	0	0	192. 02
192. 04	19204	PHYSICIANS' PRIVATE OFFICES	260,000	38,398	91,127	142,571	0	192. 04
192. 05	19205	PHYSICIAN PRACTICE	2,389,349	352,869	0	0	0	192. 05
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)	172,046,590	22,139,020	6,872,526	8,869,463	142,024	202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-INTEREST						1.01
1.02	00102 MOB LEASED SPACE						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMI TTING						5.04
5.05	00590 OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING	7,996,214					9.00
10.00	01000 DIETARY	63,598	1,985,151				10.00
11.00	01100 CAFETERIA	416,175	0	4,038,116			11.00
13.00	01300 NURSING ADMINISTRATION	71,024	0	217,182	5,319,956		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	426,240	0	117,806	169	12,981,957	14.00
15.00	01500 PHARMACY	154,653	0	154,552	0	98,710	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	27,013	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	15,468	0	30,795	0	0	17.00
18.00	01850 PATIENT TRANSPORTATION	0	0	38,710	0	1,709	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,050,606	1,803,438	1,075,108	2,042,835	686,914	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	190,844	48,053	83,660	224,108	36,312	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	526,497	0	203,142	593,904	105,861	34.02
43.00	04300 NURSERY	248,496	0	92,731	202,644	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,131,123	0	373,410	582,412	2,158,305	50.00
51.00	05100 RECOVERY ROOM	220,694	1,593	155,650	384,500	145,428	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	696,841	98,410	215,911	481,174	183,367	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	451,058	0	287,207	83,998	190,898	54.00
56.00	05600 RADIOISOTOPE	30,788	0	15,426	0	2,058	56.00
60.00	06000 LABORATORY	225,480	0	178,472	121,012	6,386	60.00
65.00	06500 RESPIRATORY THERAPY	44,208	0	94,060	0	159,746	65.00
66.00	06600 PHYSICAL THERAPY	8,240	0	170,383	0	20,338	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	33,857	0	7,711	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	16,293	0	1,335	68.00
69.00	06900 ELECTROCARDIOLOGY	62,044	0	25,248	0	626	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	20,870	0	8,435	0	7,150	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,947,654	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,827,141	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	381,539	21,281	103,882	165,631	210,687	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	336,271	12,376	187,600	378,922	179,482	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,799,770	1,985,151	3,879,520	5,261,309	12,977,818	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	65,621	0	38,479	0	362	192.01
192.02	19202 CHILDBIRTH EDUCATION	0	0	14,906	9,465	0	192.02
192.04	19204 PHYSICIANS' PRIVATE OFFICES	130,823	0	0	0	0	192.04
192.05	19205 PHYSICIAN PRACTICE	0	0	105,211	49,182	3,777	192.05
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)	7,996,214	1,985,151	4,038,116	5,319,956	12,981,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal		
				PATIENT TRANSPORTATION				
	15.00	16.00	17.00	18.00		24.00		
GENERAL SERVICE COST CENTERS								
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01	
1.02 00102 MOB LEASED SPACE							1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00	
5.01 00540 NONPATIENT TELEPHONES							5.01	
5.02 00550 DATA PROCESSING							5.02	
5.03 00560 PURCHASING RECEIVING AND STORES							5.03	
5.04 00570 ADMITTING							5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL							5.05	
6.00 00600 MAINTENANCE & REPAIRS							6.00	
7.00 00700 OPERATION OF PLANT							7.00	
8.00 00800 LAUNDRY & LINEN SERVICE							8.00	
9.00 00900 HOUSEKEEPING							9.00	
10.00 01000 DIETARY							10.00	
11.00 01100 CAFETERIA							11.00	
13.00 01300 NURSING ADMINISTRATION							13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00	
15.00 01500 PHARMACY	5,671,901						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	250,706					16.00	
17.00 01700 SOCIAL SERVICE	0	0	902,570				17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	378,885			18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	158,575	24,081	618,145	36,371		36,755,468	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	2,336	35,553	3,529		3,062,343	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	12,171	7,202	123,945	10,877		6,911,897	34.02	
43.00 04300 NURSERY	0	2,521	124,927	3,808		3,662,467	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	142,654	56,825	0	86,060		19,044,673	50.00	
51.00 05100 RECOVERY ROOM	19,024	9,030	0	13,637		5,238,713	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	42,055	13,011	0	19,651		9,464,354	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	37,376	16,768	0	25,326		11,289,752	54.00	
56.00 05600 RADIOISOTOPE	16,242	2,748	0	4,151		602,590	56.00	
60.00 06000 LABORATORY	255	13,059	0	19,724		8,678,393	60.00	
65.00 06500 RESPIRATORY THERAPY	4,528	4,018	0	6,068		3,560,564	65.00	
66.00 06600 PHYSICAL THERAPY	55	3,539	0	5,345		4,306,913	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	1,077	0	1,627		801,158	67.00	
68.00 06800 SPEECH PATHOLOGY	0	430	0	650		389,185	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	3,728	0	5,631		1,362,385	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	18	1,075	0	1,623		742,235	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,338	0	14,103		9,296,226	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	26,503	0	40,028		18,613,892	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	5,110,564	16,252	0	24,545		9,912,483	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	22,877	10,665	0	16,108		5,508,434	75.01	
OUTPATIENT SERVICE COST CENTERS								
91.00 09100 EMERGENCY	105,225	26,500	0	40,023		6,800,755	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,671,619	250,706	902,570	378,885	166,004,880	118.00	
NONREIMBURSABLE COST CENTERS								
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	252	0	0	0		2,185,733	192.01	
192.02 19202 CHILDREN'S EDUCATION	0	0	0	0		292,640	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		662,919	192.04	
192.05 19205 PHYSICIAN PRACTICE	30	0	0	0		2,900,418	192.05	
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,671,901	250,706	902,570	378,885	172,046,590	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 36,755,468	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0 3,062,343	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0 6,911,897	34.02
43.00	04300	NURSERY	0 3,662,467	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 19,044,673	50.00
51.00	05100	RECOVERY ROOM	0 5,238,713	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 9,464,354	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 11,289,752	54.00
56.00	05600	RADIOISOTOPE	0 602,590	56.00
60.00	06000	LABORATORY	0 8,678,393	60.00
65.00	06500	RESPIRATORY THERAPY	0 3,560,564	65.00
66.00	06600	PHYSICAL THERAPY	0 4,306,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 801,158	67.00
68.00	06800	SPEECH PATHOLOGY	0 389,185	68.00
69.00	06900	ELECTROCARDIOLOGY	0 1,362,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 742,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 9,296,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 18,613,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 9,912,483	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0 5,508,434	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0 6,800,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0 166,004,880	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0 2,185,733	192.01
192.02	19202	CHILD BIRTH EDUCATION	0 292,640	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0 662,919	192.04
192.05	19205	PHYSICIAN PRACTICE	0 2,900,418	192.05
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118 through 201)	0 172,046,590	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 12:33 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,747	22,033	3,682	1,494	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	4,790	5.01
5.02	00550	DATA PROCESSING	0	109,009	188,424	1,391	6,112	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	202,550	350,111	708	6,773	5.03
5.04	00570	ADMITTING	0	61,800	106,822	0	252,913	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	84,876	146,710	63,621	123,530	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	112,715	194,829	0	127,563	6.00
7.00	00700	OPERATION OF PLANT	0	1,253,718	2,167,072	6,181	28,507	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	103,334	178,614	853	98,986	9.00
10.00	01000	DIETARY	0	46,153	79,776	0	1,061	10.00
11.00	01100	CAFETERIA	0	302,017	522,041	0	32,596	11.00
13.00	01300	NURSING ADMINISTRATION	0	51,542	89,090	13,985	8,632	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	309,321	534,666	0	82,478	14.00
15.00	01500	PHARMACY	0	112,231	193,994	0	128,667	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,603	33,885	857	1,040	16.00
17.00	01700	SOCIAL SERVICE	0	11,225	19,402	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,488,116	2,572,233	0	269,096	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	138,494	239,390	0	22,736	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	382,077	660,426	1,783	65,744	34.02
43.00	04300	NURSERY	0	180,333	311,708	0	3,806	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	820,852	1,418,855	0	1,590,498	50.00
51.00	05100	RECOVERY ROOM	0	160,157	276,833	0	42,179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	505,694	874,101	0	99,662	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	327,331	565,797	82,219	1,450,022	54.00
56.00	05600	RADIOISOTOPE	0	22,342	38,619	0	0	56.00
60.00	06000	LABORATORY	0	163,630	282,836	0	1,904	60.00
65.00	06500	RESPIRATORY THERAPY	0	32,081	55,453	0	60,442	65.00
66.00	06600	PHYSICAL THERAPY	0	5,979	10,336	140,770	9,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	211	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,025	77,826	0	202,033	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,146	26,179	0	33,476	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	276,881	478,594	0	368,400	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	244,030	421,810	0	60,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,601,009	13,138,465	316,050	5,186,677	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	47,621	82,313	8,393	7,314	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	0	0	0	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	94,937	164,101	0	962	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	0	165,807	23,807	192.05
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)	0	7,743,567	13,384,879	490,250	5,218,760	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	39,956	39,956				4.00
5.01	00540	NONPATIENT TELEPHONES	4,790	0	4,790			5.01
5.02	00550	DATA PROCESSING	304,936	0	0	304,936		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	560,142	0	0	0	560,142	5.03
5.04	00570	ADMINISTRATION	421,535	555	59	3,757	134	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	418,737	2,682	169	10,728	447	5.05
6.00	00600	MAINTENANCE & REPAIRS	435,107	1,378	165	10,526	2,285	6.00
7.00	00700	OPERATION OF PLANT	3,455,478	815	107	6,820	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	381,787	996	241	15,324	194	9.00
10.00	01000	DIETARY	126,990	506	112	7,155	245	10.00
11.00	01100	CAFETERIA	856,654	846	176	11,235	18	11.00
13.00	01300	NURSING ADMINISTRATION	163,249	2,024	202	12,875	9	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	926,465	595	110	6,984	10,222	14.00
15.00	01500	PHARMACY	434,892	1,765	144	9,162	4,156	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,385	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	30,627	262	29	1,826	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	132	36	2,295	72	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,329,445	7,720	1,000	63,734	28,922	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	400,620	685	78	4,960	1,529	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,110,030	1,752	189	12,043	4,457	34.02
43.00	04300	NURSERY	495,847	721	86	5,497	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,830,205	2,816	348	22,137	90,874	50.00
51.00	05100	RECOVERY ROOM	479,169	1,360	145	9,227	6,123	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,479,457	2,195	201	12,800	7,721	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,425,369	2,355	267	17,027	8,038	54.00
56.00	05600	RADIOISOTOPE	60,961	159	14	915	87	56.00
60.00	06000	LABORATORY	448,370	453	166	10,580	269	60.00
65.00	06500	RESPIRATORY THERAPY	147,976	1,278	88	5,576	6,726	65.00
66.00	06600	PHYSICAL THERAPY	166,591	1,565	159	10,101	856	66.00
67.00	06700	OCCUPATIONAL THERAPY	211	321	32	2,007	325	67.00
68.00	06800	SPEECH PATHOLOGY	1,536	163	15	966	56	68.00
69.00	06900	ELECTROCARDIOLOGY	324,884	229	24	1,497	26	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,801	73	8	500	301	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	124,109	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	245,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,123,875	920	97	6,158	8,871	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	726,124	1,510	175	11,122	7,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,242,201	38,831	4,642	295,534	559,968	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	145,641	237	36	2,281	15	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	119	14	884	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	260,000	0	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	189,614	769	98	6,237	159	192.05
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	26,837,456	39,956	4,790	304,936	560,142	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING	426,040				5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	432,763			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	17,288	466,749		6.00
7.00	00700	OPERATION OF PLANT	0	19,284	81,729	3,564,233	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	357	0	0	8.00
9.00	00900	HOUSEKEEPING	0	19,475	6,736	62,360	9.00
10.00	01000	DIETARY	0	4,548	3,009	27,852	10.00
11.00	01100	CAFETERIA	0	7,241	19,688	182,260	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,338	3,360	31,104	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,372	20,164	186,668	14.00
15.00	01500	PHARMACY	0	12,547	7,316	67,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	441	1,278	11,830	16.00
17.00	01700	SOCIAL SERVICE	0	2,085	732	6,774	17.00
18.00	01850	PATIENT TRANSPORTATION	0	851	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,917	61,602	97,012	898,047	245
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,970	5,261	9,028	83,578	14
34.02	03402	PREMATURE INTENSIVE CARE UNIT	12,237	10,988	24,907	230,575	49
43.00	04300	NURSERY	4,284	6,349	11,756	108,827	49
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	96,614	31,427	53,511	495,366	0
51.00	05100	RECOVERY ROOM	15,342	9,798	10,441	96,651	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,107	16,273	32,966	305,175	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,492	23,624	21,339	197,537	0
56.00	05600	RADIOISOTOPE	4,670	1,198	1,456	13,483	0
60.00	06000	LABORATORY	22,189	19,398	10,667	98,747	0
65.00	06500	RESPIRATORY THERAPY	6,826	7,972	2,091	19,360	0
66.00	06600	PHYSICAL THERAPY	6,013	10,274	390	3,608	0
67.00	06700	OCCUPATIONAL THERAPY	1,831	1,904	0	0	0
68.00	06800	SPEECH PATHOLOGY	731	932	0	0	0
69.00	06900	ELECTROCARDIOLOGY	6,334	2,904	2,935	27,172	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,826	1,675	987	9,140	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,866	15,911	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	45,031	31,998	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	27,613	11,977	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	18,121	9,796	18,050	167,092	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	45,026	12,411	15,908	147,267	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	426,040	419,499	457,456	3,478,202	357
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	4,940	3,104	28,738	0
192.02	19202	CHILD BIRTH EDUCATION	0	675	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	751	6,189	57,293	0
192.05	19205	PHYSICIAN PRACTICE	0	6,898	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	426,040	432,763	466,749	3,564,233	357

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	487,113				9.00
10.00	01000	DIETARY	3,874	174,291			10.00
11.00	01100	CAFETERIA	25,353	0	1,103,471		11.00
13.00	01300	NURSING ADMINISTRATION	4,327	0	59,348	288,836	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,966	0	32,192	9	1,238,747
15.00	01500	PHARMACY	9,421	0	42,234	0	9,419
16.00	01600	MEDICAL RECORDS & LIBRARY	1,646	0	0	0	0
17.00	01700	SOCIAL SERVICE	942	0	8,415	0	0
18.00	01850	PATIENT TRANSPORTATION	0	0	10,578	0	163
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	124,917	158,337	293,792	110,910	65,545
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	11,626	4,219	22,861	12,168	3,465
34.02	03402	PREMATURE INTENSIVE CARE UNIT	32,073	0	55,511	32,245	10,101
43.00	04300	NURSERY	15,138	0	25,340	11,002	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,906	0	102,039	31,621	205,945
51.00	05100	RECOVERY ROOM	13,444	140	42,533	20,876	13,877
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,450	8,640	59,001	26,124	17,497
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,478	0	78,483	4,561	18,215
56.00	05600	RADIOISOTOPE	1,876	0	4,215	0	196
60.00	06000	LABORATORY	13,736	0	48,770	6,570	609
65.00	06500	RESPIRATORY THERAPY	2,693	0	25,703	0	15,243
66.00	06600	PHYSICAL THERAPY	502	0	46,559	0	1,941
67.00	06700	OCCUPATIONAL THERAPY	0	0	9,252	0	736
68.00	06800	SPEECH PATHOLOGY	0	0	4,452	0	127
69.00	06900	ELECTROCARDIOLOGY	3,780	0	6,899	0	60
70.00	07000	ELECTROENCEPHALOGRAPHY	1,271	0	2,305	0	682
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	281,265
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	556,036
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	23,243	1,868	28,387	8,993	20,104
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	20,485	1,087	51,264	20,573	17,126
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	475,147	174,291	1,060,133	285,652	1,238,352
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	3,997	0	10,515	0	35
192.02	19202	CHILD BIRTH EDUCATION	0	0	4,073	514	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	7,969	0	0	0	0
192.05	19205	PHYSICIAN PRACTICE	0	0	28,750	2,670	360
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	487,113	174,291	1,103,471	288,836	1,238,747

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	598,785					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	70,580				16.00	
17.00 01700 SOCIAL SERVICE	0	0	51,692			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	14,127		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	16,741	6,748	35,402	1,350	6,342,386	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	655	2,036	131	566,884	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	1,285	2,018	7,099	404	1,547,963	34.02	
43.00 04300 NURSERY	0	707	7,155	141	692,899	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	15,060	16,247	0	3,262	5,066,378	50.00	
51.00 05100 RECOVERY ROOM	2,008	2,530	0	506	724,170	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,440	3,646	0	729	2,041,422	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,946	4,699	0	940	2,862,370	54.00	
56.00 05600 RADIOISOTOPE	1,715	770	0	154	91,869	56.00	
60.00 06000 LABORATORY	27	3,660	0	732	684,943	60.00	
65.00 06500 RESPIRATORY THERAPY	478	1,126	0	225	243,361	65.00	
66.00 06600 PHYSICAL THERAPY	6	992	0	198	249,755	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	302	0	60	16,981	67.00	
68.00 06800 SPEECH PATHOLOGY	0	121	0	24	9,123	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	1,045	0	209	377,998	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	2	301	0	60	93,932	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,617	0	523	440,291	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	7,427	0	1,485	887,316	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	539,523	4,554	0	911	584,578	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	2,415	2,989	0	598	1,441,577	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	11,109	7,426	0	1,485	1,097,655	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	598,755	70,580	51,692	14,127	26,063,851	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	27	0	0	0	199,566	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	6,279	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	332,202	192.04	
192.05 19205 PHYSICIAN PRACTICE	3	0	0	0	235,558	192.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	598,785	70,580	51,692	14,127	26,837,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01	
1.02	00102	MOB LEASED SPACE		1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00540	NONPATIENT TELEPHONES		5.01	
5.02	00550	DATA PROCESSING		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES		5.03	
5.04	00570	ADMITTING		5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
18.00	01850	PATIENT TRANSPORTATION		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,342,386	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	566,884	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,547,963	34.02
43.00	04300	NURSERY	0	692,899	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,066,378	50.00
51.00	05100	RECOVERY ROOM	0	724,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,041,422	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,862,370	54.00
56.00	05600	RADIOISOTOPE	0	91,869	56.00
60.00	06000	LABORATORY	0	684,943	60.00
65.00	06500	RESPIRATORY THERAPY	0	243,361	65.00
66.00	06600	PHYSICAL THERAPY	0	249,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,981	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	377,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	93,932	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	440,291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	887,316	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	584,578	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,441,577	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	1,097,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	26,063,851	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	199,566	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	6,279	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	332,202	192.04
192.05	19205	PHYSICIAN PRACTICE	0	235,558	192.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	26,837,456	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	432,539				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	432,539			1.01
1.02	00102	MOB LEASED SPACE	0	0	134,997		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				4,541,705	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	712	712	1,014	1,300	58,254,518
5.01	00540	NONPATIENT TELEPHONES	0	0	0	4,169	0
5.02	00550	DATA PROCESSING	6,089	6,089	383	5,319	0
5.03	00560	PURCHASING RECEIVING AND STORES	11,314	11,314	195	5,894	277
5.04	00570	ADMINISTRATIVE	3,452	3,452	0	220,101	808,521
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	4,741	4,741	17,519	107,504	3,909,249
6.00	00600	MAINTENANCE & REPAIRS	6,296	6,296	0	111,014	2,009,180
7.00	00700	OPERATION OF PLANT	70,030	70,030	1,702	24,809	1,187,705
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	5,772	5,772	235	86,144	1,451,900
10.00	01000	DIETARY	2,578	2,578	0	923	737,384
11.00	01100	CAFETERIA	16,870	16,870	0	28,367	1,232,881
13.00	01300	NURSING ADMINISTRATION	2,879	2,879	3,851	7,512	2,951,158
14.00	01400	CENTRAL SERVICES & SUPPLY	17,278	17,278	0	71,778	866,769
15.00	01500	PHARMACY	6,269	6,269	0	111,974	2,572,840
16.00	01600	MEDICAL RECORDS & LIBRARY	1,095	1,095	236	905	0
17.00	01700	SOCIAL SERVICE	627	627	0	0	381,969
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	192,790
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	83,123	83,123	0	234,185	11,262,171
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	7,736	7,736	0	19,786	999,141
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,342	21,342	491	57,215	2,554,303
43.00	04300	NURSERY	10,073	10,073	0	3,312	1,050,597
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,851	45,851	0	1,384,155	4,105,539
51.00	05100	RECOVERY ROOM	8,946	8,946	0	36,707	1,982,380
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,247	28,247	0	86,732	3,199,982
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,284	18,284	22,640	1,261,904	3,433,647
56.00	05600	RADIOISOTOPE	1,248	1,248	0	0	232,080
60.00	06000	LABORATORY	9,140	9,140	0	1,657	660,938
65.00	06500	RESPIRATORY THERAPY	1,792	1,792	0	52,601	1,863,251
66.00	06600	PHYSICAL THERAPY	334	334	38,763	8,273	2,281,455
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	184	468,455
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,337	237,968
69.00	06900	ELECTROCARDIOLOGY	2,515	2,515	0	175,822	333,830
70.00	07000	ELECTROENCEPHALOGRAPHY	846	846	0	29,133	105,930
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	15,466	15,466	0	320,606	1,340,624
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,631	13,631	0	52,463	2,200,521
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	424,576	424,576	87,029	4,513,785	56,615,435
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	2,660	2,660	2,311	6,365	345,087
192.02	19202	CHILDREN EDUCATION	0	0	0	0	173,145
192.04	19204	PHYSICIANS' PRIVATE OFFICES	5,303	5,303	0	837	0
192.05	19205	PHYSICIAN PRACTICE	0	0	45,657	20,718	1,120,851
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	7,743,567	13,384,879	490,250	5,218,760	12,029,950
203.00		Unit cost multiplier (Wkst. B, Part I)	17.902587	30.944907	3.631562	1.149075	0.206507
204.00		Cost to be allocated (per Wkst. B, Part II)					39,956
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000686
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					4.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	89,028					5.01
5.02	00550	0	89,028				5.02
5.03	00560	0	0	22,982,403			5.03
5.04	00570	1,097	1,097	5,515	740,003,201		5.04
5.05	00590	3,132	3,132	18,343	0	-22,139,020	5.05
6.00	00600	3,073	3,073	93,755	0	0	6.00
7.00	00700	1,991	1,991	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,474	4,474	7,979	0	0	9.00
10.00	01000	2,089	2,089	10,043	0	0	10.00
11.00	01100	3,280	3,280	737	0	0	11.00
13.00	01300	3,759	3,759	354	0	0	13.00
14.00	01400	2,039	2,039	419,419	0	0	14.00
15.00	01500	2,675	2,675	170,521	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	533	533	0	0	0	17.00
18.00	01850	670	670	2,952	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,608	18,608	1,186,640	71,036,676	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,448	1,448	62,729	6,892,068	0	34.01
34.02	03402	3,516	3,516	182,874	21,244,112	0	34.02
43.00	04300	1,605	1,605	0	7,437,744	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,463	6,463	3,728,460	168,082,179	0	50.00
51.00	05100	2,694	2,694	251,226	26,635,720	0	51.00
52.00	05200	3,737	3,737	316,765	38,380,483	0	52.00
54.00	05400	4,971	4,971	329,775	49,464,549	0	54.00
56.00	05600	267	267	3,555	8,107,426	0	56.00
60.00	06000	3,089	3,089	11,032	38,522,509	0	60.00
65.00	06500	1,628	1,628	275,961	11,851,398	0	65.00
66.00	06600	2,949	2,949	35,134	10,438,626	0	66.00
67.00	06700	586	586	13,321	3,178,031	0	67.00
68.00	06800	282	282	2,306	1,268,703	0	68.00
69.00	06900	437	437	1,081	10,997,328	0	69.00
70.00	07000	146	146	12,351	3,170,440	0	70.00
71.00	07100	0	0	5,092,056	27,545,686	0	71.00
72.00	07200	0	0	10,066,354	78,178,924	0	72.00
73.00	07300	0	0	0	47,939,768	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,798	1,798	363,961	31,460,900	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,247	3,247	310,055	78,169,931	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		86,283	86,283	22,975,254	740,003,201	-22,139,020	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	666	666	625	0	0	192.01
192.02	19202	258	258	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
192.05	19205	1,821	1,821	6,524	0	0	192.05
200.00							200.00
201.00							201.00
202.00		7,236	6,112,369	1,452,130	3,348,436		202.00
203.00		0.081278	68.656704	0.063184	0.004525		203.00
204.00		4,790	304,936	560,142	426,040		204.00
205.00		0.053803	3.425170	0.024373	0.000576		205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	149,907,570				5.05
6.00	00600	MAINTENANCE & REPAIRS	5,988,169	399,935			6.00
7.00	00700	OPERATION OF PLANT	6,679,591	70,030	329,905		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	123,748	0	0	33,104	8.00
9.00	00900	HOUSEKEEPING	6,745,626	5,772	5,772	0	324,133
10.00	01000	DIETARY	1,575,297	2,578	2,578	0	2,578
11.00	01100	CAFETERIA	2,508,092	16,870	16,870	0	16,870
13.00	01300	NURSING ADMINISTRATION	4,273,716	2,879	2,879	0	2,879
14.00	01400	CENTRAL SERVICES & SUPPLY	10,173,809	17,278	17,278	0	17,278
15.00	01500	PHARMACY	4,345,898	6,269	6,269	0	6,269
16.00	01600	MEDICAL RECORDS & LIBRARY	152,862	1,095	1,095	0	1,095
17.00	01700	SOCIAL SERVICE	722,042	627	627	0	627
18.00	01850	PATIENT TRANSPORTATION	294,912	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,346,391	83,123	83,123	22,672	83,123
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,822,310	7,736	7,736	1,304	7,736
34.02	03402	PREMATURE INTENSIVE CARE UNIT	3,806,164	21,342	21,342	4,546	21,342
43.00	04300	NURSERY	2,199,015	10,073	10,073	4,582	10,073
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,885,641	45,851	45,851	0	45,851
51.00	05100	RECOVERY ROOM	3,393,718	8,946	8,946	0	8,946
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,636,671	28,247	28,247	0	28,247
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,182,882	18,284	18,284	0	18,284
56.00	05600	RADIOISOTOPE	414,904	1,248	1,248	0	1,248
60.00	06000	LABORATORY	6,718,935	9,140	9,140	0	9,140
65.00	06500	RESPIRATORY THERAPY	2,761,182	1,792	1,792	0	1,792
66.00	06600	PHYSICAL THERAPY	3,558,727	334	334	0	334
67.00	06700	OCCUPATIONAL THERAPY	659,490	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	322,804	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,005,742	2,515	2,515	0	2,515
70.00	07000	ELECTROENCEPHALOGRAPHY	580,108	846	846	0	846
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,511,213	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,083,382	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,148,461	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,393,088	15,466	15,466	0	15,466
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,298,789	13,631	13,631	0	13,631
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,313,379	391,972	321,942	33,104	316,170
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	1,711,094	2,660	2,660	0	2,660
192.02	19202	CHILD BIRTH EDUCATION	233,748	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	260,000	5,303	5,303	0	5,303
192.05	19205	PHYSICIAN PRACTICE	2,389,349	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	22,139,020	6,872,526	8,869,463	142,024	7,996,214
203.00		Unit cost multiplier (Wkst. B, Part I)	0.147684	17.184107	26.884900	4.290237	24.669546
204.00		Cost to be allocated (per Wkst. B, Part II)	432,763	466,749	3,564,233	357	487,113
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002887	1.167062	10.803816	0.010784	1.502818
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	69,776					10.00
11.00	01100	0	69,892				11.00
13.00	01300	0	3,759	31,477			13.00
14.00	01400	0	2,039	1	22,426,258		14.00
15.00	01500	0	2,675	0	170,521	4,363,367	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	533	0	0	0	17.00
18.00	01850	0	670	0	2,952	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,389	18,608	12,087	1,186,640	121,991	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,689	1,448	1,326	62,729	0	34.01
34.02	03402	0	3,516	3,514	182,874	9,363	34.02
43.00	04300	0	1,605	1,199	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,463	3,446	3,728,460	109,743	50.00
51.00	05100	56	2,694	2,275	251,226	14,635	51.00
52.00	05200	3,459	3,737	2,847	316,765	32,353	52.00
54.00	05400	0	4,971	497	329,775	28,753	54.00
56.00	05600	0	267	0	3,555	12,495	56.00
60.00	06000	0	3,089	716	11,032	196	60.00
65.00	06500	0	1,628	0	275,961	3,483	65.00
66.00	06600	0	2,949	0	35,134	42	66.00
67.00	06700	0	586	0	13,321	0	67.00
68.00	06800	0	282	0	2,306	0	68.00
69.00	06900	0	437	0	1,081	0	69.00
70.00	07000	0	146	0	12,351	14	70.00
71.00	07100	0	0	0	5,092,056	0	71.00
72.00	07200	0	0	0	10,066,354	0	72.00
73.00	07300	0	0	0	0	3,931,534	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	748	1,798	980	363,961	17,599	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	435	3,247	2,242	310,055	80,949	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		69,776	67,147	31,130	22,419,109	4,363,150	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	666	0	625	194	192.01
192.02	19202	0	258	56	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	1,821	291	6,524	23	192.05
200.00							200.00
201.00							201.00
202.00		1,985,151	4,038,116	5,319,956	12,981,957	5,671,901	202.00
203.00		28.450341	57.776512	169.010897	0.578873	1.299891	203.00
204.00		174,291	1,103,471	288,836	1,238,747	598,785	204.00
205.00		2.497865	15.788230	9.176097	0.055236	0.137230	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	740,003,201				16.00
17.00 01700 SOCIAL SERVICE	0	33,104			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	740,003,201		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	71,036,676	22,672	71,036,676		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	6,892,068	1,304	6,892,068		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	21,244,112	4,546	21,244,112		34.02
43.00 04300 NURSERY	7,437,744	4,582	7,437,744		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	168,082,179	0	168,082,179		50.00
51.00 05100 RECOVERY ROOM	26,635,720	0	26,635,720		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	38,380,483	0	38,380,483		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	49,464,549	0	49,464,549		54.00
56.00 05600 RADIOISOTOPE	8,107,426	0	8,107,426		56.00
60.00 06000 LABORATORY	38,522,509	0	38,522,509		60.00
65.00 06500 RESPIRATORY THERAPY	11,851,398	0	11,851,398		65.00
66.00 06600 PHYSICAL THERAPY	10,438,626	0	10,438,626		66.00
67.00 06700 OCCUPATIONAL THERAPY	3,178,031	0	3,178,031		67.00
68.00 06800 SPEECH PATHOLOGY	1,268,703	0	1,268,703		68.00
69.00 06900 ELECTROCARDIOLOGY	10,997,328	0	10,997,328		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,170,440	0	3,170,440		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	27,545,686	0	27,545,686		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	78,178,924	0	78,178,924		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	47,939,768	0	47,939,768		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	31,460,900	0	31,460,900		75.01
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	78,169,931	0	78,169,931		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	740,003,201	33,104	740,003,201	118.00
NONREIMBURSABLE COST CENTERS					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 CHILDBIRTH EDUCATION	0	0	0		192.02
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0		192.05
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)	250,706	902,570	378,885	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000339	27.264681	0.000512	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	70,580	51,692	14,127	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000095	1.561503	0.000019	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		36,755,468	0	36,755,468	30.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		3,062,343	0	3,062,343	34.01	
34.02	03402 PREMATURE INTENSIVE CARE UNIT		6,911,897	0	6,911,897	34.02	
43.00	04300 NURSERY		3,662,467	0	3,662,467	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		19,044,673	0	19,044,673	50.00	
51.00	05100 RECOVERY ROOM		5,238,713	0	5,238,713	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,464,354	0	9,464,354	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,289,752	0	11,289,752	54.00	
56.00	05600 RADIOISOTOPE		602,590	0	602,590	56.00	
60.00	06000 LABORATORY		8,678,393	0	8,678,393	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,560,564	0	3,560,564	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,306,913	0	4,306,913	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	801,158	0	801,158	67.00	
68.00	06800 SPEECH PATHOLOGY	0	389,185	0	389,185	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,362,385	0	1,362,385	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		742,235	0	742,235	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,296,226	0	9,296,226	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		18,613,892	0	18,613,892	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		9,912,483	0	9,912,483	73.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	07501 CARDIAC CATHETERIZATION LABORATORY		5,508,434	0	5,508,434	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		6,800,755	0	6,800,755	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,183,614	0	2,183,614	92.00	
200.00	Subtotal (see instructions)		168,188,494	0	168,188,494	200.00	
201.00	Less Observation Beds		2,183,614	0	2,183,614	201.00	
202.00	Total (see instructions)		166,004,880	0	166,004,880	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 12:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,325,160		62,325,160	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	6,892,068		6,892,068	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,244,112		21,244,112	34.02
43.00	04300	NURSERY	7,437,744		7,437,744	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	68,056,966	100,025,213	168,082,179	50.00
51.00	05100	RECOVERY ROOM	7,577,743	19,057,977	26,635,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,310,884	7,069,599	38,380,483	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,926,232	40,538,317	49,464,549	54.00
56.00	05600	RADIOISOTOPE	694,209	7,413,217	8,107,426	56.00
60.00	06000	LABORATORY	16,641,835	21,880,674	38,522,509	60.00
65.00	06500	RESPIRATORY THERAPY	8,869,129	2,982,269	11,851,398	65.00
66.00	06600	PHYSICAL THERAPY	3,927,672	6,510,954	10,438,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,087,122	1,090,909	3,178,031	67.00
68.00	06800	SPEECH PATHOLOGY	458,606	810,097	1,268,703	68.00
69.00	06900	ELECTROCARDIOLOGY	3,540,406	7,456,922	10,997,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,276,684	1,893,756	3,170,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,164,595	14,381,091	27,545,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	52,882,199	25,296,725	78,178,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,358,649	15,581,119	47,939,768	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,780,889	18,680,011	31,460,900	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	14,204,435	63,965,496	78,169,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	188,595	8,522,921	8,711,516	92.00
200.00		Subtotal (see instructions)	376,845,934	363,157,267	740,003,201	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	376,845,934	363,157,267	740,003,201	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 12:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.113306	50.00
51.00	05100	RECOVERY ROOM	0.196680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.246593	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228239	54.00
56.00	05600	RADIOISOTOPE	0.074326	56.00
60.00	06000	LABORATORY	0.225281	60.00
65.00	06500	RESPIRATORY THERAPY	0.300434	65.00
66.00	06600	PHYSICAL THERAPY	0.412594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252093	67.00
68.00	06800	SPEECH PATHOLOGY	0.306758	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.238093	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206770	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.175088	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.087000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.250658	92.00
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: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 12:33 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,755,468		36,755,468	0	36,755,468	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,062,343		3,062,343	0	3,062,343	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	6,911,897		6,911,897	0	6,911,897	34.02
43.00	04300	NURSERY	3,662,467		3,662,467	0	3,662,467	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,044,673		19,044,673	0	19,044,673	50.00
51.00	05100	RECOVERY ROOM	5,238,713		5,238,713	0	5,238,713	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,464,354		9,464,354	0	9,464,354	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,289,752		11,289,752	0	11,289,752	54.00
56.00	05600	RADIOISOTOPE	602,590		602,590	0	602,590	56.00
60.00	06000	LABORATORY	8,678,393		8,678,393	0	8,678,393	60.00
65.00	06500	RESPIRATORY THERAPY	3,560,564	0	3,560,564	0	3,560,564	65.00
66.00	06600	PHYSICAL THERAPY	4,306,913	0	4,306,913	0	4,306,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	801,158	0	801,158	0	801,158	67.00
68.00	06800	SPEECH PATHOLOGY	389,185	0	389,185	0	389,185	68.00
69.00	06900	ELECTROCARDIOLOGY	1,362,385		1,362,385	0	1,362,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	742,235		742,235	0	742,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,296,226		9,296,226	0	9,296,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,613,892		18,613,892	0	18,613,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,912,483		9,912,483	0	9,912,483	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,508,434		5,508,434	0	5,508,434	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,800,755		6,800,755	0	6,800,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,183,614		2,183,614	0	2,183,614	92.00
200.00		Subtotal (see instructions)	168,188,494	0	168,188,494	0	168,188,494	200.00
201.00		Less Observation Beds	2,183,614		2,183,614	0	2,183,614	201.00
202.00		Total (see instructions)	166,004,880	0	166,004,880	0	166,004,880	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 12:33 pm
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,325,160		62,325,160	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	6,892,068		6,892,068	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,244,112		21,244,112	34.02
43.00	04300	NURSERY	7,437,744		7,437,744	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	68,056,966	100,025,213	168,082,179	50.00
51.00	05100	RECOVERY ROOM	7,577,743	19,057,977	26,635,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,310,884	7,069,599	38,380,483	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,926,232	40,538,317	49,464,549	54.00
56.00	05600	RADIOISOTOPE	694,209	7,413,217	8,107,426	56.00
60.00	06000	LABORATORY	16,641,835	21,880,674	38,522,509	60.00
65.00	06500	RESPIRATORY THERAPY	8,869,129	2,982,269	11,851,398	65.00
66.00	06600	PHYSICAL THERAPY	3,927,672	6,510,954	10,438,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,087,122	1,090,909	3,178,031	67.00
68.00	06800	SPEECH PATHOLOGY	458,606	810,097	1,268,703	68.00
69.00	06900	ELECTROCARDIOLOGY	3,540,406	7,456,922	10,997,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,276,684	1,893,756	3,170,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,164,595	14,381,091	27,545,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	52,882,199	25,296,725	78,178,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,358,649	15,581,119	47,939,768	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,780,889	18,680,011	31,460,900	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	14,204,435	63,965,496	78,169,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	188,595	8,522,921	8,711,516	92.00
200.00		Subtotal (see instructions)	376,845,934	363,157,267	740,003,201	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	376,845,934	363,157,267	740,003,201	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 12:33 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.113306	50.00
51.00	05100	RECOVERY ROOM	0.196680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.246593	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228239	54.00
56.00	05600	RADIOISOTOPE	0.074326	56.00
60.00	06000	LABORATORY	0.225281	60.00
65.00	06500	RESPIRATORY THERAPY	0.300434	65.00
66.00	06600	PHYSICAL THERAPY	0.412594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252093	67.00
68.00	06800	SPEECH PATHOLOGY	0.306758	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.238093	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206770	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.175088	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.087000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.250658	92.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/29/2019 12:33 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,044,673	5,066,378	13,978,295	0	0	50.00
51.00	05100	RECOVERY ROOM	5,238,713	724,170	4,514,543	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,464,354	2,041,422	7,422,932	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,289,752	2,862,370	8,427,382	0	0	54.00
56.00	05600	RADIOISOTOPE	602,590	91,869	510,721	0	0	56.00
60.00	06000	LABORATORY	8,678,393	684,943	7,993,450	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,560,564	243,361	3,317,203	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,306,913	249,755	4,057,158	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	801,158	16,981	784,177	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	389,185	9,123	380,062	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,362,385	377,998	984,387	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	742,235	93,932	648,303	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,296,226	440,291	8,855,935	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,613,892	887,316	17,726,576	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,912,483	584,578	9,327,905	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,508,434	1,441,577	4,066,857	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,800,755	1,097,655	5,703,100	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,183,614	376,796	1,806,818	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	117,796,319	17,290,515	100,505,804	0	0	200.00
201.00		Less Observation Beds	2,183,614	376,796	1,806,818	0	0	201.00
202.00		Total (line 200 minus line 201)	115,612,705	16,913,719	98,698,986	0	0	202.00

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

Provider CCN: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/29/2019 12:33 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	19,044,673	168,082,179	0.113306	50.00
51.00	05100 RECOVERY ROOM	5,238,713	26,635,720	0.196680	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,464,354	38,380,483	0.246593	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,289,752	49,464,549	0.228239	54.00
56.00	05600 RADIOISOTOPE	602,590	8,107,426	0.074326	56.00
60.00	06000 LABORATORY	8,678,393	38,522,509	0.225281	60.00
65.00	06500 RESPIRATORY THERAPY	3,560,564	11,851,398	0.300434	65.00
66.00	06600 PHYSICAL THERAPY	4,306,913	10,438,626	0.412594	66.00
67.00	06700 OCCUPATIONAL THERAPY	801,158	3,178,031	0.252093	67.00
68.00	06800 SPEECH PATHOLOGY	389,185	1,268,703	0.306758	68.00
69.00	06900 ELECTROCARDIOLOGY	1,362,385	10,997,328	0.123883	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	742,235	3,170,440	0.234111	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,296,226	27,545,686	0.337484	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	18,613,892	78,178,924	0.238093	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,912,483	47,939,768	0.206770	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,508,434	31,460,900	0.175088	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	6,800,755	78,169,931	0.087000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,183,614	8,711,516	0.250658	92.00
200.00	Subtotal (sum of lines 50 thru 199)	117,796,319	642,104,117		200.00
201.00	Less Observation Beds	2,183,614	0		201.00
202.00	Total (line 200 minus line 201)	115,612,705	642,104,117		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,342,386	0	6,342,386	24,104	263.13	30.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	PEDIATRIC INTENSIVE CARE UNIT	566,884		566,884	1,304	434.73	34.01	
34.02	PREMATURE INTENSIVE CARE UNIT	1,547,963		1,547,963	4,546	340.51	34.02	
43.00	NURSERY	692,899		692,899	4,582	151.22	43.00	
200.00	Total (lines 30 through 199)	9,150,132		9,150,132	34,536		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,608	1,738,763					30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					34.01
34.02	PREMATURE INTENSIVE CARE UNIT	0	0					34.02
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	6,608	1,738,763					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 12:33 pm
--	--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,066,378	168,082,179	0.030142	23,363,673	704,228	50.00
51.00	05100	RECOVERY ROOM	724,170	26,635,720	0.027188	2,499,351	67,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,041,422	38,380,483	0.053189	90,608	4,819	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,862,370	49,464,549	0.057867	3,522,768	203,852	54.00
56.00	05600	RADIOISOTOPE	91,869	8,107,426	0.011331	332,155	3,764	56.00
60.00	06000	LABORATORY	684,943	38,522,509	0.017780	4,808,507	85,495	60.00
65.00	06500	RESPIRATORY THERAPY	243,361	11,851,398	0.020534	1,445,771	29,687	65.00
66.00	06600	PHYSICAL THERAPY	249,755	10,438,626	0.023926	1,628,240	38,957	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,981	3,178,031	0.005343	892,888	4,771	67.00
68.00	06800	SPEECH PATHOLOGY	9,123	1,268,703	0.007191	184,437	1,326	68.00
69.00	06900	ELECTROCARDIOLOGY	377,998	10,997,328	0.034372	1,594,669	54,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	93,932	3,170,440	0.029627	344,784	10,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,291	27,545,686	0.015984	4,243,072	67,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	887,316	78,178,924	0.011350	23,207,522	263,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	584,578	47,939,768	0.012194	8,508,956	103,758	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,441,577	31,460,900	0.045821	6,265,727	287,102	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,097,655	78,169,931	0.014042	6,074,896	85,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	376,796	8,711,516	0.043253	60,182	2,603	92.00
200.00		Total (lines 50 through 199)	17,290,515	642,104,117		89,068,206	2,019,871	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 12:33 pm
---	--	-----------------------	---	--

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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
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 col. 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	24,104	0.00	6,608	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	1,304	0.00	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,546	0.00	0	34.02	
43.00	04300	NURSERY		0	4,582	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	34,536		6,608	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
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: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	---

Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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 PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	---

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	168,082,179	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	26,635,720	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,380,483	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,464,549	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	8,107,426	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	38,522,509	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,851,398	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,438,626	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,178,031	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,268,703	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,997,328	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,170,440	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,545,686	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	78,178,924	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,939,768	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	31,460,900	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	78,169,931	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,711,516	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	642,104,117		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	---

Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	23,363,673	0	15,146,531	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,499,351	0	2,803,773	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	90,608	0	36,821	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,522,768	0	6,745,015	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	332,155	0	2,478,712	0	56.00
60.00	06000 LABORATORY	0.000000	4,808,507	0	2,256,003	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,445,771	0	863,034	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,628,240	0	90,397	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	892,888	0	45,477	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	184,437	0	5,060	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,594,669	0	2,345,825	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	344,784	0	144,732	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,243,072	0	2,523,613	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	23,207,522	0	5,883,578	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,508,956	0	2,540,150	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	6,265,727	0	5,210,941	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	6,074,896	0	9,972,027	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	60,182	0	1,376,954	0	92.00
200.00	Total (lines 50 through 199)		89,068,206	0	60,468,643	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	--

		Title XVIII			Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.113306	15,146,531	0	0	1,716,193	50.00
51.00	05100	RECOVERY ROOM	0.196680	2,803,773	0	0	551,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.246593	36,821	0	0	9,080	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228239	6,745,015	0	0	1,539,475	54.00
56.00	05600	RADIOISOTOPE	0.074326	2,478,712	0	0	184,233	56.00
60.00	06000	LABORATORY	0.225281	2,256,003	0	0	508,235	60.00
65.00	06500	RESPIRATORY THERAPY	0.300434	863,034	0	0	259,285	65.00
66.00	06600	PHYSICAL THERAPY	0.412594	90,397	0	0	37,297	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252093	45,477	0	0	11,464	67.00
68.00	06800	SPEECH PATHOLOGY	0.306758	5,060	0	0	1,552	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123883	2,345,825	0	0	290,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234111	144,732	0	0	33,883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337484	2,523,613	0	0	851,679	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.238093	5,883,578	0	0	1,400,839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206770	2,540,150	0	56,013	525,227	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.175088	5,210,941	0	0	912,373	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.087000	9,972,027	0	0	867,566	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.250658	1,376,954	12	80	345,145	92.00
200.00		Subtotal (see instructions)		60,468,643	12	56,093	10,045,580	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		60,468,643	12	56,093	10,045,580	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 12:33 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
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 PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,582	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3	20	92.00
200.00	Subtotal (see instructions)	3	11,602	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	3	11,602	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,342,386	0	6,342,386	24,104	263.13	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	566,884		566,884	1,304	434.73	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,547,963		1,547,963	4,546	340.51	34.02
43.00	NURSERY	692,899		692,899	4,582	151.22	43.00
200.00	Total (lines 30 through 199)	9,150,132		9,150,132	34,536		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	154	40,522				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	209	90,859				
34.02	PREMATURE INTENSIVE CARE UNIT	14	4,767				
43.00	NURSERY	768	116,137				
200.00	Total (lines 30 through 199)	1,145	252,285				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	---

Cost Center Description		Title XIX			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	5,066,378	168,082,179	0.030142	225,710	6,803	50.00
51.00	05100	RECOVERY ROOM	724,170	26,635,720	0.027188	25,274	687	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,041,422	38,380,483	0.053189	206,659	10,992	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,862,370	49,464,549	0.057867	160,949	9,314	54.00
56.00	05600	RADIOISOTOPE	91,869	8,107,426	0.011331	0	0	56.00
60.00	06000	LABORATORY	684,943	38,522,509	0.017780	382,378	6,799	60.00
65.00	06500	RESPIRATORY THERAPY	243,361	11,851,398	0.020534	1,195,431	24,547	65.00
66.00	06600	PHYSICAL THERAPY	249,755	10,438,626	0.023926	54,761	1,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,981	3,178,031	0.005343	33,380	178	67.00
68.00	06800	SPEECH PATHOLOGY	9,123	1,268,703	0.007191	10,980	79	68.00
69.00	06900	ELECTROCARDIOLOGY	377,998	10,997,328	0.034372	46,733	1,606	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	93,932	3,170,440	0.029627	32,579	965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,291	27,545,686	0.015984	190,179	3,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	887,316	78,178,924	0.011350	19,665	223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	584,578	47,939,768	0.012194	990,168	12,074	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,441,577	31,460,900	0.045821	152,081	6,969	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,097,655	78,169,931	0.014042	214,825	3,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	376,796	8,711,516	0.043253	3,858	167	92.00
200.00		Total (lines 50 through 199)	17,290,515	642,104,117		3,945,610	88,770	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 12:33 pm
---	--	-----------------------	---	--

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
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 col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	24,104	0.00	154	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	1,304	0.00	209	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,546	0.00	14	34.02	
43.00	04300	NURSERY		0	4,582	0.00	768	43.00	
200.00		Total (lines 30 through 199)		0	34,536		1,145	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
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: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	---

Cost Center Description	Title XIX				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
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 PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	---

Cost Center Description	Title XIX			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	168,082,179	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	26,635,720	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,380,483	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,464,549	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	8,107,426	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	38,522,509	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,851,398	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,438,626	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,178,031	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,268,703	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,997,328	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,170,440	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,545,686	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	78,178,924	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,939,768	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	31,460,900	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	78,169,931	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,711,516	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	642,104,117		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	225,710	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	25,274	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	206,659	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	160,949	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00	06000 LABORATORY	0.000000	382,378	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,195,431	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	54,761	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	33,380	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	10,980	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	46,733	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	32,579	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	190,179	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	19,665	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	990,168	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	152,081	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	214,825	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,858	0	0	0	92.00
200.00	Total (lines 50 through 199)		3,945,610	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 12:33 pm
--	-----------------------	---	--

		Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.113306	0	625,089	0	0	50.00
51.00	05100 RECOVERY ROOM	0.196680	0	179,110	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246593	0	81,692	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.228239	0	303,203	0	0	54.00
56.00	05600 RADIOISOTOPE	0.074326	0	44,310	0	0	56.00
60.00	06000 LABORATORY	0.225281	0	225,208	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.300434	0	25,868	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.412594	0	77,000	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.252093	0	36,675	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.306758	0	47,608	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.123883	0	33,357	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.234111	0	73,793	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337484	0	100,628	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.238093	0	47,843	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206770	0	162,475	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.175088	0	132,624	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.087000	0	948,070	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.250658	0	112,001	0	0	92.00
200.00	Subtotal (see instructions)		0	3,256,554	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	3,256,554	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 12:33 pm
	Title XIX	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	70,826	0	50.00
51.00	05100 RECOVERY ROOM	35,227	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	20,145	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	69,203	0	54.00
56.00	05600 RADIOISOTOPE	3,293	0	56.00
60.00	06000 LABORATORY	50,735	0	60.00
65.00	06500 RESPIRATORY THERAPY	7,772	0	65.00
66.00	06600 PHYSICAL THERAPY	31,770	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,246	0	67.00
68.00	06800 SPEECH PATHOLOGY	14,604	0	68.00
69.00	06900 ELECTROCARDIOLOGY	4,132	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	17,276	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,960	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	11,391	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,595	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	23,221	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	82,482	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	28,074	0	92.00
200.00	Subtotal (see instructions)	546,952	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	546,952	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 12:33 pm
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)		24,104	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,104	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)		22,672	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,608	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)		36,755,468	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)		36,755,468	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)		36,755,468	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)		1,524.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,076,341	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)		10,076,341	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0 46.00	
46.01	PEDIATRIC INTENSIVE CARE UNIT	3,062,343	1,304	2,348.42	0	0 46.01	
46.02	PREMATURE INTENSIVE CARE UNIT	6,911,897	4,546	1,520.43	0	0 46.02	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,096,815	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,173,156	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,738,763	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,019,871	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,758,634	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,414,522	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)					1,432	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,524.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,183,614	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 12:33 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,342,386	36,755,468	0.172556	2,183,614	376,796	90.00
91.00	Nursing School cost	0	36,755,468	0.000000	2,183,614	0	91.00
92.00	Allied health cost	0	36,755,468	0.000000	2,183,614	0	92.00
93.00	All other Medical Education	0	36,755,468	0.000000	2,183,614	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 12:33 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,104	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,104	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)		22,672	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)		154	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)		4,582	15.00
16.00	Nursery days (title V or XIX only)		768	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)		36,755,468	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)		36,755,468	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)		36,755,468	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)		1,524.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		234,830	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)		234,830	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	3,662,467	4,582	799.32	768	613,878	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	3,062,343	1,304	2,348.42	209	490,820	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	6,911,897	4,546	1,520.43	14	21,286	46.02
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					931,210	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,292,024	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)					252,285	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					88,770	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					341,055	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,950,969	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)					1,432	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,524.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,183,614	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 12:33 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,342,386	36,755,468	0.172556	2,183,614	376,796	90.00
91.00	Nursing School cost	0	36,755,468	0.000000	2,183,614	0	91.00
92.00	Allied health cost	0	36,755,468	0.000000	2,183,614	0	92.00
93.00	All other Medical Education	0	36,755,468	0.000000	2,183,614	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 12:33 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		18,905,358		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		0		34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.113306	23,363,673	2,647,244	50.00
51.00	05100 RECOVERY ROOM	0.196680	2,499,351	491,572	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246593	90,608	22,343	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.228239	3,522,768	804,033	54.00
56.00	05600 RADIOISOTOPE	0.074326	332,155	24,688	56.00
60.00	06000 LABORATORY	0.225281	4,808,507	1,083,265	60.00
65.00	06500 RESPIRATORY THERAPY	0.300434	1,445,771	434,359	65.00
66.00	06600 PHYSICAL THERAPY	0.412594	1,628,240	671,802	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.252093	892,888	225,091	67.00
68.00	06800 SPEECH PATHOLOGY	0.306758	184,437	56,578	68.00
69.00	06900 ELECTROCARDIOLOGY	0.123883	1,594,669	197,552	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.234111	344,784	80,718	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337484	4,243,072	1,431,969	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.238093	23,207,522	5,525,549	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206770	8,508,956	1,759,397	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.175088	6,265,727	1,097,054	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.087000	6,074,896	528,516	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.250658	60,182	15,085	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		89,068,206	17,096,815	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)		89,068,206		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 12:33 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		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		1,158,256	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		2,005,809	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		687,824	34.02
43.00	04300	NURSERY		181,691	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.113306	225,710	50.00
51.00	05100	RECOVERY ROOM	0.196680	25,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.246593	206,659	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228239	160,949	54.00
56.00	05600	RADIOISOTOPE	0.074326	0	56.00
60.00	06000	LABORATORY	0.225281	382,378	60.00
65.00	06500	RESPIRATORY THERAPY	0.300434	1,195,431	65.00
66.00	06600	PHYSICAL THERAPY	0.412594	54,761	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252093	33,380	67.00
68.00	06800	SPEECH PATHOLOGY	0.306758	10,980	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123883	46,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234111	32,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337484	190,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.238093	19,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206770	990,168	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.175088	152,081	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.087000	214,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.250658	3,858	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			3,945,610	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)			3,945,610	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 12:33 pm
		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)		12,461,667	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,648,187	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)		432,932	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)		156.77	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)		1.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.77	31.00
32.00	Sum of lines 30 and 31		23.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.37	33.00
34.00	Disproportionate share adjustment (see instructions)		337,099	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 12:33 pm
		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)	0.000193208	0.000239225	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,307,377	1,979,076	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	977,846	498,836	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,476,682		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	18,356,567		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)		18,356,567	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,523,729	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,880,296	59.00
60.00	Primary payer payments		7,202	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,873,094	61.00
62.00	Deductibles billed to program beneficiaries		1,801,940	62.00
63.00	Coinurance billed to program beneficiaries		54,455	63.00
64.00	Allowable bad debts (see instructions)		75,436	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		49,033	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,309	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,065,732	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		100,666	70.93
70.94	HRR adjustment amount (see instructions)		-1,094	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 12:33 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		153,112	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,012,192	71.00
71.01	Sequestration adjustment (see instructions)		360,244	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		17,922,459	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)		-270,511	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		198,790	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 12:33 pm

		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	12,461,667	12,461,667		12,461,667	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,648,187		3,648,187	3,648,187	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	432,932	362,885	70,047	432,932	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	0.0837	0.0837	0.0837		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	337,099	260,761	76,338	337,099	11.00
11.01	Uncompensated care payments	36.00	1,476,682	977,846	498,836	1,476,682	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	18,356,567	14,063,159	4,293,408	18,356,567	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	18,356,567	14,063,159	4,293,408	18,356,567	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,523,729	1,180,227	343,502	1,523,729	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			15,243,386	4,636,910	19,880,296	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 12:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,311,954	1,015,125	296,829	1,311,954	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	148,670	116,274	32,396	148,670	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	0.0481	0.0481	0.0481		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	63,105	48,828	14,277	63,105	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,523,729	1,180,227	343,502	1,523,729	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	100,666	67,790	32,876	100,666	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	-1,094	0	-1,094	-1,094	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		153,112		153,112	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 12:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,605	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,045,580	2.00
3.00	OPPS payments		8,568,517	3.00
4.00	Outlier payment (see instructions)		113,843	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,605	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		56,105	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)		56,105	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)		56,105	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		44,500	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)		11,605	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)		8,682,360	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,515,913	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)		7,178,050	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)		7,178,050	30.00
31.00	Primary payer payments		1,078	31.00
32.00	Subtotal (line 30 minus line 31)		7,176,972	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)		183,046	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		118,980	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		123,481	36.00
37.00	Subtotal (see instructions)		7,295,952	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,295,952	40.00
40.01	Sequestration adjustment (see instructions)		145,919	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		7,196,388	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-46,355	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,982	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: 15-0161		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/29/2019 12:33 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		17,867,159		7,164,788	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	08/13/2018	55,300	08/13/2018	31,600	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)		55,300		31,600	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)		17,922,459		7,196,388	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		270,511		46,355	6.02	
7.00	Total Medicare program liability (see instructions)		17,651,948		7,150,033	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 12:33 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE 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

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

Provider CCN: 15-0161

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

Worksheet G

Date/Time Prepared:
5/29/2019 12:33 pm

		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	-952,695	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	188,412	0	0	0	3.00
4.00	Accounts receivable	397,854,051	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,485,163	0	0	0	6.00
7.00	Inventory	2,332,371	0	0	0	7.00
8.00	Prepaid expenses	1,144,255	0	0	0	8.00
9.00	Other current assets	8,179,654	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)	398,260,885	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,223	0	0	0	13.00
14.00	Accumulated depreciation	-10,415,212	0	0	0	14.00
15.00	Buildings	159,996,013	0	0	0	15.00
16.00	Accumulated depreciation	-53,618,205	0	0	0	16.00
17.00	Leasehold improvements	82,821	0	0	0	17.00
18.00	Accumulated depreciation	-24,156	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	138,887	0	0	0	21.00
22.00	Accumulated depreciation	-134,673	0	0	0	22.00
23.00	Major movable equipment	83,777,398	0	0	0	23.00
24.00	Accumulated depreciation	-65,797,230	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)	125,947,866	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	6,717,266	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,717,266	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	530,926,017	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,555,475	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,358,940	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,696,751	0	0	0	40.00
41.00	Deferred income	179,693	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,480,525	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,271,384	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	192,678,324	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	421,554	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	193,099,878	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	223,371,262	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	307,554,755				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)	307,554,755	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	530,926,017	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 12:33 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		243,781,875		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		64,036,099			2.00
3.00	Total (sum of line 1 and line 2)		307,817,974		0	3.00
4.00	ROUNDING	2		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		2		0	10.00
11.00	Subtotal (line 3 plus line 10)		307,817,976		0	11.00
12.00	UNRESTRICTED FUND BALANCE	263,221		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		263,221		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		307,554,755		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	ROUNDING		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	UNRESTRICTED FUND BALANCE		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 12:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,968,013		73,968,013	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				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)	73,968,013		73,968,013	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	6,967,103		6,967,103	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	21,244,112		21,244,112	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,211,215		28,211,215	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	102,179,228		102,179,228	17.00
18.00	Ancillary services	264,524,556	290,653,329	555,177,885	18.00
19.00	Outpatient services	14,422,293	68,223,794	82,646,087	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	NON-ALLOWABLE REVENUE	0	191,260	191,260	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	381,126,077	359,068,383	740,194,460	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		202,030,455		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)		202,030,455		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0161

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 12:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	740,194,460	1.00
2.00	Less contractual allowances and discounts on patients' accounts	489,688,860	2.00
3.00	Net patient revenues (line 1 minus line 2)	250,505,600	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	202,030,455	4.00
5.00	Net income from service to patients (line 3 minus line 4)	48,475,145	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	15,560,954	24.00
25.00	Total other income (sum of lines 6-24)	15,560,954	25.00
26.00	Total (line 5 plus line 25)	64,036,099	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	64,036,099	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 12:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,311,954	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		148,670	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)		80.37	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)		1.45	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.77	8.00
9.00	Sum of lines 7 and 8		23.22	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.81	10.00
11.00	Disproportionate share adjustment (see instructions)		63,105	11.00
12.00	Total prospective capital payments (see instructions)		1,523,729	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