KING'S DAUGHTERS' HOSPITAL

In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 05-31-2019 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 15-0069 Worksheet S Peri od. From 01/01/2018 Parts I-III AND SETTLEMENT SUMMARY 12/31/2018 Date/Time Prepared: То 5/28/2019 12:26 pm PART I - COST REPORT STATUS Provi der 1. [X] Electronically filed cost report Date: 5/28/2019 Time: 12:26 pm use only]Manually submitted cost report 2 []If this is an amended report enter the number of times the provider resubmitted this cost report]Medicare Utilization. Enter "F" for full or "L" for low. 3 0 Ē 4

 [1] Cost Report Status
 6. Date Received:

 (1) As Submitted
 7. Contractor No.

 (2) Settled without Audit
 8. [N] Initial Report for this Provider CCN

 (3) Settled with Audit
 9. [N] Final Report for this Provider CCN

 Contractor 5. use only Δ (3) Settled with Audit number of times reopened = 0-9. (4) Reopened (5) Amended PART II - CERTIFICATION MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL. CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OF 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 KING'S DAUGHTERS' HOSPITAL (15-0069) 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. [X] 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. JOHN PRICE (Si aned) Officer or Administrator of Provider(s) CFO Title (Dated when report is electronically signed.) Date Title XVIII Cost Center Description Doret

	LOST CENTER DESCRIPTION	litle v	Part A	Part B	HLI		
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-407, 416	-62, 369	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	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.0	0 Total	0	-407, 416	-62, 369	0	0	200.00
			C 11				

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.

PI T <i>i</i>	AL AND HOSPITAL HEALTH CARE COMPLEX	DENTIFICATION DATA	Provid	ler CCI	N: 15-0069	Period: From 01/01/		Workshe Part I		
						To 12/31/	2018	Date/Ti 5/28/20		
	1.00	2.00		3.00		12	1.00	0/20/20		
	Hospital and Hospital Health Care Co Street: ONE KINGS DAUGHTERS DRIVE	PO Box: 447								1.
	City: MADISON	State: IN	Zip Cod	1		ty: JEFFERSO				2
		Component Name	CCN Number	CBS Numb		r Date Certified		nt Syst 0, or		
			Number		l iype	Certified	V V	XVIII		1
		1.00	2.00	3.0	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Componen Hospital	t Identification: KING'S DAUGHTERS'	150069	999	15 1	06/17/1966	N	Р	0	3
		HOSPI TAL	100007							
	Subprovider - IPF Subprovider - IRF						1			4
	Subprovider - (Other)						1			6
	Swing Beds - SNF						1			7
	Swing Beds - NF Hospital-Based SNF						1			8
	Hospi tal -Based NF						1			10
	Hospital-Based OLTC						· • ·			11
00	Hospital-Based HHA	KING'S DAUGHTERS' HOSPITAL HHA	157141	999	15	03/08/1985	N	P	N	12
	Separately Certified ASC						1			13
	Hospital-Based Hospice Hospital-Based Health Clinic - RHC	KING'S DAUGHTERS'	151535	999	15	09/01/1995	1			14
	Hospital-Based Health Clinic - FQHC						1			15
00	Hospital-Based (CMHC) I						1			17
	Renal Dialysis Other						1			18
0						From:		То	:	17
						1.00	10	2.0		
	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)					01/01/20	18	12/31/	2018	20
_	Inpatient PPS Information				1.00	2.00		3. (00	-
00	Does this facility qualify and is it				Y	N				22
	disproportionate share hospital adju §412.106? In column 1, enter "Y" fo			8						
	facility subject to 42 CFR Section §									
	hospital?) In column 2, enter "Y" fo			_	N/	N N				0.00
01	Did this hospital receive interim un cost reporting period? Enter in colu	compensated care payr mn 1. "Y" for ves or	"N" for no 1	s For	Y	Y				22
	the portion of the cost reporting pe	riod occurring prior	to October ?	I.						
	Enter in column 2, "Y" for yes or "N reporting period occurring on or aft			cost						
02	Is this a newly merged hospital that			-e	Ν	N				22
	payments to be determined at cost re Enter in column 1, "Y" for yes or "N			ıs)						
	cost reporting period prior to Octob			yes						
	or "N" for no, for the portion of th	e cost reporting peri	od on or af	er						
	October 1. Did this hospital receive a geograph	ic reclassification i	from urban to	,	N	N		N		22
	rural as a result of the OMB standar	ds for delineating s [.]	tatistical an	reas						
	adopted by CMS in FY2015? Enter in c for the portion of the cost reportin									
	in column 2, "Y" for yes or "N" for									
	reporting period occurring on or aft									
	Does this hospital contain at least counted in accordance with 42 CFR 41									
	yes or "N" for no.			_						
	Which method is used to determine Me below? In column 1, enter 1 if date					3 N				23
	if date of discharge. Is the method	of identifying the da	ays in this o							
	reporting period different from the reporting period? In column 2, ente									
		In	-State In-S	tate	Out-of		edi cai		ther	
			dicaid Medi		State Medi cai d	State H Medicaid	MO day	·	li cai d	
		par	d days elig unp	ible aid		eligible			lays	
			da	ys		unpai d				
0	If this provider is an IPPS hospital		1.00 2. 1,018	00 880	3.00 179	4.00	5.00	663	5. 00 80) 24
	in-state Medicaid paid days in colum		1,010	000	1/9	33	,		00	′ ²⁴
	Medicaid eligible unpaid days in col	umn 2,								
	out-of-state Medicaid paid days in c out-of-state Medicaid eligible unpai									
	4, Medicaid HMO paid and eligible bu column 5, and other Medicaid days in	t unpaid days in								

PITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D	ATA	Provider CC	CN: 15-0069	Period:	1 /2010		neet S-2	2
	_				1/2018	5/28/2	Time Pre 2019 12:	parec 26 pm
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medi cai d el i gi bl e unpai d	Medica HMO da	ays Me	Other edicaid days	
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.	1.00	2.00	3.00	4.00	5.00	0	6.00	25.
				Urban/R			f Geogr 00	-
 Enter your standard geographic classification (not v cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not v reporting period. Enter in column 1, "1" for urban center the effective date of the geographic reclassification 	or rural. wage) status or "2" for r	at the enc ural. If ap	d of the cos	ne	1		1/2015	26. 27.
00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period.			CH status in		1			35.
				Begi ni			i ng:	
00 Enter applicable beginning and ending dates of SCH s	status. Subs	cript line	36 for numb	1. (er 01/01,			00 1/2018	36.
of periods in excess of one and enter subsequent dat 00 If this is a Medicare dependent hospital (MDH), enter		r of period	ls MDH statu	5	C	6		37
 is in effect in the cost reporting period. 01 Is this hospital a former MDH that is eligible for 1 accordance with FY 2016 OPPS final rule? Enter "Y" finstructions) 								37
00 If line 37 is 1, enter the beginning and ending date greater than 1, subscript this line for the number of enter subsequent dates.								38
				Y/			<u>/N</u> 00	-
 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412. 101(b)(2)(i 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412. 101(b)(2)(i), (ii), or (i or "N" for no. (see instructions) Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octor no in column 2, for discharges on or after October 1), (ii), or the mileage ii)? Enter on adjustmen ober 1. Ente	(iii)? Ent requiremer in column 2 t? Enter "Y r "Y" for y	er in colum nts in ? "Y" for ye (" for yes o	n s r N			Y	39. 40.
					V	XVII 2.00	_	-
Prospective Payment System (PPS)-Capital					1.0	5 2.00		
00 Does this facility qualify and receive Capital payme with 42 CFR Section §412.320? (see instructions)		·			N	N	N	45.
00 Is this facility eligible for additional payment exc pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III.					N	N	N	46
00 Is this a new hospital under 42 CFR §412.300(b) PPS 1s the facility electing full federal capital paymer Teaching Hospitals	•		5		N N	N N	N N	47 48
00 Is this a hospital involved in training residents in or "N" for no.				5	N			56
00 If line 56 is yes, is this the first cost reporting GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mor for yes or "N" for no in column 2. If column 2 is " "N", complete Wkst. D, Parts III & IV and D-2, Pt. I	or yes or "N hth of this Y", complet I, if appli	" for no ir cost report e Worksheet cable.	n column 1. ing period? E-4. lf co	f column í Enter "Y umn 2 is				57
 00 If line 56 is yes, did this facility elect cost rein defined in CMS Pub. 15-1, chapter 21, §2148? If yes, 00 Are costs claimed on line 100 of Worksheet A? If yes 	complete W	kst. D-5.		s as	N			58
	, comprote		NAHE 413.8 Y/N	5 Worksh Line	eet A	Qualif	Through ication on Code	
								1
			1.00	2.	00	3.	00	1

OSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ТА	Provider C		eriod: rom 01/01/2018 o 12/31/2018	Worksheet S-2 Part I Date/Time Pre 5/28/2019 12:	pared
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
1.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in				0.00	0.00	61.0
	column 1. (see instructions)						
1.01	Enter the average number of unweighted primary care						61. (
	FTEs from the hospital's 3 most recent cost reports						
	ending and submitted before March 23, 2010. (see instructions)						
1. 02	Enter the current year total unweighted primary care						61.0
	FTE count (excluding OB/GYN, general surgery FTEs,						
	and primary care FTEs added under section 5503 of ACA). (see instructions)						
1. 03	Enter the base line FTE count for primary care						61.0
	and/or general surgery residents, which is used for						
	determining compliance with the 75% test. (see instructions)						
1. 04	Enter the number of unweighted primary care/or						61.0
	surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						
1.05	Enter the difference between the baseline primary						61.0
	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)						
1. 06	Enter the amount of ACA §5503 award that is being						61.
	used for cap relief and/or FTEs that are nonprimary						
	care or general surgery. (see instructions)	Pro	ogram Name	Program Code	Unweighted IME	Unweighted	
			gi all'Hallo			Direct GME FTE	
			1.00	2.00	2.00	Count	-
1.10	Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00	4.00	61.
	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						
1 20	FTE unweighted count. Of the FTEs in Line 61 05, specify each expanded				0.00	0.00	61.
1.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE				0.00	0.00	01.
	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.						
						1.00	-
	ACA Provisions Affecting the Health Resources and Ser					1	
2.00	Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct		in this cost	reporting peri	od for which	0.00	62.0
2. 01	Enter the number of FTE residents that rotated from a		ng Health Cen	ter (THC) into	your hospital	0.00	62.0
	during in this cost reporting period of HRSA THC prog	jram. (s	ee instructio				
3. 00	Teaching Hospitals that Claim Residents in Nonprovide Has your facility trained residents in nonprovider se			ost reporting r	period? Enter	N	63.
0.00	"Y" for yes or "N" for no in column 1. If yes, comple						00.
				Unweighted		Ratio (col. 1/	
				FTEs Nonprovider	FTEs in Hospital	(col. 1 + col. 2))	
				Si te			
				1.00	2.00	3.00	1
	Section 5504 of the ACA Base Year FTE Residents in No period that begins on or after July 1, 2009 and befor			This base year	is your cost r	reporting	
4.00	Enter in column 1, if line 63 is yes, or your facilit			0.00	0.00	0. 000000	64.
	in the base year period, the number of unweighted non	n-primar	y care				
	resident FTEs attributable to rotations occurring in						
		I non nr					
	settings. Enter in column 2 the number of unweighted resident FTEs that trained in your hospital. Enter in						

<u>alth Financial Systems</u> DSPITAL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION DA	ATA Provider		eri od:	Worksheet S-2	
			FI Te	rom 01/01/2018 o 12/31/2018	Date/Time Pre	pared
	Program Name	Program Code	Unweighted	Unweighted	5/28/2019 12: Ratio (col. 3/	
		Frogram Code	FTEs	FTEs in	(col. 3 + col.	
			Nonprovi der	Hospi tal	(4))	
			Si te			
	1.00	2.00	3.00	4.00	5.00	
5.00 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			0.00	0. 00	0. 000000) 65. (
5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 + col.	
			Nonprovi der Si te	Hospi tal	2))	
			1.00	2.00	3.00	-
Section 5504 of the ACA Current	Year FTF Residents i	n Nonprovider Settir				
0.00 Enter in column 1 the number of		ry care resident	0.00		0. 000000	
FTEs that trained by (column 1 divided by (column 1	occurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in	rovider settings. ry care resident 3 the ratio of		0.00		
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit	occurring in all nonp unweighted non-prima al. Enter in column	rovider settings. ry care resident 3 the ratio of	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	· · · · · ·
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 d	occurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in	rovider settings. ry care resident 3 the ratio of structions)	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00	-
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospin (column 1 divided by (column 1 divided)	occurring in all nonp unweighted non-prima al. Enter in column - column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00	-
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 divided by (column 1 divided by (column 1 divided by (column 1 divided by column 2 divided by column 2 divided by 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 3 divided by (column 3 + column	occurring in all nonp unweighted non-prima al. Enter in column - column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unwei ghted FTEs in Hospital 4.00 0.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.000000	_
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 divided by (column 1 divided by (column 1 divided by (column 1 divided 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)	pecurring in all nonp unweighted non-prima al. Enter in column - column 2)). (see in Program Name 1.00	Provider settings. ry care resident 3 the ratio of structions) Program Code 2.00	Unwei ghted FTEs Nonprovi der Si te 3.00 0.00	Unwei ghted FTEs in Hospi tal 4.00 0.00 0.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.000000	67.1
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 - divided by (column 2, the program code. 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)	PPS Sychiatric Facility (2. Jumn 2: Jid this fac 2. Sychiatric Cacility (3. Sychiatric Facility (3. Sychiatric Facility (3. Sychiatric Facility (4. Sychiatric Facility (5. Sychiatric facility have a before November 15, 2 5. Jumn 2: Did this fac 5. R 412. 424 (d) (1) (iii	IPF), or does it con n approved GME teach 00/2? Enter "Y" for ility train resident 00/2? Enter "Y" for	Unweighted FTEs Nonprovider Site 3.00 0.00 0.00 utain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r	Unwei ghted FTEs in Hospi tal 4.00 0.00 0.00 1.0 provi der? N the most no. (see ni ng no.	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.000000	- - - - - - - - - - - - - - - - - - -
 FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (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) 100 Is this facility an Inpatient PS Enter "Y" for yes or "N" for no 1f line 70 is yes: Column 1: Dic recent cost report filed on or ta 42 CFR 412. 424(d)(1)(iii)(c)) co program in accordance with 42 CF column 3: If column 2 is Y, indi 	PPS Program Name 1.00 Program Name 1.00 Program Name 1.00 Program Name 1.00 Program Name 1.00 PPS Sychiatric Facility (0. 1 the facility have a pefore November 15, 2 Plumn 2: Did this fac R 412.424 (d)(1)(iii cate which program y ty PPS	IPF), or does it con n approved GME teach 004? Enter "Y" for ear began during thi	Unweighted FTEs Nonprovider Site 3.00 0.00 tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting	Unwei ghted FTEs in Hospi tal 4.00 0.00 0.00 1.0 provi der? N the most no. (see ni ng no.	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.000000 0.0000000 0.0000000 0.000000	-

Health Financial Systems KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C		Period:	Worksheet S-2	2
			From 01/01/2018 To 12/31/2018	Part I Date/Time Pre	epared:
				5/28/2019 12:	26 pm
				1.00	-
Long Term Care Hospital PPS					
80.00 Is this a long term care hospital (LTCH)? Enter "Y" for ye 81.00 Is this a LTCH co-located within another hospital for part			a poriod? Entor	N N	80.00
"Y" for yes and "N" for no.		cost reportin	g period: Linter		01.00
TEFRA Providers					
85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i				N	85.00
86.00 Did this facility establish a new Other subprovider (exclud §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	iea unit) under	42 CFR Secti	on		86.00
87.00 Is this hospital an extended neoplastic disease care hospit	al classified	under section		N	87.00
1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					
			V 1.00	XI X 2.00	-
Title V and XIX Services			1.00	2.00	
90.00 Does this facility have title V and/or XIX inpatient hospit	al services? E	Enter "Y" for	N	Y	90.00
yes or "N" for no in the applicable column.					
91.00 Is this hospital reimbursed for title V and/or XIX through full or in part? Enter "Y" for yes or "N" for no in the app			N	Y	91.00
92.00 Are title XIX NF patients occupying title XVIII SNF beds (c				N	92.00
instructions) Enter "Y" for yes or "N" for no in the applic					
93.00 Does this facility operate an ICF/IID facility for purposes "Y" for yes or "N" for no in the applicable column.	of title V ar	nd XIX? Enter	N	N	93.00
94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes,	and "N" for r	no in the	N	N	94.00
applicable column.					
95.00 If line 94 is "Y", enter the reduction percentage in the ap			0.00	0.00	95.00
96.00 Does title V or XIX reduce operating cost? Enter "Y" for ye applicable column.	s or "N" tor r	no in the	N	N	96.00
97.00 If line 96 is "Y", enter the reduction percentage in the ap	plicable colum	nn.	0.00	0.00	97.00
98.00 Does title V or XIX follow Medicare (title XVIII) for the i			Y	Y	98.00
stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" column 1 for title V, and in column 2 for title XIX.	for yes or "N"	'for no in			
98.01 Does title V or XIX follow Medicare (title XVIII) for the r	eporting of ch	narges on Wkst	. Y	Y	98.01
C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for t					
title XIX.	al autotion of	abaanuatian	Y	Y	98.02
98.02 Does title V or XIX follow Medicare (title XVIII) for the c bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes			ř	ř	98.02
for title V, and in column 2 for title XIX.					
98.03 Does title V or XIX follow Medicare (title XVIII) for a cri			N	N	98.03
reimbursed 101% of inpatient services cost? Enter "Y" for y for title V, and in column 2 for title XIX.	es or "N" for	no in column	1		
98.04 Does title V or XIX follow Medicare (title XVIII) for a CAF	reimbursed 10)1% of	N	N	98.04
outpatient services cost? Enter "Y" for yes or "N" for no i	n column 1 for	title V, and			
in column 2 for title XIX. 98.05 Does title V or XIX follow Medicare (title XVIII) and add b	ack the PCE di	sallowanco on	Y	Y	98.05
Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in				I	70.03
column 2 for title XIX.					
98.06 Does title V or XIX follow Medicare (title XVIII) when cost			Y	Y	98.06
Pts. I through IV? Enter "Y" for yes or "N" for no in colum column 2 for title XIX.		v, anu m			
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 for outpatient services? (see instructions)	-inclusive met	thod of paymen	t N		106.00
107.00 If this facility qualifies as a CAH, is it eligible for cos	t reimbursemer	nt for I&R	N		107.00
training programs? Enter "Y" for yes or "N" for no in colum					
yes, the GME elimination is not made on Wkst. B, Pt. I, col reimbursed. If yes complete Wkst. D-2, Pt. II.	. 25 and the p	program is cos	t		
108.00 Is this a rural hospital qualifying for an exception to the	CRNA fee sche	edul e? See 42	N		108.00
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		-			
	Physi cal 1.00	Occupationa 2.00	I Speech 3.00	Respiratory 4.00	_
109.00 If this hospital qualifies as a CAH or a cost provider, are		2.00 N	<u>S.00</u>	4.00 N	109.00
therapy services provided by outside supplier? Enter "Y"					
for yes or "N" for no for each therapy.					
				1.00	-
110.00 Did this hospital participate in the Rural Community Hospit				N	110.00
Demonstration) for the current cost reporting period? Enter					
complete Worksheet E, Part A, lines 200 through 218, and Wo applicable.	NINSHEEL E-2, I	THES ZOU LITO	uyn zib, as		

ealth Financial Systems KING'S DAUGHTERS HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15		eriod: rom 01/01/2	2018	Workshe Part I Date/Ti	et S-2	
			0 12/31/2	2018	5/28/20	19 12:	26 pm
			1.00		2.0	0	-
111.00 If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this cos "Y" for yes or "N" for no in column 1. If the response to colu integration prong of the FCHIP demo in which this CAH is parti Enter all that apply: "A" for Ambulance services; "B" for addi for tele-health services.	t reporting perio umn 1 is Y, enter icipating in colu	d? Enter the mn 2.	N				111.00
				1.00	2.00	3.00	-
Miscellaneous Cost Reporting Information [15.00] Is this an all-inclusive rate provider? Enter "Y" for yes or ' is yes, enter the method used (A, B, or E only) in column 2. I 3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers? Pub. 15-1, chapter 22, §2208. 1. [16.00] Is this facility classified as a referral center? Enter "Y" for	lf column 2 is "E for long term ca) based on the de	", enter i re (incluo finition i	n column des	N		0	115. 00
117.00 Is this facility legally-required to carry malpractice insura			'N" for	N			117.00
no. 118.00 Is the malpractice insurance a claims-made or occurrence policical claim-made. Enter 2 if the policy is occurrence.	cy? Enter 1 if th	e policy i	s	0			118.00
lerarm-made. Enter 2 in the portey is decurrence.	Р	remiums	Losses		Insur	ance	
		1.00	2.00		3.0	00	-
18.01 List amounts of malpractice premiums and paid losses:		1, 154, 244	Ļ	0		(0 118. 0'
			1.00		2.0	0	-
 118.02 Are malpractice premiums and paid losses reported in a cost of Administrative and General? If yes, submit supporting schedul and amounts contained therein. 119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold I §3121 and applicable amendments? (see instructions) Enter in of "N" for no. Is this a rural hospital with < 100 beds that qual Hold Harmless provision in ACA §3121 and applicable amendments 	le listing cost c Harmless provisio column 1, "Y" for lifies for the Ou	enters n in ACA yes or tpatient	Y		Y		118. 02 119. 00 120. 00
Enter in column 2, "Y" for yes or "N" for no. 21.00Did this facility incur and report costs for high cost implant			Y				121.00
patients? Enter "Y" for yes or "N" for no. 22.00Does the cost report contain healthcare related taxes as defi		-	Y		5.0	0	122. 0
Act?Enter "Y" for yes or "N" for no in column 1. If column 1 i the Worksheet A line number where these taxes are included.			I		5.0		122.0
Transplant Center Information 25.00Does this facility operate a transplant center? Enter "Y" for	ves and "N" for	no.lf	N				125. 00
yes, enter certification date(s) (mm/dd/yyyy) below. 26.001f this is a Medicare certified kidney transplant center, enter	er the certificat						126. 0
in column 1 and termination date, if applicable, in column 2. 27.00 If this is a Medicare certified heart transplant center, enter		on date					127. 0
in column 1 and termination date, if applicable, in column 2. 28.00 If this is a Medicare certified liver transplant center, enter	r the certificati	on date					128. 0
in column 1 and termination date, if applicable, in column 2. 29.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2.	the certificatio	n date in					129. 0
30.00 If this is a Medicare certified pancreas transplant center, en date in column 1 and termination date, if applicable, in colum		ation					130. 0
31.00 If this is a Medicare certified intestinal transplant center, date in column 1 and termination date, if applicable, in colum	enter the certif	ication					131. 0
32.00 If this is a Medicare certified islet transplant center, enter in column 1 and termination date, if applicable, in column 2.		on date					132. 0
33.00 If this is a Medicare certified other transplant center, enter in column 1 and termination date, if applicable, in column 2.	r the certificati	on date					133. 0
34.00 If this is an organ procurement organization (0PO), enter the and termination date, if applicable, in column 2.	OPO number in co	lumn 1					134. 00
All Providers	fined in CMS Dut	15 1	NI NI				140.0
140.00 Are there any related organization or home office costs as de- chapter 10? Enter "Y" for yes or "N" for no in column 1. If ye			N				140.00

SFITAL AND HOSFITAL HEALTH CARE COMPLE	EX IDENTIFICATION DATA	Provider CC	N: 15-0069				2 epared:
1.00	2.0	0		1	3.00		
If this facility is part of a cha				name and	address	of the	
home office and enter the home of	<u>fice contractor name and c</u> Contractor's Name:	ontractor numbe		tor's Nu	mbor		141 0
11.00 Name: 12.00 Street:	PO Box:		Contrac	tor's Nu	iliber:		141.0
13. 00 Ci ty:	State:		Zip Code	ə:			143.0
			[¹] ¹] ¹] ¹				
						1.00	
14.00 Are provider based physicians' co	sts included in Worksheet /	۹?				Y	144.0
					1.00	2.00	-
15.00 If costs for renal services are c	laimed on Wkst. A. line 74.	are the costs	for		1.00	2.00	145.0
inpatient services only? Enter "Y							
no, does the dialysis facility in	clude Medicare utilization	for this cost	reporting				
period? Enter "Y" for yes or "N"					N		144
16.00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no i				f	Ν		146.0
yes, enter the approval date (mm/		15-2, Chapter 4	0, 34020) I	'			
						1.00	
17.00 Was there a change in the statist						N	147.0
18.00Was there a change in the order o 19.00Was there a change to the simplif				r no		N N	148. C
	i ca cost i marny methou? El	Part A	Part B		itle V	Title XIX	147.0
		1.00	2.00		3.00	4.00	
Does this facility contain a prov	ider that qualifies for an	exemption from	n the applic	ation of		er of costs	
or charges? Enter "Y" for yes or	"N" for no for each compon			(See 42			_
55.00 Hospi tal		N	N		N	N	155. (
56.00 Subprovider - IPF 57.00 Subprovider - IRF		N N	N		N N	N	156. (157. (
58. 00 SUBPROVIDER		IN	IN		IN	IN IN	158.0
59. 00 SNF		N	Ν		Ν	N	159.0
50.00 HOME HEALTH AGENCY		N	N		N	N	160. C
51.00 CMHC			N		N	N	161.0
						1.00	_
Mul ti campus						1.00	_
					64-2		-
	ampus hospital that has one	e or more campu	ises in diff	erent CB	SASY	N	165 (
Enter "Y" for yes or "N" for no.	ampus hospital that has one	e or more campu	ises in diff	erent CB	SAS?	N	165.0
	Name	County	State Z	ip Code	CBSA	FTE/Campus	165.0
Enter "Y" for yes or "N" for no.						FTE/Campus 5.00	165. C
Enter "Y" for yes or "N" for no.	Name	County	State Z	ip Code	CBSA	FTE/Campus 5.00	_
Enter "Y" for yes or "N" for no. 66.00 If line 165 is yes, for each campus enter the name in column	Name	County	State Z	ip Code	CBSA	FTE/Campus 5.00	_
Enter "Y" for yes or "N" for no.	Name	County	State Z	ip Code	CBSA	FTE/Campus 5.00	_
Enter "Y" for yes or "N" for no. 56.00 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	Name	County	State Z	ip Code	CBSA	FTE/Campus 5.00	_
Enter "Y" for yes or "N" for no. 66.00 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,	Name	County	State Z	ip Code	CBSA	FTE/Campus 5.00	_
Enter "Y" for yes or "N" for no. 56.00 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	Name	County	State Z	ip Code	CBSA	FTE/Campus 5.00 0.0	_
Enter "Y" for yes or "N" for no. 56.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	Name 0	County 1.00	State Z 2.00	i p Code 3.00	CBSA	FTE/Campus 5.00	0166.0
Enter "Y" for yes or "N" for no. 56.00 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	Name 0 T) incentive in the Americ	County 1.00 an Recovery and	State Z 2.00	i p Code 3.00	CBSA	FTE/Campus 5.00 0.0	0 166. (
Enter "Y" for yes or "N" for no. 56.00 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) Health Information Technology (HI	Name 0 T) incentive in the Americ r under §1886(n)? Enter "Y	County 1.00 an Recovery and Y" for yes or "	State Z 2.00	ip Code 3.00	CBSA 4.00	FTE/Campus 5.00 0.0 1.00	 0 166. (167. (
Enter "Y" for yes or "N" for no. 56.00 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) Heal th Information Technology (HI 57.00 Is this provider a meaningful use 38.00 If this provider is a CAH (line 10 reasonable cost incurred for the line 10	Name 0 T) incentive in the Americ. r under §1886(n)? Enter " D5 is "Y") and is a meaning HIT assets (see instruction	County 1.00 an Recovery and Y" for yes or " gful user (line ns)	State Z 2.00	ip Code <u>3.00</u> nt Act), enter	CBSA 4.00	FTE/Campus 5.00 0.0 1.00	0 166. (167. (0 168. (
Enter "Y" for yes or "N" for no. 56.00 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) Heal th Information Technology (HI 57.00 Is this provider a meaningful use 58.00 If this provider is a CAH (line 10 reasonable cost incurred for the 58.01 If this provider is a CAH and is b	Name 0 1 0 1	<u>County</u> <u>1.00</u> an <u>Recovery and</u> Y" for yes or " gful user (line ns) s this provider	State Z 2.00 d Reinvestme N" for no. e 167 is "Y" • qualify fo	ip Code <u>3.00</u> nt Act), enter r a hard	CBSA 4.00	FTE/Campus 5.00 0.0 1.00	0 166. (167. (0 168. (
Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for	Name 0 T) incentive in the Americ r under §1886(n)? Enter " 05 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does ? Enter "Y" for yes or "N"	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i	State Z 2.00 d Reinvestme N" for no. 167 is "Y" qualify fo nstructions	ip Code 3.00 nt Act), enter r a hard)	CBSA 4.00 the shi p	FTE/Campus 5.00 0.0 1.00	0 166. (167. (0 168. (168. (
Enter "Y" for yes or "N" for no. 56.00 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) Heal th Information Technology (HI 57.00 Is this provider a meaningful use 58.00 If this provider is a CAH (line 10 reasonable cost incurred for the 58.01 If this provider is a CAH and is b	Name 0 T) incentive in the Americ r under §1886(n)? Enter "Y 25 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does ? Enter "Y" for yes or "N" user (line 167 is "Y") and	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i	State Z 2.00 d Reinvestme N" for no. 167 is "Y" qualify fo nstructions	ip Code 3.00 nt Act), enter r a hard)	CBSA 4.00 the shi p	FTE/Campus 5.00 0.0 1.00	
Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for any in the second	Name 0 T) incentive in the Americ r under §1886(n)? Enter "Y 25 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does ? Enter "Y" for yes or "N" user (line 167 is "Y") and	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i	State Z 2.00 d Reinvestme N" for no. 167 is "Y" qualify fo nstructions	ip Code <u>3.00</u> nt Act), enter r a hard "N"), e	CBSA 4.00 the shi p	FTE/Campus 5.00 0.0 1.00	
Enter "Y" for yes or "N" for no. 56.00 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) Heal th Information Technology (HI 57.00 Is this provider a meaningful use 58.00 If this provider is a CAH (line 10 reasonable cost incurred for the l 88.01 If this provider is a CAH and is in exception under §413.70(a)(6)(ii)' 59.00 If this provider is a meaningful transition factor. (see instruction)	Name 0 T) incentive in the Americ r under §1886(n)? Enter "` 05 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does ? Enter "Y" for yes or "N" user (line 167 is "Y") and ons)	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i is not a CAH (State Z 2.00 A Reinvestme N" for no. 167 is "Y" qualify fo nstructions line 105 is	nt Act), enter "N"), e Be	CBSA 4.00 the ship nter the ginning 1.00	FTE/Campus 5.00 0.0 1.00 Y 9.9 Endi ng 2.00	167. C 0166. C 168. C 168. C 168. C
Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "N" for yes or "N" for each and the enter "N" for no. Enter "N" for yes or "N" for each and the enter "N" for her "N" for no. Enter "N" for yes or "N" for her "N" for "N" for her "N" for	Name 0 T) incentive in the Americ r under §1886(n)? Enter "` 05 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does ? Enter "Y" for yes or "N" user (line 167 is "Y") and ons)	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i is not a CAH (State Z 2.00 A Reinvestme N" for no. 167 is "Y" qualify fo nstructions line 105 is	nt Act), enter "N"), e Be	CBSA 4.00	FTE/Campus 5.00 0.0 1.00 Y 9.9 Endi ng	167. C 0166. C 168. C 168. C 168. C
Enter "Y" for yes or "N" for no. 56.00 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) Heal th Information Technology (HI 57.00 Is this provider a meaningful use 58.00 If this provider is a CAH (line 10 reasonable cost incurred for the l 88.01 If this provider is a CAH and is in exception under §413.70(a)(6)(ii)' 59.00 If this provider is a meaningful transition factor. (see instruction)	Name 0 T) incentive in the Americ r under §1886(n)? Enter "` 05 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does ? Enter "Y" for yes or "N" user (line 167 is "Y") and ons)	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i is not a CAH (State Z 2.00 A Reinvestme N" for no. 167 is "Y" qualify fo nstructions line 105 is	nt Act), enter "N"), e Be	CBSA 4.00 the ship nter the ginning 1.00	FTE/Campus 5.00 0.0 1.00 Y 9.9 Endi ng 2.00	
Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "N" for yes or "N" for each and the enter "N" for no. Enter "N" for yes or "N" for each and the enter "N" for her "N" for no. Enter "N" for yes or "N" for her "N" for "N" for her "N" for	Name 0 T) incentive in the Americ r under §1886(n)? Enter "` 05 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does ? Enter "Y" for yes or "N" user (line 167 is "Y") and ons)	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i is not a CAH (State Z 2.00 A Reinvestme N" for no. 167 is "Y" qualify fo nstructions line 105 is	ip Code 3.00 nt Act), enter r a hard) "N"), e Be 01/	CBSA 4.00 the ship nter the ginning 1.00 '01/2018	FTE/Campus 5.00 0.0 1.00 Y 9.9 Endi ng 2.00 12/31/2018	
Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each column for the lifeton of the second o	Name 0 1) incentive in the Americ r under §1886(n)? Enter "\" D5 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does? ? Enter "Y" for yes or "N" user (line 167 is "Y") and ons) beginning date and ending of the structure	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i is not a CAH (date for the re	State Z 2.00 A Reinvestme N" for no. e 167 is "Y" qualify fo nstructions line 105 is eporting	ip Code 3.00 nt Act), enter r a hard) "N"), e Be 01/	CBSA 4.00 the ship nter the ginning 1.00	FTE/Campus 5.00 0.0 1.00 Y 9.9 Endi ng 2.00 12/31/2018 2.00	
Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for each and is no. Enter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "Y" for yes or "N" for each and the enter "N" for no. Enter "N" for yes or "N" for each and the enter "N" for no. Enter "N" for yes or "N" for each and the enter "N" for her "N" for no. Enter "N" for yes or "N" for her "N" for "N" for her "N" for	Name 0 1) incentive in the Americ r under §1886(n)? Enter "\" D5 is "Y") and is a meaning HIT assets (see instruction not a meaningful user, does? ? Enter "Y" for yes or "N" user (line 167 is "Y") and ons) beginning date and ending on the struction on the structure of the structur	County 1.00 an Recovery and Y" for yes or " gful user (line ns) s this provider for no. (see i is not a CAH (date for the re dividuals enrol	State Z 2.00 A Reinvestme N" for no. e 167 is "Y" qualify fo nstructions line 105 is porting led in	ip Code 3.00 nt Act), enter r a hard) "N"), e Be 01/	CBSA 4.00 4.00 the shi p nter the gi nni ng 1.00 '01/2018 1.00	FTE/Campus 5.00 0.0 1.00 Y 9.9 Endi ng 2.00 12/31/2018 2.00	167. (0166. (167. (0168. (168. (9169. (170. (

SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet S- Part II Date/Time Pr 5/28/2019 12	epared
				Y/N	Date	20 pi
				1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N	for all NO re	esponses. Ente	er all dates in t	he	
	mm/dd/yyyy format.					_
	COMPLETED BY ALL HOSPITALS					_
~~	Provider Organization and Operation	haning of	+h+	N		1 1
00	Has the provider changed ownership immediately prior to the reporting period? If yes, enter the date of the change in c			N		1.
	Treporting periods in yes, enter the date of the change in c		Y/N	Date	V/I	
			1.00	2.00	3.00	
00	Has the provider terminated participation in the Medicare P	Program? If	N			2.
00	yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary. Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home of	ng management	N			3.
	or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of of directors through ownership, control, or family and othe relationships? (see instructions)	ler or its of the board				
			Y/N	Туре	Date	
			1.00	2.00	3.00	
00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava Column 3. (see instructions) If no, see instructions.	or Compiled,	Y	C		4.
00	Are the cost report total expenses and total revenues different those on the filed financial statements? If yes, submit rec		N			5.
				Y/N	Legal Oper.	
				1.00	2.00	_
~~	Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2:	16		s N		- ,
00	the legal operator of the program?	TT yes, is tr	ie provider is	5 N		6.
00 00	Are costs claimed for Allied Health Programs? If "Y" see in Were nursing school and/or allied health programs approved		during the	N N		7.
00	cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved		cal education	Ν		9.
. 00	program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated of cost reporting period? If yes, see instructions.		the current	Ν		10.
. 00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	Ν		11.
					Y/N	
					1.00	_
00	Bad Debts				N/	1 10
	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			ost reporting	Y N	12. 13.
	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement		*		Ν	14.
. 00	Did total beds available change from the prior cost reporti		2 .		N + D	15.
		Y/N	rt A Date	Par Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data		2.00	0.00		
. 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)	Ν		N		16.
. 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	Y	03/08/2019	Y	03/08/2019	17.
. 00	in columns 2 and 4. (see instructions) 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	Ν		N		18.
. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	Ν		Ν		19.

Health Financial S	Systems
--------------------	---------

HOSPI TA	L AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CC		Period:	Worksheet S	-2
			I F			
				rom 01/01/2018 0 12/31/2018		roparod
			1	0 12/31/2016	5/28/2019 1	
		Descri	ption	Y/N	Y/N	
		()	1.00	3.00	
	If line 16 or 17 is yes, were adjustments made to PS&R			Ν	N	20.00
F	Report data for Other? Describe the other adjustments:					
		Y/N	Date	Y/N	Date	_
01.00.1		1.00	2.00	3.00	4.00	
	Was the cost report prepared only using the provider's	N		N		21.00
	records? If yes, see instructions.					_
					1.00	
C	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC	EPT CHILDRENS H	OSPLTALS)		1.00	_
	Capital Related Cost		001111120)			-
	Have assets been relifed for Medicare purposes? If yes, se	e instructions				22.00
	Have changes occurred in the Medicare depreciation expense		als made durin	a the cost		23.00
	reporting period? If yes, see instructions.	· · · · · · · · · · · · · · ·		5		
	Nere new leases and/or amendments to existing leases enter	ed into during	this cost repo	orting period?		24.00
1	If yes, see instructions	-				
25.00 H	Have there been new capitalized leases entered into during	the cost repor	ting period? I	f yes, see		25.00
	instructions.					
	Nere assets subject to Sec.2314 of DEFRA acquired during t	he cost reporti	ng period? If	yes, see		26.00
	instructions.					
	Has the provider's capitalization policy changed during th	e cost reportin	g period? If y	es, submit		27.00
	copy.					_
	nterest Expense	stand into dur	ing the east r		1	- 20.00
	Were new loans, mortgage agreements or letters of credit e period? If yes, see instructions.	nterea into aur	ing the cost r	eporting		28.00
	Did the provider have a funded depreciation account and/or	hand funds (De	ht Service Res	erve Fund)		29.00
	treated as a funded depreciation account? If yes, see inst		bt Service Res	erve runu)		2 7.00
	Has existing debt been replaced prior to its scheduled mat		debt? If ves	See		30.00
	instructions.					
31.00 H	Has debt been recalled before scheduled maturity without i	ssuance of new	debt? If yes,	see		31.00
i	instructions.		-			
P	Purchased Services					
	Have changes or new agreements occurred in patient care se		d through cont	ractual		32.00
	arrangements with suppliers of services? If yes, see instr					
	If line 32 is yes, were the requirements of Sec. 2135.2 ap	plied pertainin	g to competiti	ve bidding? If		33.00
	no, see instructions.				<u> </u>	_
	Provider-Based Physicians				N N	- 24.00
	Are services furnished at the provider facility under an a	rrangement with	provider-base	a physicians?	Y	34.00
	If yes, see instructions. If line 34 is yes, were there new agreements or amended ex	icting agroomon	to with the pr	ovider baced	N	35.00
	physicians during the cost reporting period? If yes, see i		ts with the pi	ovi dei -based	IN	35.00
	physicialis during the cost reporting period, in yes, see i		-	Y/N	Date	-
				1.00	2.00	_
H	Home Office Costs					
	Were home office costs claimed on the cost report?					36.00
	If line 36 is yes, has a home office cost statement been p	repared by the	home office?			37.00
	If yes, see instructions.	-				
	If line 36 is yes , was the fiscal year end of the home of					38.00
	the provider? If yes, enter in column 2 the fiscal year en					
	If line 36 is yes, did the provider render services to oth	er chain compon	ents? If yes,			39.00
	see instructions.					40.00
	If line 36 is yes, did the provider render services to the	nome office?	rr yes, see			40.00
	instructions.				L	
		1.	00	2	00	-
c	Cost Report Preparer Contact Information	1.	00	Z.	00	
	Enter the first name, last name and the title/position	LUCI A		GERBER		41.00
				SENDER		
41.00 E	held by the cost report preparer in columns 1, 2, and 3			1		11
41.00 E	held by the cost report preparer in columns 1, 2, and 3, respectively.					
41.00 E		BLUE & CO., LL	С			42.00
41.00 E r 42.00 E	respectively.	BLUE & CO., LL	C			42.00
41.00 E h 42.00 E	respectively. Enter the employer/company name of the cost report	BLUE & CO., LL	C	LGERBER@BLUEAN	DCO. COM	42.00 43.00

Health Financial Systems	KING'S DAUGHTERS	5' HOSPI TAL	In Lie	u of Form CMS-:	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provider CCN: 15-0069	Peri od:	Worksheet S-2	
			From 01/01/2018 To 12/31/2018	Part II Date/Time Pre 5/28/2019 12:	pared: 26 pm
		3.00			
Cost Report Preparer Contact Information					
41.00 Enter the first name, last name and the title	e/position SE	ENI OR MANAGER			41.00
held by the cost report preparer in columns i	1, 2, and 3,				
respecti vel y.					
42.00 Enter the employer/company name of the cost r	report				42.00
preparer.					
43.00 Enter the telephone number and email address	of the cost				43.00
report preparer in columns 1 and 2, respectiv	vel y.				

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	KING'S DAUGHTER	Provider CC	N. 15 0060	Peri od:	u of Form CMS-2 Worksheet S-3	
HUSPII	AL AND HUSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	N: 12-0009	From 01/01/2018	Part I	
					To 12/31/2018	Date/Time Pre	
						5/28/2019 12:	
						I/P Days / O/P Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
	oomporterre	Line Number	No. of Beus	Avai I abl e	or an induitio		
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00	82	29, 9	30 0.00	0	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.00
3.00	HMO I PF Subprovider						3.00
4.00 5.00	HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF					0	4.00
5.00 6.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation		82	29, 9	30 0.00	0	
7.00	beds) (see instructions)		02	27, 7	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	6	2, 1	90 0.00	0	8.00
9.00	CORONARY CARE UNI T						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		88	32, 1	20 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	101 00				0	21.00
22.00 23.00	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.)	101.00				0	22.00 23.00
23.00	HOSPICE	116.00	1	3	65		23.00
24. 00	HOSPICE (non-distinct part)	30.00	1	5	55		24.00
25.00	CMHC - CMHC	30.00					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)		89				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambul ance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0		0		32.00
32.01	Total ancillary labor & delivery room						32.01
00.05	outpatient days (see instructions)						00.05
33.00	LTCH non-covered days						33.00
33. UI	LTCH site neutral days and discharges						33.01

OSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC		Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part I Date/Time Pre 5/28/2019 12:	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 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)	5, 149	1, 452	9, 44	5		1.00
. 00	HMO and other (see instructions)	1, 259	755				2.00
. 00	HMO I PF Subprovider	0	0				3.00
. 00	HMO IRF Subprovider	o	0				4.00
. 00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.00
. 00	Hospital Adults & Peds. Swing Bed NF		0		0		6.00
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	5, 149	1, 452	9, 44	5		7.00
. 00	INTENSIVE CARE UNIT	701	267	1, 43	2		8.00
. 00	CORONARY CARE UNIT						9.00
0.00	BURN INTENSIVE CARE UNIT						10.00
1.00	SURGICAL INTENSIVE CARE UNIT						11.0
2.00	OTHER SPECIAL CARE (SPECIFY)						12.00
3.00	NURSERY		299	1, 22	8		13.00
4.00	Total (see instructions)	5,850	2, 018			763.47	
5.00	CAH visits	3, 030	2,010		0.00	705.47	15.0
6.00	SUBPROVIDER - IPF	U	0		0		16.0
7.00	SUBPROVIDER - IRF						17.0
8.00	SUBPROVIDER - TRF						18.0
9.00	SKILLED NURSING FACILITY						19.0
0.00	NURSING FACILITY						20.0
1.00	OTHER LONG TERM CARE					40.40	21.0
2.00	HOME HEALTH AGENCY	4, 419	594	7, 56	0.00	13.63	
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.0
4.00	HOSPICE	12	0	-	2 0.00	1.56	
4. 10	HOSPICE (non-distinct part)				0		24.1
5.00	CMHC - CMHC						25.0
6. 00	RURAL HEALTH CLINIC						26.0
6. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00	0.00	26.2
7.00	Total (sum of lines 14-26)				0.00	778.66	27.0
8.00	Observation Bed Days		521	2, 29	1		28.0
9.00	Ambul ance Trips	2, 109					29.0
0. 00	Employee discount days (see instruction)			10	4		30.0
1.00	Employee discount days - IRF				0		31.0
2.00	Labor & delivery days (see instructions)	0	80	13	8		32.0
2.01	Total ancillary labor & delivery room		00	-	0		32.0
<u> </u>	outpatient days (see instructions)						02.0
3. 00	LTCH non-covered days	0					33.0
	LTCH site neutral days and discharges	0					33.0

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	KING'S DAUGHTERS AL DATA	Provider C	CN: 15-0069	Period:	u of Form CMS-2 Worksheet S-3	
					From 01/01/2018 To 12/31/2018	Part I Date/Time Pre 5/28/2019 12:2	
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	11.00	0			3, 085	1.00
	8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			20	209		2.00
3.00	HMO I PF 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						7.00
8.00	beds) (see instructions) INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1, 51	17 477	3, 085	
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00 18.00	SUBPROVI DER – I RF SUBPROVI DER						17.00 18.00
19.00	SUBPROVIDER SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00	HOSPI CE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.0
26.00	RURAL HEALTH CLINIC	0.00					26.0
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0. 00 0. 00					26.2 27.0
27.00	Total (sum of lines 14-26) Observation Bed Days	0.00					27.0
29.00	Ambul ance Trips						29.0
30.00	Employee discount days (see instruction)						30.0
31.00	Employee discount days - IRF						31.0
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room						32. 0 ²
	outpatient days (see instructions)						
33.00	LTCH non-covered days				0		33.00
33.01	LTCH site neutral days and discharges				0		33.0

Understand Decision (Control on Control on Contr	SPI T	Financial Systems AL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2018 To 12/31/2018		pared
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>					on of Salaries (from Wkst.	Sal ari es (col . 2 ± col .	Related to Salaries in	Average Hourly Wage (col. 4 ÷	
SMARTS Total saferes (see 200.00 51,891,680 520.172 57,411,852 1,619,614 49 32.36 1 Instructions) Instructions) 0 0 0.00 0		PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
0 Instructions) 0 0 0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
00 Mon-physic lan ansethet ist Part Ansethysic lan 00 0 00	00		200.00	51, 891, 680	520, 172	52, 411, 85	2 1, 619, 614. 69	32.36	1.
00 No. physician - Part A 271, 996 0 271, 996 3, 052, 50 89, 11 3 00 Physician - Part A - 29, 556 0 29, 556 175, 50 168, 41 4 00 Physician - Part B 0	00			(o o		0.00	0. 00	2.
B B Total and the program Total and the program <thtotan< th=""> <thtotal and="" td="" the<=""><td>00</td><td></td><td></td><td>271, 996</td><td>5 O</td><td>271, 99</td><td>6 3, 052. 50</td><td>89.11</td><td>3.</td></thtotal></thtotan<>	00			271, 996	5 O	271, 99	6 3, 052. 50	89.11	3.
Additini strative 0	00	В							4.
0 Physic lan and Non 3,158,046 0 3,158,046 13,117.00 240.76 5 0 Non physic lan and Kon 0 0 0 0.00 0.00 0.00 0 0.00 <td< td=""><td></td><td>Administrative</td><td></td><td>27,000</td><td></td><td></td><td></td><td></td><td></td></td<>		Administrative		27,000					
00 Non-physician-Part B for hospital -based RRC and Fack services 0 0 0 0.00	00 00			3, 158, 046					
Inspit 1al - Desad RNC and FONC services Interms & residents (in an 21.00 0 0 0 0.00	20							0.00	
0 Interns & residents (in an approved program) 0 <td>50</td> <td>hospital-based RHC and FQHC</td> <td></td> <td>(</td> <td></td> <td></td> <td>0.00</td> <td>0.00</td> <td>0.</td>	50	hospital-based RHC and FQHC		(0.00	0.00	0.
1 Contracted interns and residents (in an approved programs) 0 0 0 0.00 0	00	Interns & residents (in an	21.00	(o o		0.00	0.00	7.
predidents (In an approved programs) 0	D1			(0		0.00	0.00	7.
00 bites office and/or related organization personnel 0 0 0 0 0 0 0.00		residents (in an approved							
Disk Shi 0 Shi 0<	00	Home office and/or related		(o o	(0.00	0.00	8.
Instructions) Units	00		44.00	(0 0		0.00	0.00	9.
OTHER WARES & RELATED COSTS O Contract labor: Direct Patient 290,336 0 290,336 6.035.08 48.11 11 O Contract labor: Direct Patient 0 0 0 0.00	. 00			22, 055, 335	68, 377	22, 123, 71	2 513, 336. 59	43.10	10.
Care Care Contract labor: Top level O <t< td=""><td></td><td></td><td>I</td><td></td><td></td><td>1</td><td>1</td><td>1</td><td></td></t<>			I			1	1	1	
00 Contract labor: Top level management and odministrative services 0 0 0 0.00 0.00 12 00 Contract labor: Physician-Part A - Administrative 797, 311 0 797, 311 5, 428. 16 146. 88 13 00 Home office and/or related organization salaries 0 0 0 0 0.00 0.00 14 01 Home office salaries 0 0 0 0 0.00 0.00 14 02 Related organization salaries 0 0 0 0 0.00 0.00 10 01 Home office and Contract 0 0 0 0.00 0.00 10 02 Related organizations 8,005,409 0 8,005,409 16 17 13 Mage-related costs (core) (see instructions) 4,752,757 0 4,752,757 16 2 00 Non-physician Part A - Teaching b 0 0 0 2 2 03 Non-physician Part B	00			290, 336	5 0	290, 33	6 6, 035. 08	48. 11	11
management and administrative services 797, 311 0 797, 311 5, 428. 16 146. 88 13 A - Administrative 0 0 0 0 0.00 0.00 14 Othere office and/or related organization salaries and wage-related costs 0 0 0 0 0.00 0.00 14 Othere office aslaries 0 0 0 0 0.00 0.00 14 Othere office aslaries 0 0 0 0.00 0.00 14 Othere office aslaries 0 0 0 0.00 0.00 14 Othere office aslaries 0 0 0 0.00 0.00 14 Physicians Part A - Teaching 0	00	Contract Labor: Top Level		(o o		0.00	0.00	12
00 Contract labor: Physician-Part 797, 311 0 797, 311 5, 428. 16 146. 88 13 00 Home office and/or related organization salaries and wage-related costs 0 0 0 0.00 0.00 14 01 Home office salaries 0 0 0 0.00 0.00 0.00 14 02 Related organization salaries 0 0 0 0.00 0.00 14 01 Home office salaries 0 0 0 0.00 0.00 14 02 Related organization salaries 0 0 0 0.00 0.00 14 04 Home office salaries 0 0 0 0.00 0.00 16 Physician Part A 0 0 0 0 0 0 0 0 16 05 Excluded areas 4.752.757 0 4.752.757 14 20 00 Non-physician anesthetist Part B 390.270 390.270 </td <td></td> <td>management and administrative</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		management and administrative							
00 Home office and/or related organization salaries and wage-related costs 0 0 0 0.00 0.00 0.00 14 Wage-related costs 0 0 0 0.00 0.00 0.00 14 Related organization salaries 0 0 0 0.00 0.00 0.00 14 0 Related organization salaries 0 0 0 0.00 0.00 16 0 None office : Physician Part A 0 0 0 0.00 0.00 16 0 Home office : Instructions) 8,005,409 0 8,005,409 17 0 Wage-related costs (core) (see instructions) 8,005,409 0 8,005,409 18 0 Non-physician anesthetist Part A 0 0 0 0 20 0 Non-physician anesthetist Part B 4,752,757 0 4,752,757 21 18 0 Non-physician Part A - Tacching 0 0 0 22 23 24	. 00			797, 311	o o	797, 31	1 5, 428. 16	146.88	13
organization salaries and wage-related costs 0 0 0 0.00 0.00 0.00 14 01 Home office salaries 0 0 0 0.00 0.00 0.00 14 02 Related organization salaries 0 0 0 0 0.00 0.00 0.00 14 0 Home office: Physician Part A 0 0 0 0 0.00 0.00 16 Physicians Part A - Taaching 0	00			(0		0.00	0.00	14
01 Home office salaries 0 0 0 0.00 0.00 14 02 Related organization salaries 0 0 0.00 0.00 0.00 14 02 Related organization salaries 0 0 0.00 0.00 0.00 0.00 14 02 Related organization salaries 0 0 0.00 <td></td> <td>organization salaries and</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		organization salaries and							
00 Home office: Physician Part A - Administrative 0 0 0 0.00 0.00 0.00 15 01 Home office and Contract 0 0 0 0.00 0.00 0.00 16 Physicians Part A - Teaching instructions) Wade-related costs (core) (see instructions) 8,005,409 0 8,005,409 17 00 Wage-related costs (other) (see instructions) 0 0 0 0 18 01 Excluded areas 4,752,757 0 4,752,757 19 00 Non-physician anesthetist Part A 4,034 0 4,034 22 01 Physician Part A - Teaching 0 0 0 22 01 Physician Part A - Teaching 0 0 22 02 Physician Part A - Teaching 0 0 22 03 Wage-related costs (RHC/FOHC) 0 0 0 22 04 Home office wage-related (core) 0 0 0 25 04	01			(o o		0.00	0.00	14
- Administrativé 0	02	ş		(0 0	(
00 Home office and Contract 0 0 0 0.00 0.00 0.00 16 Physicians Part A - Teaching Wade-RELATED COSTS 0 8,005,409 0 8,005,409 17 00 Wage-rel ated costs (other) (see instructions) 0 0 0 0 18 00 Kage-rel ated costs (other) 0 0 0 0 18 00 Kage-rel ated costs (other) 0 0 0 18 00 Kono-physician anesthetist Part 0 0 0 18 00 Non-physician Part A - 4,034 0 4,034 21 01 Physician Part A - 4,034 0 4,034 22 23 01 Physician Part B 390,270 390,270 23 24 24 02 Interns & residents (in an approved program) 0 0 0 0 25 10 Interns & residents (in an approved program) 0 0 0 25	00			(0		0.00	0.00	15
Physicians Part A - Teaching Image: Physician Part B - Teaching Image: Physician Part A - Teaching Image: Physician Part B - Teaching Image: Physician Part A - Teaching I	00			(0 0		0.00	0.00	16
00 Wage-related costs (core) (see instructions) 8,005,409 0 8,005,409 17 00 Wage-related costs (other) (see instructions) 0 0 0 0 18 00 Wage-related costs (other) (see instructions) 0 0 0 0 18 00 Non-physician anesthetist Part A 0 0 0 0 20 00 Non-physician anesthetist Part B 42,987 0 42,987 21 01 Physician Part A - Administrative 4,034 0 4,034 22 01 Physician Part B 390,270 390,270 23 24 02 Interns & residents (in an approved program) 0 0 0 0 25 10 Home office wage-related (core) 0 0 0 0 25 11 Mage related (core) 0 0 0 0 25 11 Mage related (core) 0 0 0 0 0 25		Physicians Part A - Teaching							
instructions) 0 wage-related costs (other) 0 0 0 0 18 00 Wage-related costs (other) 0 0 0 0 18 00 Excluded areas 4,752,757 0 4,752,757 19 20 00 Non-physician anesthetist Part A 0 0 0 20 00 Non-physician anesthetist Part B 42,987 0 42,987 21 00 Non-physician Part A - 4,034 0 4,034 22 01 Physician Part A - Teaching 0 0 0 23 00 Wage-related costs (RHC/FOHC) 0 0 0 22 00 Wage-related costs (RHC/FOHC) 0 0 0 23 00 Interns & residents (In an approved program) 0 0 0 25 50 Home office wage-related (core) 0 0 0 0 25 51 Related organization 0 0	00			8 005 400		8 005 40			1 17
(see instructions) 4,752,757 4,752,757 19 00 Excluded areas 4,752,757 0 4,752,757 19 00 Non-physician anesthetist Part 0 0 0 20 01 Non-physician anesthetist Part 42,987 0 42,987 21 01 Physician Part A - 4,034 0 4,034 22 01 Physician Part A - 4,034 0 4,034 22 02 Physician Part A - 4,034 0 4,034 22 03 Physician Part A - 390,270 0 390,270 23 04 Interns & residents (in an approved program) 0 0 0 24 05 Home office wage-related (core) 0 0 0 0 25 151 Related organization 0 0 0 0 25 152 Home office: Physician Part A - 0 0 0 0 25 153 Home o	00			0,000,40		0,000,40	7		
00 Excluded areas 4,752,757 0 4,752,757 0 4,752,757 00 Non-physician anesthetist Part 0 0 0 0 0 00 Non-physician anesthetist Part 42,987 0 42,987 21 00 Physician Part A - 4,034 0 4,034 22 01 Physician Part A - Teaching 0 0 0 22 00 Physician Part A - Teaching 0 0 0 22 00 Physician Part A - Teaching 0 0 0 22 00 Physician Part B 390,270 390,270 23 00 Interns & residents (in an approved program) 0 0 0 25 10 Home office wage-related (core) 0 0 0 25 11 Related organization 0 0 0 0 25 12 Home office: Physician Part A 0 0 0 0 25 12 Home office: Physician Part A Teaching - wage-related (core) 0 0	00			0	0 0		C		18
00 Non-physician anesthetist Part 0	00			1 752 75	, .	1 752 75	7		10
00 Physician Part A - Administrative 4,034 0 4,034 22 01 Physician Part A - Teaching 0 0 0 22 01 Physician Part B 390,270 0 390,270 23 00 Wage-related costs (RHC/FOHC) 0 0 0 24 01 Interns & residents (in an approved program) 0 0 0 25 00 Home office wage-related (core) 0 0 0 25 1 Rel ated organization wage-related (core) 0 0 0 25 1 Mem office: Physician Part A 0 0 0 25 1 Rel ated organization wage-related (core) 0 0 0 25 1 Home office: Physician Part A 0 0 0 0 25 1 Mem office & Contract 0 0 0 0 25 1 Mem office & Contract 0 0 0 0 25				4,732,731		4,752,75) D		
00 Physician Part A - Administrative 4,034 0 4,034 22 01 Physician Part A - Teaching 0 0 0 222 01 Physician Part B 390,270 0 390,270 23 02 Wage-related costs (RHC/FOHC) 0 0 0 24 02 Interns & residents (in an approved program) 0 0 0 25 150 Home office wage-related (core) 0 0 0 0 25 16 Rel ated organization wage-related (core) 0 0 0 0 25 17 Rel ated organization wage-related (core) 0 0 0 25 18 Home office: Physician Part A 0 0 0 25 19 Home office: Physician Part A 0 0 0 25 10 Home office: Physician Part A 0 0 0 25 10 Home office & Contract 0 0 0 0 25 </td <td>00</td> <td>A Non-physician anesthetist Part</td> <td></td> <td>42.987</td> <td>7 0</td> <td>42, 98</td> <td>7</td> <td></td> <td>21</td>	00	A Non-physician anesthetist Part		42.987	7 0	42, 98	7		21
Administrative 0 0 0 0 22 01 Physician Part A - Teaching 0 0 0 22 00 Physician Part B 390,270 390,270 23 00 Wage-related costs (RHC/FQHC) 0 0 0 24 00 Interns & residents (in an approved program) 0 0 0 24 50 Home office wage-related (core) 0 0 0 25 51 Related organization wage-related (core) 0 0 0 25 52 Home office: Physician Part A - Teaching - wage-related (core) 0 0 0 0 53 Home office & Contract 0 0 0 0 25 53 Home office & Contract 0 0 0 0 25 54 Home office & Contract 0 0 0 0 25 55 Home office & Contract 0 0 0 0 25 55 Home office & Contract 0 0 0 0 25 <td></td> <td>В</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		В							
00 Physician Part B 390,270 0 390,270 23 00 Wage-related costs (RHC/FOHC) 0 0 0 24 00 Interns & residents (in an approved program) 0 0 0 0 24 50 Home office wage-related (core) 0 0 0 0 25 51 Related organization wage-related (core) 0 0 0 0 25 52 Home office: Physician Part A - Administrative - wage-related (core) 0 0 0 0 25 53 Home office & Contract 0 0 0 0 25 53 Home office & Contract 0 0 0 0 25 53 Home office & Contract 0 0 0 0 25 90 VERHEAD COSTS - DIRECT SALARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td></td> <td>Administrative</td> <td></td> <td>т, 00°</td> <td></td> <td>, UU</td> <td></td> <td></td> <td></td>		Administrative		т, 00°		, UU			
00 Wage-related costs (RHC/FQHC) 0 0 0 0 24 00 Interns & residents (in an approved program) 0 0 0 0 25 50 Home office wage-related (core) 0 0 0 0 25 51 Related organization wage-related (core) 0 0 0 0 25 52 Home office: Physician Part A - Administrative - wage-related (core) 0 0 0 0 25 53 Home office & Contract Physicians Part A - Teaching - wage-related (core) 0 0 0 0 25 54 Home office & Contract Physicians Part A - Teaching - wage-related (core) 0 0 0 0 25 55 Home office & Contract Physicians Part A - Teaching - wage-related (core) 0 0 0 0 25 50 Physicians Part A - Teaching - wage-related (core) 0 <				390 270		390 270			
approved program) o o o o 25 Home office wage-related (core) o o o o 25 51 Rel ated organization wage-related (core) o o o o 25 52 Home office: Physician Part A - Administrative - wage-related (core) o o o o o 25 53 Home office & Contract o o o o o 25 54 Home office & Contract o o o o 25 54 Home office & Contract o o o o 25 55 Home office & Contract o o o o 25 75 Home office & Contract o o o o 25 75 Home office & Contract o o o o 25 70 VERHEAD COSTS - DIRECT SALARIES o o o 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00<				((0		24
50 Home office wage-related (core) 0 0 0 0 25 51 Related organization wage-related (core) 0 0 0 0 25 52 Home office: Physician Part A - Administrative - wage-related (core) 0 0 0 0 25 53 Home office & Contract Physicians Part A - Teaching - wage-related (core) 0 0 0 0 25 00 Employee Benefits Department 4.00 0 0 0 0.00 0.00 26	00			(0 0		C		25
51 Related organization 0 0 0 0 25 52 Home office: Physician Part A 0 0 0 0 25 53 Home office & Contract 0 0 0 0 25 53 Home office & Contract 0 0 0 0 25 9 wage-related (core) 0 0 0 0 26 9 Wage-related (core) 0 0 0 0 0 26 9 Wage-related (core) 0<	50			(o o		b		25
wage-related (core) wage-related (core) 52 Home office: Physician Part A 0 0 0 25 Home office: Core) wage-related (core) 0 0 0 0 25 S3 Home office & Contract 0 0 0 0 0 25 Home office & Contract 0 0 0 0 0 25 wage-related (core) wage-related (core) 0 0 0 0 25 OVERHEAD COSTS - DIRECT SALARIES 0 0 0 0.00 0.00 26	51			(0		D		25
- Administrative - wage-related (core) 0 0 0 0 25 53 Home office & Contract Physicians Part A - Teaching - wage-related (core) 0 0 0 0 25 00 Employee Benefits Department 4.00 0 0 0 0.00 0.00 26		wage-related (core)		ſ					
53 Home office & Contract 0 0 0 0 25 Physicians Part A - Teaching - wage-related (core) 0 0 0 0 0 26 OVERHEAD COSTS - DI RECT SALARI ES 0 0 0 0.00 0.00 26	JZ	- Administrative -		(20
Physicians Part A - Teaching - wage-related (core) OVERHEAD COSTS - DIRECT SALARIES 00 Employee Benefits Department 4.00 0 0.00 0.00 26	. 53			(o o		b		25
OVERHEAD COSTS DIRECT SALARIES 00 Employee Benefits Department 4.00 0 0 0.00 26		Physicians Part A - Teaching -							
00 Employee Benefits Department 4.00 0 0 0.00 0.00 26			S			l			-
	00						0.00		

Heal th	Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO	1	Period: From 01/01/2018 Fo 12/31/2018		pared:
		Wkst. A Line		Reclassi fi cati			Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	$(col.2 \pm col.$		col. 5)	
				A-6)	3)	col. 4		
	1	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		471, 176	0	471, 170	5 2, 215. 57	212. 67	28.00
29.00	Maintenance & Repairs	6.00	0	0	(0.00	0.00	29.00
30.00	Operation of Plant	7.00	573, 359	0	573, 359	23, 470. 80	24.43	30.00
31.00	Laundry & Linen Service	8.00	47, 228	0	47, 228	4, 170. 10	11. 33	31.00
32.00	Housekeepi ng	9.00	708, 780	0	708, 780	58, 708. 75	12.07	32.00
33.00	Housekeeping under contract (see instructions)		232, 888	0	232, 888	3 10, 074. 56	23. 12	33.00
34.00	Dietary	10.00	699, 082	-251, 304	447, 778	3 29, 441. 59	15. 21	34.00
35.00	Dietary under contract (see instructions)		0	0	(0.00	0.00	35.00
36.00	Cafeteria	11.00	0	251, 304	251, 304	16, 524. 00	15. 21	36.00
37.00	Maintenance of Personnel	12.00	0	0	(0.00	0.00	37.00
38.00	Nursing Administration	13.00	428, 327	0	428, 32	7 11, 812. 20	36.26	38.00
39.00	Central Services and Supply	14.00	79, 264	0	79, 264	5, 523. 45	14.35	39.00
40.00	Pharmacy	15.00	720, 881	0	720, 88			40.00
41.00	Medical Records & Medical Records Library	16.00	527, 472		527, 472			•
42.00	Social Service	17.00	0	0	(0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	(0.00		43.00

Heal th	Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CC		Period: From 01/01/2018 To 12/31/2018		pared:
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
		Line Number		on of Salaries	5		Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	/	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY				-		
1.00	Net salaries (see		49, 165, 702	520, 172	49, 685, 87	4 1, 615, 735. 32	30. 75	1.00
	instructions)							
2.00	Excluded area salaries (see instructions)		22, 055, 335	68, 377	22, 123, 71	2 513, 336. 59	43. 10	2.00
3.00	Subtotal salaries (line 1		27, 110, 367	451, 795	27, 562, 16	2 1, 102, 398. 73	25.00	3.00
	minus line 2)							
4.00	Subtotal other wages & related costs (see inst.)		1, 087, 647	0	1, 087, 64	7 11, 463. 24	94.88	4.00
5.00	Subtotal wage-related costs		8,009,443	0	8, 009, 44	3 0.00	29.06	5.00
6.00			36, 207, 457	451, 795	36, 659, 25	2 1, 113, 861, 97	32. 91	6.00
7.00	Total overhead cost (see instructions)		10, 658, 771					7.00
5.00 6.00	costs (see inst.) Subtotal wage-related costs (see inst.) Total (sum of lines 3 thru 5) Total overhead cost (see		36, 207, 457	0 451, 795	8, 009, 44 36, 659, 25	0.00 1,113,861.97	29. 06 32. 91	

Heal th	Financial Systems	KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	AL WAGE RELATED COSTS		Provider CCN: 1	15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV	pared:
						Amount	
						Reported 1.00	
	PART IV - WAGE RELATED COSTS					1.00	
	Part A - Core List						
	RETIREMENT COST						
1.00	401K Employer Contributions					0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contri					0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see	instructions)				2, 005, 921	3.00
4.00	Qualified Defined Benefit Plan Cost (see in					0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External	Organi zati on)					
5.00	401K/TSA Plan Administration fees					0	5.00
6.00	Legal /Accounting/Management Fees-Pension Pl					0	6.00
7.00	Employee Managed Care Program Administratio	n 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 Thi					0	
8.02	Health Insurance (Self Funded with a Third	Party Administrator	~)			6, 686, 628	
8.03	Heal th Insurance (Purchased)					0	0.00
9.00 10.00	Prescription Drug Plan					1, 079, 962 0	
10.00	Dental, Hearing and Vision Plan Life Insurance (If employee is owner or ben	oficiany)				0	
12.00	Accident Insurance (If employee is owner or					0	
12.00	Disability Insurance (If employee is owner					216, 821	
14.00	Long-Term Care Insurance (If employee is owner					210, 021	
15.00	'Workers' Compensation Insurance	ner of beneficially,				0	
16.00	Retirement Health Care Cost (Only current y	ear not the extra	ordinary accrual	l require	d by FASB 106	0	
101.00	Non cumulative portion)		in an nar y abor aa	oqui i o		Ū	10100
	TAXES						
17.00	FICA-Employers Portion Only					3, 203, 562	17.00
18.00	Medicare Taxes - Employers Portion Only					0	18.00
19.00	Unemployment Insurance					2, 562	19.00
20.00	State or Federal Unemployment Taxes					0	20.00
	OTHER						
21.00	Executive Deferred Compensation (Other Than instructions))	Retirement Cost Re	eported on lines	s 1 throu	gh 4 above. (see	0	21.00
22.00	Day Care Cost and Allowances					0	22.00
23.00	Tuition Reimbursement					0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)				13, 195, 456	24.00
	Part B - Other than Core Related Cost						
25.00	OTHER WAGE RELATED COSTS (SPECIFY)					0	25.00

Heal th	Financial Systems	KING'S DAUGHTERS'	HOSPI TAL	In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0069	Period:	Worksheet S-3	
				From 01/01/2018 To 12/31/2018		narod
				10 12/31/2010	5/28/2019 12:	
	Cost Center Description		· ,	Contract Labor		
				1.00	2.00	
	PART V - Contract Labor and Benefit Cost					
	Hospital and Hospital-Based Component Identi	fication:				
1.00	Total facility's contract labor and benefit	cost		290, 336	13, 195, 456	1.00
2.00	Hospi tal			290, 336	13, 195, 456	2.00
3.00	Subprovider - IPF					3.00
4.00	Subprovider - IRF					4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	Hospital-Based SNF					8.00
9.00	Hospital-Based NF					9.00
10.00	Hospital-Based OLTC					10.00
11.00	Hospital-Based HHA			0	0	11.00
12.00	Separately Certified ASC					12.00
13.00	Hospi tal -Based Hospi ce			0	0	13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
16.00	Hospital-Based-CMHC					16.00
17.00	Renal Dialysis					17.00
18.00	Other			0	0	18.00

Heal th	Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-:	2552-10
HOME H	IEALTH AGENCY STATI STI CAL DATA				Period: From 01/01/2018 To 12/31/2018		pared:
					Home Health	5/28/2019 12: PPS	26 pm
					Agency I		
		-				00	
0.00	County	Title V	Title XVIII	Title XIX	JEFFERSON Other	Total	0.00
		1.00	2.00	3.00	4.00	5.00	
1.00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	0	721	1	0 649	1, 370	1.00
2.00	Unduplicated Census Count (see instructions)	0.00					
				Number of Emp	oloyees (Full Ti	me Equivalent)	
		Enter the numb	or of hours in	Staff	Contract	Total	
			work week	Starr	contract	Total	
				4.00	0.00	0.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES	()	1.00	2.00	3.00	
3.00	Administrator and Assistant Administrator(s)		40.00				1
4.00 5.00	Director(s) and Assistant Director(s) Other Administrative Personnel			0.0			
6.00	Direct Nursing Service			0.0	4 0.00	0. 04	6.00
7.00 8.00	Nursi ng Supervi sor Physi cal Therapy Servi ce			0.0			
9.00	Physical Therapy Supervisor			0.0			1
10. 00 11. 00	Occupational Therapy Service Occupational Therapy Supervisor			0.6			1
12.00	Speech Pathol ogy Servi ce			0.0			
13.00	Speech Pathology Supervisor			0.0			
14.00 15.00	Medical Social Service Medical Social Service Supervisor			0.0			1
16.00	Home Health Aide			0.6	6 0.00	0. 66	16.00
17.00 18.00	Home Health Aide Supervisor Other (specify)			0.0			
	HOME HEALTH AGENCY CBSA CODES	 		0.0	0.00	0.00	1
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost				1		19.00
	reporting period.						
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20			99915			20.00
	contains the first code).		· .				
		Full Ep Without	oisodes With Outliers	LUPA Epi sodes	s PEP Only	Total (cols.	
		Outliers			Epi sodes	1-4)	
	PPS ACTIVITY DATA	1.00	2.00	3.00	4.00	5.00	
21.00	Skilled Nursing Visits	1,697				1, 967	
22.00 23.00	Skilled Nursing Visit Charges Physical Therapy Visits	397, 098 1, 762					
24.00	Physical Therapy Visit Charges	368, 258	2, 090		3 17, 138	393, 129	24.00
25.00 26.00	Occupational Therapy Visits Occupational Therapy Visit Charges	391 90, 712		46	2 17 4 3, 944	415 96, 280	
27.00	Speech Pathology Visits	12	C		0 0	12	27.00
28.00 29.00	Speech Pathology Visit Charges Medical Social Service Visits	2,868			0 0 0 0	2, 868 1	28.00 29.00
30.00	Medical Social Service Visit Charges	316	0		0 0	316	30.00
31.00 32.00	Home Health Aide Visits Home Health Aide Visit Charges	143 19, 591			0 0 0 0	143 19, 591	
33. 00	Total visits (sum of lines 21, 23, 25, 27,	4,006			-		
34.00	29, and 31) Other Charges	0	0		0 0	0	34.00
34.00 35.00	Total Charges (sum of lines 22, 24, 26, 28,	878, 843			-		
36.00	30, 32, and 34) Total Number of Episodes (standard/non	300		2	0 13	343	36.00
	outlier)						
37.00 38.00	Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges	0	5		5 0		37.00 38.00

OSPITAL-BASED HOSPICE IDENTIFICATION	DATA		Provider C	CN: 15-0069	Peri od:	Worksheet S-9	
			Hospi ce CCM	N: 15-1535	From 01/01/2018 To 12/31/2018		pared:
					Hospi ce I	5/20/2019 12.	20 pili
	Unduplicated				10301001		
	Days						
	Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
			Skilled	Nursi ng		cols. 1, 2 &	
			Nursi ng	Facility		5)	
			Facility				
	1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR CO	OST REPORTING F	PERIODS BEGINNI	NG BEFORE OCTO	BER 1, 2015			
.00 Hospice Continuous Home Care							1.0
00 Hospice Routine Home Care							2.0
.00 Hospice Inpatient Respite Care							3.0
00 Hospice General Inpatient Care							4.0
.00 Total Hospice Days							5. C
Part II - CENSUS DATA FOR COST	REPORTING PERI	ODS BEGINNING	BEFORE OCTOBER	1, 2015			
.00 Number of patients receiving							6. C
hospice care .00 Total number of unduplicated							7.0
Continuous Care hours billable							/.0
to Medicare							
.00 Average Length of Stay (line 5							8.0
/ line 6)							
.00 Unduplicated census count							9.0
)TE: Parts I and II, columns 1 and 2	also include	the days report	ed in columns	3 and 4.			
			Title XVIII	Title XIX	Other	Total (sum of	
						col s. 1	
						through 3)	
			1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR	COST REPORTING	G PERIODS BEGIN	NING ON OR AFT	ER OCTOBER 1,	2015		
0.00 Hospice Continuous Home Care			0		0 0	0	1
1.00 Hospice Routine Home Care			1, 306	10	60 147	1, 613	
2.00 Hospice Inpatient Respite Care			5		0 0	5	
3.00 Hospice General Inpatient Care			7		0 0	7	13.0
4.00 Total Hospice Days			1, 318	1 10	60 147	1, 625	14.0

0 15.00 0 16.00

 PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

 15.00
 Hospice Inpatient Respite Care
 0
 0
 0

 16.00
 Hospice General Inpatient Care
 0
 0
 0

Heal th	Financial Systems KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS-	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 1		eri od:	Worksheet S-1	0
				rom 01/01/2018 o 12/31/2018		
			I			
					1.00	
	Uncompensated and indigent care cost computation				L	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	vided by line 2	02 column	8)	0. 239357	1.00
0.00	Medicaid (see instructions for each line)				10,000,004	0.00
2.00	Net revenue from Medicaid				10, 909, 304	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid? If line 3 is yes, does line 2 include all DSH and/or supplemen	tal novemanta fra	om Madiaai	40	Y Y	3.00 4.00
4.00 5.00	If line 4 is no, then enter DSH and/or supplemental payments fi		om medical	u?	r o	4.00
6.00	Medicaid charges				46, 103, 224	6.00
7.00	Medicaid cost (line 1 times line 6)				11, 035, 129	7.00
8.00	Difference between net revenue and costs for Medicaid program	(line 7 minus s	um of line	s 2 and 5 if	125, 825	8.00
0.00	< zero then enter zero)				120,020	0.00
	Children's Health Insurance Program (CHIP) (see instructions for	or each line)				1
9.00	Net revenue from stand-alone CHIP				0	9.00
10.00	Stand-alone CHIP charges				0	
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	<pre>< zero then</pre>	0	12.00
	enter zero)					
13.00	Other state or local government indigent care program (see ins Net revenue from state or local indigent care program (Not inc				0	13.00
13.00	Charges for patients covered under state or local indigent care				0	
14.00	10)	e program (not	inci uueu i	IT THES 0 01	0	14.00
15.00	State or local indigent care program cost (line 1 times line 1-	4)			0	15.00
16.00	Difference between net revenue and costs for state or local in		oram (line	15 minus line	0	16.00
	13; if < zero then enter zero)	5	5			
	Grants, donations and total unreimbursed cost for Medicaid, CHI	P and state/loo	cal indige	nt care program	ns (see	1
	instructions for each line)				1	
17.00	Private grants, donations, or endowment income restricted to f				0	
18.00	Government grants, appropriations or transfers for support of			(<u> </u>	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and loca 8, 12 and 16)	Indigent care	programs	(sum of lines	125, 825	19.00
		Ur	ni nsured	Insured	Total (col. 1	
			atients	pati ents	+ 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 fa	cility	2, 625, 741	91, 363	2, 717, 104	20.00
	(see instructions)				740.050	
21.00	Cost of patients approved for charity care and uninsured disco	unts (see	628, 489	91, 363	719, 852	21.00
22.00	instructions) Payments received from patients for amounts previously written	off as	C	0	0	22.00
22.00	charity care		C	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		628, 489	91, 363	719, 852	23.00
		I			,	
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patien	nt days beyond	a length c	f stay limit	N	24.00
	imposed on patients covered by Medicaid or other indigent care					
25.00	If line 24 is yes, enter the charges for patient days beyond the	ne indigent car	e program'	s length of	0	25.00
	stay limit				0 053 5/3	
26.00	Total bad debt expense for the entire hospital complex (see in				9, 357, 567	
27.00	Medicare reimbursable bad debts for the entire hospital complex				230, 388	
27.01	Medicare allowable bad debts for the entire hospital complex (see instruction	5)		354, 444	
28.00 29.00	Non-Medicare bad debt expense (see instructions) Cost of non-Medicare and non-reimbursable Medicare bad debt exp	annea (cao inct	ructions)		9, 003, 123 2, 279, 017	
29.00 30.00	Cost of non-medicare and non-reimbursable medicare bad debt ex Cost of uncompensated care (line 23 column 3 plus line 29)	Jense (see Inst	i ucti ons)		2, 279, 017	
	Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			2, 998, 869 3, 124, 694	
51.00	Total anternou seu ana ancompensatea care cost (ritie 19 prus ri	10 30)			5, 124, 094	1 31.00

RECLAS	Financial Systems SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	KING'S DAUGHTERS E EXPENSES	Provider CC		eriod: rom 01/01/2018	Worksheet A	2552-10
					0 12/31/2018	Date/Time Pre 5/28/2019 12:	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1 00	GENERAL SERVICE COST CENTERS		14 052 205	14 052 205	245 100	14 207 405	1 1 00
1.00 1.01	00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		14, 052, 395 0	14, 052, 395 0		14, 297, 495 7, 887	1.00 1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	14, 395, 369	14, 395, 369		14, 142, 382	4.00
5.00 7.00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	6, 170, 314 573, 359	10, 699, 037 2, 434, 649	16, 869, 351 3, 008, 008	-358, 020 -26	16, 511, 331 3, 007, 982	5.00 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	47, 228	2, 434, 049 295, 207	342, 435		3,007,982	
9.00	00900 HOUSEKEEPI NG	708, 780	421, 418	1, 130, 198		1, 130, 198	
10.00	01000 DI ETARY	699, 082	416, 821	1, 115, 903		714, 761	
11.00 13.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	420 227	0	0 430, 037	401, 142 0	401, 142 430, 037	11.00 13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	428, 327 79, 264	1, 710 1, 360	430, 037 80, 624	-	430, 037 80, 624	14.00
15.00	01500 PHARMACY	720, 881	7, 683, 383	8, 404, 264		1, 346, 830	
16.00	01600 MEDI CAL RECORDS & LI BRARY	527, 472	332, 960	860, 432		860, 432	
19.00	01900 NONPHYSI CLAN ANESTHETI STS	0	0	0	271, 996	271, 996	
23.00	02300 RADI OLOGY SCHOOL I NPATI ENT ROUTI NE SERVI CE COST CENTERS	123, 446	9, 144	132, 590	0	132, 590	23.00
30.00	03000 ADULTS & PEDI ATRI CS	4, 800, 393	1, 071, 840	5, 872, 233	-1, 392, 564	4, 479, 669	30.00
31.00	03100 I NTENSI VE CARE UNI T	1, 058, 638	12, 624	1, 071, 262	-607	1, 070, 655	
43.00	04300 NURSERY	0	0	0	513, 110	513, 110	43.00
50.00	ANCI LLARY SERVICE COST CENTERS	1, 939, 965	8, 524, 239	10, 464, 204	-7, 779, 050	2, 685, 154	50.00
51.00	05100 RECOVERY ROOM	288, 550	31, 704	320, 254		2, 085, 154	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	020,201	479, 379	479, 379	52.00
53.00	05300 ANESTHESI OLOGY	1, 446, 625	1, 218, 740	2, 665, 365		2, 270, 099	
54.00	05400 RADI OLOGY-DI AGNOSTI C	2,765,678	1, 036, 083	3, 801, 761	-25, 722	3, 776, 039	54.00
54. 01 54. 02	03630 ULTRA SOUND 03450 NUCLEAR MEDICINE - DIAGNOSTIC	121, 855 66, 188	28, 411 204, 824	150, 266 271, 012		148, 276 266, 923	54.01 54.02
55.00	03480 ONCOLOGY	837, 829	1, 538, 064	2, 375, 893		2, 318, 087	55.00
57.00	05700 CT SCAN	170, 468	285, 153	455, 621		442, 855	57.00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	131, 504	129, 704	261, 208	-843	260, 365	58.00
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0 1, 489, 508	0 3, 104, 471	0 4, 593, 979	0 -1, 538, 230	0 3, 055, 749	59.00 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1, 469, 506	274, 821	4, 593, 979 274, 821	-1, 536, 230	274, 821	62.00
65.00	06500 RESPI RATORY THERAPY	602, 708	120, 148	722, 856	-	636, 643	65.00
66.00	06600 PHYSI CAL THERAPY	1, 347, 054	47, 082	1, 394, 136		1, 318, 774	66.00
67.00	06700 OCCUPATI ONAL THERAPY	196, 223	7, 348	203, 571	-3, 254	200, 317	67.00
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	153, 470	3, 506	156, 976	-1, 809	155, 167 0	68.00 69.00
69.01	03610 SLEEP LAB	139, 011	81, 372	220, 383	-5, 613	214, 770	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0	0		2, 938, 948	
71.01	07101 I V SOLUTI ONS	0	0	0		127, 073	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5, 872, 363	5, 872, 363 8, 538, 718	
73.00 76.00	03140 CARDI OLOGY	436, 700	232, 812	669, 512	8, 538, 718 -24, 118	645, 394	73.00 76.00
76.97	07697 CARDI AC REHABI LI TATI ON	69, 977	5, 355	75, 332		74, 942	76.97
	OUTPATIENT SERVICE COST CENTERS	I					
90.00		111, 314	17,002	128, 316		115, 786	90.00
91.00 92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 707, 980	940, 550	2, 648, 530	-230, 887	2, 417, 643	91.00 92.00
72.00	OTHER REIMBURSABLE COST CENTERS						/2.00
	09500 AMBULANCE SERVICES	1, 468, 829	213, 034	1, 681, 863		1, 634, 744	
101.00	10100 HOME HEALTH AGENCY	869, 676	96, 097	965, 773	7, 888	973, 661	101.00
113 00	SPECIAL PURPOSE COST CENTERS		0	0	0	0	113.00
	11600 HOSPI CE	45, 558	69, 188	114, 746	47,022	161, 768	
118.00		32, 343, 854	70, 037, 625	102, 381, 479		102, 041, 494	
	NONREI MBURSABLE COST CENTERS		-		_		
	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 07950 OTHER NON-REIMBURSABLE	0	0	0	-		190. 00 194. 00
	07950 OTHER NON-REIMBURSABLE	2, 172, 011	0 365, 252	2, 537, 263	-	2, 537, 263	
	07952 PHYSI CI AN CLI NI CS	5, 155, 890	1, 491, 222	6, 647, 112		6, 603, 360	
194.03	07953 PHYS PRAC BUS OFC	670, 989	10, 585	681, 574	831, 085	1, 512, 659	194. 03
	07954 MOB - MAIN CAMPUS	389, 029	-3, 586	385, 443	0	385, 443	
	07955 ONCOLOGY - NONREI MBURSABLE	2 220 414		0 2 E14 700	0 145 440		194.05
	07956 KDH - MC FAMILY PRACTICE 07957 KDH - MC ORTHOPEDICS	3, 220, 414 4, 039, 057	296, 306 416, 927	3, 516, 720 4, 455, 984		3, 371, 072 4, 247, 915	
		1, 370, 313	231, 068	1, 601, 381	-208, 009	1, 601, 381	
	07958 KDH – MC GENERAL SURGERY						
194.08 194.09	07958 KDH - MC GENERAL SURGERY 07959 KDH - MC ENT 07960 KDH - MC UROLOGY	652, 815 96, 052	24, 743 495, 275	677, 558	-78, 026	599, 532 591, 327	194.09

Health Financial Systems	KING'S DAUGHTER	S' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CO		Period: From 01/01/2018	Worksheet A	
					Date/Time Pre 5/28/2019 12:	
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.11 07961 KDH - MC OB/GYN	1, 781, 256	581, 827	2, 363, 083	-15, 605	2, 347, 478	194. 11
200.00 TOTAL (SUM OF LINES 118 through 199)	51, 891, 680	73, 947, 244	125, 838, 924	1 0	125, 838, 924	200. 00

	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O			-0069 Period: Worksheet From 01/01/2018 To 12/31/2018 Date/Time	A
				5/28/2019	12:26 pm
	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS		1		
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-1, 720, 685	12, 576, 810		1.0
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 00200 NEW CAP REL COSTS-MVBLE EQUIP	0	7, 887 0		1.0
2.00 3.00	00300 OTHER CAPITAL RELATED COSTS	0	0		2.
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-1, 241, 494	12, 900, 888		4.
5.00	00500 ADMI NI STRATI VE & GENERAL	-4, 411, 291	12, 100, 040		5.0
7.00	00700 OPERATION OF PLANT	-23, 320	2,984,662		7.0
8.00	00800 LAUNDRY & LINEN SERVICE	0	342, 435		8.
9.00	00900 HOUSEKEEPI NG	0	1, 130, 198		9. (
10. 00	01000 DI ETARY	0	714, 761		10.0
	01100 CAFETERI A	-414, 193	-13, 051		11.
	01300 NURSI NG ADMI NI STRATI ON	0	430, 037		13.
	01400 CENTRAL SERVICES & SUPPLY	0	80, 624		14.
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0 -52	1, 346, 830 860, 380		16.0
	01900 NONPHYSI CI AN ANESTHETI STS	-271, 996	000, 300		10.
	02300 RADI OLOGY SCHOOL	-45, 275	87, 315		23.
	INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00	03000 ADULTS & PEDI ATRI CS	-742, 638	3, 737, 031		30. (
31.00	03100 INTENSIVE CARE UNIT	0	1, 070, 655		31.0
43.00	04300 NURSERY	0	513, 110		43.
- 00	ANCI LLARY SERVICE COST CENTERS		2 (05 154		
	05000 OPERATING ROOM 05100 RECOVERY ROOM	0 -57, 606	2, 685, 154 237, 874		50. 51.
	05200 DELIVERY ROOM & LABOR ROOM	-57,000	479, 379		52.0
	05300 ANESTHESI OLOGY	-2, 390, 793	-120, 694		53.
	05400 RADI OLOGY-DI AGNOSTI C	-1, 857, 383	1, 918, 656		54.
	03630 ULTRA SOUND	0	148, 276		54.
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	266, 923		54.
	03480 ONCOLOGY	-756, 367	1, 561, 720		55.
	05700 CT SCAN	-203, 800	239, 055		57.
	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	260, 365		58.
	05900 CARDI AC CATHETERI ZATI ON	10 047	0		59.
	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	-49,047	3,006,702		60. 62.
65.00	06500 RESPIRATORY THERAPY	0	274, 821 636, 643		65.
	06600 PHYSI CAL THERAPY	0	1, 318, 774		66.
	06700 OCCUPATI ONAL THERAPY	0 0	200, 317		67.
	06800 SPEECH PATHOLOGY	0	155, 167		68.
69.00	06900 ELECTROCARDI OLOGY	0	0		69.
	03610 SLEEP LAB	0	214, 770		69.
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-6	2, 938, 942		71.
	07101 I V SOLUTI ONS	0	127,073		71.
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	5,872,363		72. 73.
	03140 CARDI OLOGY	0	8, 538, 718 645, 394		75.
	07697 CARDI AC REHABI LI TATI ON	0	74, 942		76.
	OUTPATIENT SERVICE COST CENTERS		,=		
90.00	09000 CLI NI C	0	115, 786		90.
	09100 EMERGENCY	-295, 420	2, 122, 223		91.
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.
		(00)	1 / 2/ 1//		
	09500 AMBULANCE SERVICES 10100 HOME HEALTH AGENCY	-600 0	1, 634, 144 973, 661		95. 101.
51.00	SPECIAL PURPOSE COST CENTERS	<u> </u>	775,001		
13.00	11300 I NTEREST EXPENSE	0	0		113.
	11600 H0SPI CE	0	161, 768		116.
18.00		-14, 481, 966	87, 559, 528		118.
oc -	NONREI MBURSABLE COST CENTERS				
	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.
	07950 OTHER NON-REI MBURSABLE	0	0		194.
	207952 PHYSI CI AN CLI NI CS	0	2, 537, 263 6, 603, 360		194. 194.
	07952 PHYS PRAC BUS OFC		1, 512, 659		194.
	107954 MOB - MAIN CAMPUS	0	385, 443		194.
	07955 ONCOLOGY - NONREI MBURSABLE	0	0		194.
	07956 KDH - MC FAMILY PRACTICE	0	3, 371, 072		194.
	07957 KDH - MC ORTHOPEDICS	0	4, 247, 915		194.
	07958 KDH - MC GENERAL SURGERY	0	1, 601, 381		194.
	07959 KDH – MC ENT	0	599, 532		194.
	07960 KDH - MC UROLOGY	0	591, 327		194.
	07961 KDH - MC OB/GYN	0	2, 347, 478		194.
194. 11 200. 00		-14, 481, 966	111, 356, 958		20

KING'S DAUGHTERS' HOSPITAL In Lieu of Form CMS-2552-10

Health Financial Systems

I FI CATI ONS			Provider CCN: 15-	From 01/01/2018 To 12/31/2018 Date/Ti	et A-6 me Prepare 19 12:26 p
Cost Center	Increases	Colory	Othor		
2. 00	Li ne # 3.00	Salary 4.00	0ther 5.00		
A – CAFETERIA					
CAFETERI A	<u> </u>	251, 304	149,838		1
D B - MEDICAL IMAGING TIME		251, 304	149, 838		
PHYSICIAN CLINICS	194.02	13, 467	0		1
0		13, 467	<u>0</u>		
C - DEPRECIATION	1.01		7 007		
NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	7, 887		1
		— — — ₀	7,887		
D - NURSERY- L&D					
NURSERY	43.00	498, 311	14, 799		1
DELIVERY ROOM & LABOR ROOM	<u>52.</u> 00	<u>465, 553</u> 963, 864	1 <u>3, 826</u> 28, 625		2
- CRNA EXPENSE		703, 004	20, 025		
NONPHYSICIAN ANESTHETISTS	19.00	271, 996	<u>0</u>		1
0		271, 996	0		
- PHYSICIAN BILLING AND COL		0	921 095		1
PHYS <u>PRAC_BUS_OFC</u>	<u> </u>	0	<u>831, 085</u> 831, 085		1
G - EMPLOYEE BENEFITS			001,000		
ADMI NI STRATI VE & GENERAL	5.00	520, 172	0		1
	0.00	0	0		2
	0.00 0.00	0	0		3
	0.00	0	0		5
	0.00	0	0		6
)		520, 172	0		
- MED/SURG SUPPLIES MEDICAL SUPPLIES CHARGED TO	71.00	0	2, 938, 948		1
PATIENTS	71.00	0	2, 930, 940		'
	0.00	О	0		2
	0.00	0	0		3
	0.00	0	0		4
	0.00 0.00	0	0		5
	0.00	0	0		7
	0.00	О	0		8
	0.00	0	0		9
	0.00 0.00	0	0		10
	0.00	0	0		12
	0.00	Ō	0		13
	0.00	О	0		14
	0.00	0	0		15
	0.00 0.00	0	0		16
	0.00	0	0		18
	0.00	0	0		19
	0.00	0	0		20
	0.00	0	0		21
	0.00 0.00	0	0		22
	0.00	0	0		24
	0.00	0	<u>0</u>		25
0 J - IV SOLUTIONS		0	2, 938, 948		
IV SOLUTIONS	71.01	0	127, 073		1
	0.00	Ō	0		2
	0.00	0	0		3
	0.00	0	0		4
	0.00 0.00	0	0		6
	0.00	0	ő		7
	0.00	0	0		8
		0	127, 073		
K – IMPLANTS IMPL. DEV. CHARGED TO	72.00	0	5, 872, 363		1
PATIENTS	72.00	U	3,012,303		1
0 0			5, 872, 363		
L - DRUGS DRUGS CHARGED TO PATIENTS					
DDUCC CHARCER TO DATIENTS	73.00	0	8, 538, 718		1
DRUGS CHARGED TO PATTENTS	0.00	0	0, 330, 710		2

Heal th	Financial Systems		KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS	-2552-10
RECLASS	SEFECATIONS			Provider (CCN: 15-0069	Period: From 01/01/2018	Worksheet A-	6
						To 12/31/2018	Date/Time Pr 5/28/2019 12	epared: :26 pm
		Increases						
	Cost Center	Line #	Sal ary	Other				
	2. 00	3.00	4.00	5.00				
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	L	0.00	0	0				10.00
	0		0	8, 538, 718				
	M – INSURANCE							
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	252, 987				1.00
	<u>FIXT</u>				-			
	0		0	252, 987				
	N - HOME HEALTH DIRECTOR				1			_
1.00	HOME HEALTH AGENCY	<u> </u>	5 <u>4, 9</u> 10	0				1.00
	TOTALS		54, 910	0				
	0 - HOSPICE	i						
1.00	HOSPICE	116.00	47, 022	0				1.00
	TOTALS		47, 022	0				
500.00	Grand Total: Increases		2, 122, 735	18, 747, 524				500.00

	SI FI CATI ONS			Provi der (CCN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet A-6 Date/Time Prepare
		Decreases					5/28/2019 12: 26 p
	Cost Center	Li ne #	Salary	Other	Wkst. A-7 Ref	2	
	6.00	7.00	8.00	9.00	10.00		
00	A - CAFETERIA	10.00	251 204	140.020			1
. 00	DI ETARY	<u>10.00</u>	<u>251, 304</u> 251, 304	14 <u>9, 8</u> 38 149, 838		Q	1.
	B - MEDICAL IMAGING TIME		231, 304	147,030			
. 00	RADI OLOGY-DI AGNOSTI C	54.00	13, 467	C)	0	1.
	0		13, 467	c		1	
	C - DEPRECIATION		i		1	1	
00	NEW CAP REL COSTS-BLDG &	1.00	0	7, 887	7	9	1.
	FIXT	+	₀	7,887	· · · · · · · · · · · · · · · · · · ·	-	
	D - NURSERY- L&D		UU	7,007			
00	ADULTS & PEDIATRICS	30.00	963, 864	28, 625	5	0	1.
00		0.00	0	,		0	2.
	0		963, 864	28, 625		_	
	E – CRNA EXPENSE						
00	ANESTHESI OLOGY	<u>53.</u> 00	27 <u>1, 9</u> 96	0		Q	1.
	0		271, 996	C)		
00	F - PHYSICIAN BILLING AND COLI			004 005	-	0	
00	ADMI NI STRATI VE & GENERAL	5.00	0	<u>831,085</u> 831,085		Q	1.
	G - EMPLOYEE BENEFITS		U	031,085	<u>'</u>		
00	ADMI NI STRATI VE & GENERAL	5.00	0	15, 605	5	0	1.
00	PHYSICIAN CLINICS	194.02	0	57, 219		0	2.
00	KDH - MC FAMILY PRACTICE	194.06	0	145, 648		0	3.
00	KDH - MC ORTHOPEDICS	194.07	О	208, 069)	0	4.
00	KDH – MC ENT	194.09	0	78, 026		0	5.
00	KDH - MC <u>OB/GYN</u>	1 <u>94.</u> 11	0	1 <u>5,6</u> 05		Q	6.
	0		0	520, 172	2		
~~	I - MED/SURG SUPPLIES	5.00		1.0/0			1
00	ADMI NI STRATI VE & GENERAL	5.00	0	1, 369		0	1.
00 00	OPERATION OF PLANT PHARMACY	7.00 15.00	0	26 9, 342		0	2.
00	ADULTS & PEDIATRICS	30.00	0	381, 135		0	4.
00	INTENSIVE CARE UNIT	31.00	0	607		0	5.
00	OPERATING ROOM	50.00	0	1, 879, 107		0	6.
00	RECOVERY ROOM	51.00	0	24, 129		0	7.
00	ANESTHESI OLOGY	53.00	О	79, 865	5	0	8.
00	RADI OLOGY-DI AGNOSTI C	54.00	0	5, 122	2	0	9.
	ULTRA SOUND	54.01	0	1, 715		0	10.
. 00	NUCLEAR MEDICINE -	54.02	0	1, 245	5	0	11.
~~	DI AGNOSTI C	FF 00				0	10
	ONCOLOGY CT SCAN	55.00 57.00	0	55, 743 12, 766		0	12.
	MAGNETIC RESONANCE I MAGI NG	58.00	0	843		0	14.
. 00	(MRI)	00.00	Ŭ	010			
. 00	LABORATORY	60.00	0	117, 719	2	0	15.
	RESPI RATORY THERAPY	65.00	Ō	49, 609		0	16.
. 00	PHYSICAL THERAPY	66.00	0	15, 375		0	17.
	OCCUPATI ONAL THERAPY	67.00	0	3, 254		0	18.
	SPEECH PATHOLOGY	68.00	0	1,809		0	19.
	SLEEP LAB	69.01	0	5, 613		U	20.
		76.00 76.07	0	24, 118		0	21.
. 00 . 00	CARDIAC REHABILITATION	76. 97 90. 00	0 O	390 12, 530		0	22.
	EMERGENCY	90.00 91.00	0	219, 611		0	23.
. 00	AMBULANCE SERVICES	95.00	0	35, 906		0	24.
	6 — — — — — — — — — — — — — — — — — — —		0	2,938,948		1	20.
	J - IV SOLUTIONS					· · · · · · · · · · · · · · · · · · ·	
00	PHARMACY	15.00	0	65, 918		0	1.
00	ADULTS & PEDIATRICS	30.00	0	18, 940		0	2.
00	OPERATING ROOM	50.00	0	27, 580		0	3.
00	RECOVERY ROOM	51.00	0	645		U	4.
00	ONCOLOGY	55.00 65.00	0	2,063		0	5.
00 00	RESPI RATORY THERAPY EMERGENCY	65.00 91.00	0	18 11, 276		0	6. 7.
00 00	AMBULANCE SERVICES	91.00 95.00	0	633		0	8.
			0	033		Ĭ	0.
	K - IMPLANTS		U	.27,070		I	
00	OPERATING ROOM	50.00	0	<u>5, 872, 3</u> 63		0	1.
	0		0	5, 872, 363	3		
	L - DRUGS					-1	
00	ADMI NI STRATI VE & GENERAL	5.00	0	30, 133		0	1.
~~	PHARMACY	15.00	0	6, 982, 174	H	0	2.
00 00	ANESTHESI OLOGY	53.00	0	43, 405		0	3.

Heal th	Financial Systems		KING'S DAUGHTERS'	HOSPI TAL		In Lieu	u of Form CMS-	-2552-10
RECLASS	SI FI CATI ONS			Provider (CCN: 15-0069	Peri od:	Worksheet A-	6
						From 01/01/2018 To 12/31/2018	Date/Time Pr 5/28/2019 12	epared: 26 pm
		Decreases						
	Cost Center	Line #	Salary		Wkst. A-7 Ref	,		
	6.00	7.00	8.00	9.00	10.00			
4.00	RADI OLOGY-DI AGNOSTI C	54.00	0	7, 133		0		4.00
5.00	ULTRA SOUND	54.01	0	275		0		5.00
6.00	NUCLEAR MEDICINE – DIAGNOSTIC	54.02	0	2, 844		0		6.00
7.00	LABORATORY	60.00	0	1, 420, 511		0		7.00
8.00	PHYSI CAL THERAPY	66.00	0	5, 077		0		8.00
9.00	RESPI RATORY THERAPY	65.00	0	36, 586		0		9.00
10.00	AMBULANCE SERVICES	95.00	0	10, 580		0		10.00
	0			8, 538, 718				
	M - INSURANCE							1
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	252, 987	1	2		1.00
	0			252, 987				
	N - HOME HEALTH DIRECTOR							1
1.00	PHYSI CAL THERAPY	66.00	54, 910	0		0		1.00
	TOTALS		54, 910	0		7		
	0 - HOSPICE							1
1.00	HOME HEALTH AGENCY	101.00	47, 022	0		0		1.00
	TOTALS		47, 022	0]
500.00	Grand Total: Decreases		1, 602, 563	19, 267, 696				500.00
		-						

	Financial Systems	KING'S DAUGHTER				ieu of Form CMS-	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provider CC	CN: 15-0069	Peri od:	Worksheet A-7	
					From 01/01/20 To 12/31/20		narod
					10 12/31/20	5/28/2019 12:	26 pm
				Acqui si ti ons	S	0,20,201, 12	
		Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASS	ET BALANCES					
1.00	Land	3, 499, 119	0		0	0 0	1.00
2.00	Land Improvements	546, 799	0		0	0 6, 143	2.00
3.00	Buildings and Fixtures	117, 987, 460	0		0	0 33, 542	3.00
4.00	Building Improvements	0	0		0	0 0	4.00
5.00	Fixed Equipment	0	0		0	0 0	5.00
6.00	Movable Equipment	63, 666, 718	2, 276, 435		0 2, 276, 4	35 0	6.00
7.00	HIT designated Assets	0	0		0	0 0	7.00
8.00	Subtotal (sum of lines 1-7)	185, 700, 096	2, 276, 435		0 2, 276, 4	35 39, 685	8.00
9.00	Reconciling Items	0	0		0	0 0	9.00
10.00	Total (line 8 minus line 9)	185, 700, 096	2, 276, 435		0 2, 276, 4	35 39, 685	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASS						
1.00	Land	3, 499, 119	0				1.00
2.00	Land Improvements	540, 656	0				2.00
3.00	Buildings and Fixtures	117, 953, 918	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	65, 943, 153	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	187, 936, 846	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	187, 936, 846	0				10.00

Heal th	Financial Systems	KING'S DAUGHTER	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CO		Period:	Worksheet A-7	
					From 01/01/2018 To 12/31/2018		nared
					10 12/31/2010	5/28/2019 12:	
			SL	JMMARY OF CAPI	TAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
						instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR						
1.00	NEW CAP REL COSTS-BLDG & FIXT	8, 694, 756	65, 799	5, 280, 032	2 0	11, 808	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	(0 0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	(0 0	0	2.00
3.00	Total (sum of lines 1-2)	8, 694, 756	65, 799	5, 280, 032	2 0	11, 808	3.00
		SUMMARY OF	E CAPI TAL				
	Cost Center Description	Other	Total (1) (sum	-			
	cost center bescription	Capi tal -Rel ate					
		d Costs (see	through 14)				
		instructions)	thi ough 14)				
		14.00	15.00	1			
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A. COLUM		nd 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	14,052,395				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,052,395				3.00

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	552-10
RECONCILIATION OF CAPITAL COSTS CENTERS	_	Provider C	F		Date/Time Prep 5/28/2019 12:2	pared: 26 pm
	COM	PUTATION OF RAT	TIOS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed 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 CE	INTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT	121, 993, 693	0	121, 993, 693	0. 649121	0	1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	(0. 000000	0	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	65, 943, 153	0	65, 943, 153	3 0. 350879	0	2.00
3.00 Total (sum of lines 1-2)	187, 936, 846		187, 936, 846		0	3.00
	ALLOCA	TION OF OTHER (CAPI TAL	SUMMARY O	F CAPITAL	
Cost Center Description	Taxes	0ther	Total (sum of	Depreciation	Lease	
		Capi tal -Rel ate				
	6,00	d Costs 7.00	through 7) 8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		7.00	0.00	9.00	10.00	
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	0		8, 686, 869	45, 579	1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0		7,887	0	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0		0	0	2.00
3.00 Total (sum of lines 1-2)	0	0		8, 694, 756	45, 579	3.00
		SI	JMMARY OF CAPI		10/0//	0100
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d 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 CE		12.00	10.00		101.00	
1.00 NEW CAP REL COSTS-BLDG & FIXT	3, 579, 567	252, 987	11, 808	3 0	12, 576, 810	1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	(0 0	7, 887	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	Ö		o o	0	2.00
3.00 Total (sum of lines 1-2)	3, 579, 567	252, 987	11, 808	3 0	12, 584, 697	3.00

DJUST	MENTS TO EXPENSES			Provider CCN: 15-0069	Period: From 01/01/2018	Worksheet A-8	
					To 12/31/2018	Date/Time Prep 5/28/2019 12:2	
				Expense Classification c To/From Which the Amount is			
	Cost Center Description	1.00	Amount 2.00	Cost Center 3.00	Li ne # 4. 00	Wkst. A-7 Ref. 5.00	
. 00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	В		NEW CAP REL COSTS-BLDG & FLXT	1.00		1. (
. 01	Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)		C	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1. 01	0	1.
. 00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		C	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.
. 00	Investment income - other (chapter 2)		C		0.00	0	3.
. 00	Trade, quantity, and time discounts (chapter 8)		C		0.00	0	4.
. 00	Refunds and rebates of expenses (chapter 8)		C		0.00	0	5.
. 00	Rental of provider space by suppliers (chapter 8)	В	-20, 220	NEW CAP REL COSTS-BLDG & FLXT	1.00	10	6.
. 00	Telephone services (pay stations excluded) (chapter 21)	A	-4, 533	ADMI NI STRATI VE & GENERAL	5.00	0	7.
. 00	Television and radio service (chapter 21)	А	-23, 320	OPERATION OF PLANT	7.00	0	8.
. 00 0. 00	Parking lot (chapter 21) Provider-based physician adjustment	A-8-2	C -6, 633, 044		0.00	0	9. 10.
I. 00	Sale of scrap, waste, etc. (chapter 23)		C		0.00	0	11.
2.00	Related organization transactions (chapter 10)	A-8-1	C			0	
3.00 4.00 5.00	Laundry and linen service Cafeteria-employees and guests Rental of quarters to employee	В	C -414, 193 C	CAFETERI A	0.00 11.00 0.00	0	13. 14. 15.
b. 00	and others Sale of medical and surgical supplies to other than patients	В	-6	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 71.00	0	16.
. 00	Sale of drugs to other than patients		C		0.00	0	17.
. 00	Sale of medical records and abstracts	В	-52	MEDICAL RECORDS & LIBRARY	16.00	0	18
. 00	Nursing and allied health education (tuition, fees, books, etc.)		C		0.00	0	19
	Vending machines Income from imposition of interest, finance or penalty		C		0.00 0.00		20 21
2. 00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to		C		0.00	0	22.
3. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	C	RESPI RATORY THERAPY	65.00		23.
. 00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	C	PHYSICAL THERAPY	66.00		24.
. 00	limitation (chapter 14) Utilization review - physicians' compensation		C	*** Cost Center Deleted ***	* 114.00		25.
. 00	(chapter 21) Depreciation - NEW CAP REL COSTS PLDC & ELVT		C	NEW CAP REL COSTS-BLDG &	1.00	0	26.
. 01	COSTS-BLDG & FIXT Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO		C	FLXT NEW CAP REL COSTS-BLDG & FLXT HHA/HO	1.01	0	26.
. 00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		C	NEW CAP REL COSTS-MVBLE	2.00	0	27
. 00 . 00	Non-physician Anesthetist Physicians' assistant	А	-271, 996	NONPHYSICIAN ANESTHETISTS	19.00 0.00		28 29
	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	C	OCCUPATI ONAL THERAPY	67.00		30.

Heal th	Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL	In Lie	eu of Form CMS-2	2552-10
ADJUST	MENTS TO EXPENSES				Peri od:	Worksheet A-8	
					rom 01/01/2018 o 12/31/2018		narad.
					0 12/31/2018	5/28/2019 12:	26 pm
				Expense Classification on	Worksheet A		
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4,00	5.00	
30.99	Hospice (non-distinct) (see			ADULTS & PEDIATRICS	30.00		30.99
	instructions)						
31.00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
	pathology costs in excess of						
	limitation (chapter 14)						
32.00			0		0.00	0	32.00
	Depreciation and Interest		45 075				
33.00		В		RADI OLOGY SCHOOL	23.00		
33.01	COPI ER BUYOUT REVENUE	В		RECOVERY ROOM	51.00		
33.02	AMBULANCE REVENUE	В		AMBULANCE SERVICES	95.00		
33. 03 33. 04	ADVERTI SI NG SELF-I NSURANCE	A		ADMI NI STRATI VE & GENERAL	5.00		
33.04	HOSPITAL ASSOCIATION FEES	A		EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	4.00 5.00		
33.05		A		ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	5.00		
33.00	PHYSICIAN RECRUITMENT	A		ADMINISTRATIVE & GENERAL	5.00		
33.08	PHYSICIAN LAB SALARY OFFSET	A		LABORATORY	60.00		
33.09	PHYSICIAN LAB BENEFIT OFFSET	A		EMPLOYEE BENEFITS DEPARTMENT			
33.10	CRNA BENEFIT OFFSET	A		EMPLOYEE BENEFITS DEPARTMENT			
33.11	DONATIONS	A		ADMI NI STRATI VE & GENERAL	5.00		
33.12	REALIZED GAIN/LOSS	В		NEW CAP REL COSTS-BLDG &	1.00		
		-		FLXT			
33. 13	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33. 13
	(3)						
50.00	TOTAL (sum of lines 1 thru 49)		-14, 481, 966				50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

(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.

	Financial Syste		KING'S DAUGHI	ERS' HOSPI TAL			eu of Form CMS-	
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provider (CCN: 15-0069	Period: From 01/01/2018	Worksheet A-8	3-2
						To 12/31/2018		
	Wkst. A Line #		Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		ADMINISTRATIVE & GENERAL	386, 434	386, 434		211, 500		
2.00		ADULTS & PEDIATRICS	742, 638			211, 500		
3.00		ANESTHESI OLOGY	2, 393, 786					3.00
4.00	54.00	RADI OLOGY-DI AGNOSTI C	1, 857, 383	1, 857, 383	(271, 900	0	4.00
5.00	55.00	ONCOLOGY	768, 796	756, 367	12, 42	211, 500	141	5.00
6.00	57.00	CT SCAN	203, 800	203, 800	(211, 500	0	6.00
7.00	60.00	LABORATORY	150,000	0	150,000	260, 300	1, 946	7.00
8.00	69.01	SLEEP LAB	14, 346	0	14, 34	5 211, 500	143	8.00
9.00	91.00	EMERGENCY	635, 854	0	635, 85	1 211, 500	3, 348	9.00
10.00		AMBULANCE SERVICES	717	0	71			10.00
200.00			7, 153, 754	6, 320, 391	833, 36			200.00
200100	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE			of Malpractice	
			2.1	Limit	Conti nui ng	Share of col.	Insurance	
				2.1.1.1	Education	12	i nour anoo	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00		ADMI NI STRATI VE & GENERAL	0	0		0 0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	(o l	0	2.00
3.00		ANESTHESI OLOGY	2,993	150		0 0	0	3.00
4.00		RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	4.00
5.00		ONCOLOGY	14, 337	717		0	0	5.00
6.00		CT SCAN	0	0			0	6.00
7.00		LABORATORY	243, 531	12, 177			0	7.00
8.00		SLEEP LAB	14, 541	727			0	8.00
9.00		EMERGENCY	340, 434	17, 022		-	0	9,00
10.00		AMBULANCE SERVICES	508				0	
200.00	/3.00	ANDOLANCE SERVICES	616, 344				0	
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		200.00
		I denti fi er	Component	Limit	Di sal I owance			
		i dontri i or	Share of col.	211111	Disarrowance			
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	0			386, 434		1.00
2.00		ADULTS & PEDIATRICS	0	0		742,638		2.00
3.00		ANESTHESI OLOGY	0	2, 993	17, 02			3.00
4.00		RADI OLOGY-DI AGNOSTI C	0	0		1, 857, 383		4.00
5.00		ONCOLOGY	0	14, 337		756, 367		5.00
6.00		CT SCAN	0	0		203, 800		6.00
7.00		LABORATORY	0	-		0 200,000		7.00
8.00		SLEEP LAB		14, 541				8.00
9.00		EMERGENCY		340, 434		-		9.00
10.00		AMBULANCE SERVICES		508				10.00
200.00		ANDULANUL JENVIULJ						200.00
	1	1	0	010, 344	JIZ, 00-	0,000,044		_ ∠00. 00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	KING'S DAUGHTE	RS' HOSPITAL Provider CC		riod: om 01/01/2018	u of Form CMS-: Worksheet B Part I Date/Time Pre	epared:
			CAPITAL RELATED CC			5/28/2019 12:	26 pm
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUI P	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	1.01	2.00	4.00	
	GENERAL SERVICE COST CENTERS	10 574 040	40.574.040				
1.00 1.01 2.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 00200 NEW CAP REL COSTS-MVBLE EQUIP	12, 576, 810 7, 887 0	12, 576, 810 0	7, 887	0		1.00 1.01 2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	12, 900, 888 12, 100, 040	0 1, 478, 789	0	0	12, 900, 888 1, 669, 770	
7.00	00700 OPERATION OF PLANT	2, 984, 662	1, 397, 261	0	0	143, 431	
8.00	00800 LAUNDRY & LINEN SERVICE	342, 435	64, 774	0	0	11, 815	8.00
9.00	00900 HOUSEKEEPING	1, 130, 198	113, 541	0	0	177, 308	
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	714, 761 -13, 051	213, 863 86, 490	0	0	112, 016 62, 866	
13.00	01300 NURSI NG ADMI NI STRATI ON	430, 037	69, 260	0	0	107, 150	
14.00	01400 CENTRAL SERVICES & SUPPLY	80, 624	105, 215	0	0	19, 829	
15.00	01500 PHARMACY	1, 346, 830	78, 198	0	0	180, 336	
16.00	01600 MEDI CAL RECORDS & LI BRARY	860, 380	9, 923	0	0	131, 952	
19.00 23.00	01900 NONPHYSI CI AN ANESTHETI STS 02300 RADI OLOGY SCHOOL	0 87, 315	0 22, 464	0	0	0 30, 881	
23.00	INPATIENT ROUTINE SERVICE COST CENTERS	07, 315	22, 404	0	UU	30, 881	23.00
30.00	03000 ADULTS & PEDIATRICS	3, 737, 031	1, 352, 640	0	0	959, 746	30.00
31.00	03100 I NTENSI VE CARE UNI T	1, 070, 655	56, 890	0	0	264, 829	
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	513, 110	66, 439	0	0	124, 657	43.00
50.00	05000 OPERATING ROOM	2, 685, 154	626, 533	0	0	485, 302	50.00
51.00	05100 RECOVERY ROOM	237, 874	46, 728	0	0	72, 184	
52.00	05200 DELIVERY ROOM & LABOR ROOM	479, 379	0	0	0	116, 463	52.00
53.00	05300 ANESTHESI OLOGY	-120, 694	4, 418	0	0	293, 845	
54.00	05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND	1, 918, 656	368, 423 0	0	0	688, 493	
54. 01 54. 02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	148, 276 266, 923	16, 414	0	0	30, 483 16, 558	
55.00	03480 ONCOLOGY	1, 561, 720	416, 205	0	0	209, 591	
57.00	05700 CT SCAN	239, 055	30, 416	0	0	42, 644	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	260, 365	36, 703	0	0	32, 897	
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON	0	212 028	0	0	0	
62.00	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3, 006, 702 274, 821	212, 028 9, 482	0	0	360, 346 0	1
65.00	06500 RESPI RATORY THERAPY	636, 643	40, 679	0	0	150, 773	
66.00	06600 PHYSI CAL THERAPY	1, 318, 774	421, 438	0	0	323, 243	66.00
67.00	06700 OCCUPATI ONAL THERAPY	200, 317	48, 258	0	0	49, 087	
	06800 SPEECH PATHOLOGY	155, 167	11, 419	0	0	38, 392	
69.00 69.01	06900 ELECTROCARDI OLOGY 03610 SLEEP LAB	214, 770	28, 513	0	0	0 34, 775	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2, 938, 942	20, 010	0	0	01,770	1
71.01	07101 I V SOLUTI ONS	127,073	0	0	0	0	71.01
	07200 I MPL. DEV. CHARGED TO PATIENTS	5, 872, 363	0	0	0	0	
73.00 76.00	07300 DRUGS CHARGED TO PATIENTS 03140 CARDI OLOGY	8, 538, 718 645, 394	0 205, 503	0	0	0 109, 245	
	07697 CARDI AC REHABI LI TATI ON	74, 942	205, 503	0	0	17, 505	
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	115, 786	29, 566	0	0	27, 846	
91.00	09100 EMERGENCY	2, 122, 223	471, 667	0	0	427, 268	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES	1, 634, 144	160, 813	0	0	367, 442	95.00
101.00	10100 HOME HEALTH AGENCY	973, 661	0	6, 207	0	219, 531	101.00
	SPECIAL PURPOSE COST CENTERS						
	11300 I NTEREST EXPENSE 11600 HOSPI CE	161, 768	0	1, 680	o	22 160	113.00 116.00
118.00		87, 559, 528	8, 324, 844	7, 887	0	8, 133, 659	
	NONREI MBURSABLE COST CENTERS			.,			
	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	25, 556	0	0		190.00
	07950 OTHER NON-REI MBURSABLE		1 700 757	0	0		194.00
	07951 MOB 07952 PHYSI CLAN CLINICS	2, 537, 263 6, 603, 360	1, 788, 757 937, 760	0	0	543, 350 1, 278, 852	
194 0	07953 PHYS PRAC BUS OFC	1, 512, 659	33, 610	0	0	167, 855	
		385, 443	0	0	Ō		194.04
194.03 194.04	07954 MOB - MAIN CAMPUS	505, 445	9				
194.03 194.04 194.05	07955 ONCOLOGY - NONREI MBURSABLE	0	0 0	0	0		194. 05
194.03 194.04 194.05 194.06	07955 ONCOLOGY - NONREIMBURSABLE 07956 KDH - MC FAMILY PRACTICE	0 3, 371, 072	0 1, 466, 283	0 0	0 0	769, 183	194.06
194.03 194.04 194.05 194.06 194.07	07955 ONCOLOGY - NONREI MBURSABLE	0	0 1, 466, 283 0 0	0 0 0 0	0 0 0		194.06 194.07

Health Financial Systems	5						
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2018	Worksheet B		
				To 12/31/2018	Date/Time Pre	pared:	
					5/28/2019 12:	26 pm	
		CAPI	TAL RELATED C				
Cost Center Description	Net Expenses	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE		
	for Cost	FLXT	FIXT HHA/HO	EQUI P	BENEFITS		
	Allocation				DEPARTMENT		
	(from Wkst A						
	<u>col.7)</u>	1.00	1.01	2.00	4, 00		
194.0907959 KDH - MC ENT	599, 532	1.00	1.01	2.00	4.00	104 00	
		0		0			
194.10 07960 KDH - MC UROLOGY	591, 327	0		0 0		194.10	
194.11 07961 KDH - MC OB/GYN	2, 347, 478	0		0 0	441, 695		
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)	111, 356, 958	12, 576, 810	7,88	7 0	12, 900, 888	202.00	

Health Financial Systems COST ALLOCATION - GENERAL SERVICE COSTS	KING'S DAUGHTE	RS' HOSPITAL Provider CC		<u>In Lie</u> Period: From 01/01/2018 To 12/31/2018		pared:
Cost Center Description	Subtotal	ADMI NI STRATI VE & GENERAL	OPERATION OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	
	4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						1 1 00
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMINISTRATIVE & GENERAL	15, 248, 599		5 242 24	_		1.00 1.01 2.00 4.00 5.00
7.00 00700 OPERATI ON OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE 9.00 00900 HOUSEKEEPING 10.00 01000 DIETARY 11.00 01100 CAFETERIA	4, 525, 354 419, 024 1, 421, 047 1, 040, 640 136, 305	66, 482 225, 463 165, 108	5, 243, 34 34, 58 60, 62 114, 19 46, 18	8 520, 094 8 0 8 0	1, 707, 138 0 0	10.00
13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY 15.00 01500 PHARMACY 16.00 01600 MEDI CAL RECORDS & LI BRARY	606, 447 205, 668 1, 605, 364	32, 631 254, 707	36, 98 56, 18 41, 75	2 0 6 0	0 16, 030 32, 199	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY 19.00 01900 NONPHYSICIAN ANESTHETISTS	1, 002, 255 0	159, 018 0	5, 29	9 0 0 0	0	1
23. 00 02300 RADI OLOGY SCHOOL I NPATI ENT ROUTI NE SERVI CE COST CENTERS	140, 660	22, 317	11, 99		3, 415	1
30. 00 03000 ADULTS & PEDI ATRI CS	6, 049, 417		722, 27			
31. 00 03100 I NTENSI VE CARE UNI T	1, 392, 374		30, 37			
43. 00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	704, 206	111, 729	35, 47	7 11, 411	7, 771	43.00
50.00 05000 OPERATING ROOM	3, 796, 989		334, 55		88, 582	
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	356, 786		24, 95		0 35, 022	
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	595, 842 177, 569		2, 35		35, 022	52.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 975, 572		196, 72			1
54. 01 03630 ULTRA SOUND	178, 759			0 3, 602		
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	299, 895		8, 76			1
55. 00 03480 0NC0L0GY 57. 00 05700 CT SCAN	2, 187, 516 312, 115		222, 24 16, 24		106, 145 5, 889	1
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	329, 965		19, 59			
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
	3, 579, 076		113, 21		57, 498	1
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 65. 00 06500 RESPI RATORY THERAPY	284, 303 828, 095		5, 06 21, 72		0	
66. 00 06600 PHYSI CAL THERAPY	2,063,455		225, 03		23, 522	
67.00 06700 OCCUPATI ONAL THERAPY	297, 662		25, 76		0	
68. 00 06800 SPEECH PATHOLOGY	204, 978		6, 09		0	
69. 00 06900 ELECTROCARDI OLOGY 69. 01 03610 SLEEP LAB	278, 058	0 44, 117	15, 22	0 0 5 1,904	0 22, 860	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2, 938, 942		10,22	0 0	0	
71.01 07101 IV SOLUTIONS	127, 073			0 0	0	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	5, 872, 363			0 0 0 0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03140 CARDI 0L0GY	8, 538, 718 960, 142		109, 73		0 7, 004	1
76. 97 07697 CARDI AC REHABI LI TATI ON	116, 338		12, 75		0	1
OUTPATIENT SERVICE COST CENTERS	170.100	07.400	15.30		(705	
90. 00 09000 CLI NI C 91. 00 09100 EMERGENCY	173, 198 3, 021, 158		15, 78 251, 85		6, 795 123, 395	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	477,007	201,00	, 00,000	120, 070	92.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES 101. 00 10100 HOME HEALTH AGENCY	2, 162, 399 1, 199, 399		85, 87 49, 86			95.00 101.00
SPECIAL PURPOSE COST CENTERS	1, 177, 377	190, 297	49,00	/ 0	0	101.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	186, 608 78, 540, 333		13, 50 2, 972, 89			116. 00 118. 00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 194. 00 07950 OTHER NON-REI MBURSABLE	25, 556 0	4, 055 0	13, 64	6 0 0 0		190. 00 194. 00
194. 01 07951 MOB	4, 869, 370	-	955, 15	-		194.00
194. 02 07952 PHYSI CLAN CLINICS	8, 819, 972		500, 74			194.02
194. 03 07953 PHYS PRAC BUS OFC	1, 714, 124		17, 94			194.03
194. 04 07954 MOB – MALN CAMPUS 194. 05 07955 0NCOLOGY – NONRELMBURSABLE	482, 762	76, 595 0		0 0 0 0	214, 067	194.04 194.05
194. 06 07956 KDH - MC FAMILY PRACTICE	5, 606, 538	889, 533	782, 96	-		194.05
194. 07 07957 KDH - MC ORTHOPEDI CS	5, 206, 275	826, 028		0 738	0	194.07
194.08 07958 KDH - MC GENERAL SURGERY	1, 944, 179			0 1,642		194.08
194.09 07959 KDH - MC ENT 194.10 07960 KDH - MC UROLOGY	743, 321 615, 355			0 0 0 0		194.09 194.10
194. 11 07961 KDH - MC OB/GYN	2, 789, 173			0 2, 121		194.11
200.00 Cross Foot Adjustments	0					200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00

Health Financial Systems						2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	- GENERAL SERVICE COSTS			Period: From 01/01/2018	Worksheet B	
					Date/Time Pre 5/28/2019 12:	
Cost Center Description	Subtotal	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		& GENERAL	PLANT	LINEN SERVICE		
	4A	5.00	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118 through 201)	111, 356, 958	15, 248, 599	5, 243, 347	520, 094	1, 707, 138	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	KING'S DAUGHTER	Provi der C		riod: om 01/01/2018	u of Form CMS-2 Worksheet B Part I Date/Time Pre 5/28/2019 12:	pared:
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00 1.01 2.00 4.00 5.00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						1.00 1.01 2.00 4.00 5.00
11.00	00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A	1, 319, 946 0	204, 115				7.00 8.00 9.00 10.00 11.00
14. 00 15. 00 16. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01900 NONPHYSI CI AN ANESTHETI STS	0 0 0 0	0 1, 463 5, 430 6, 480 0	0	311, 974 846 186 0	1, 940, 302 0 0	13.00 14.00 15.00 16.00 19.00
23.00	02300 RADIOLOGY SCHOOL INPATIENT ROUTINE SERVICE COST CENTERS	0	1, 166	0	20	0	23.00
31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04300 NURSERY ANCILLARY SERVICE COST CENTERS	1, 214, 240 105, 706 0	38, 267 8, 013 4, 044	62, 706	4, 252 0 0	0 0 0	30. 00 31. 00 43. 00
51. 00 52. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0 0 0	20, 320 2, 222 3, 779	17, 390 29, 573	7, 047 116 0	0 0 0	50.00 51.00 52.00
54. 00 54. 01	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND 03450 NUCLEAR MEDI CINE - DI AGNOSTI C	0 0 0	1, 654 14, 824 854 631	0 0	576 1, 437 672 107	0 0 0 0	53.00 54.00 54.01 54.02
57. 00 58. 00	03480 ONCOLOGY 05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	0 0 0	6, 939 1, 657 1, 038 0	0	1, 445 3, 631 539 0	0 0 0 0	55.00 57.00 58.00 59.00
62.00 65.00	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0 0 0	19, 938 0 5, 886 12, 351	0 0	1, 095 0 141 331	0 0 0 0	60.00 62.00 65.00 66.00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 03610 SLEEP LAB	0	1, 284 1, 081 0 965	000000000000000000000000000000000000000	0 0 0	0 0 0 0	67.00 68.00 69.00 69.01
71. 00 71. 01 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07101 IV SOLUTIONS 07200 IMPL. DEV. CHARGED TO PATIENTS	000000000000000000000000000000000000000	903 0 0 0		90, 764 3, 924 181, 356	0 0 0	71.00 71.01 72.00
76. 00 76. 97	07300 DRUGS CHARGED TO PATIENTS 03140 CARDI OLOGY 07697 CARDI AC REHABILITATION OUTPATIENT SERVICE COST CENTERS	000	4, 661 804	0	1, 202 150 7	1, 940, 302 0 0	73.00 76.00 76.97
91.00	09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0 0	828 17, 867		11 1, 255	0	90.00 91.00 92.00
	09500 AMBULANCE SERVICES 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	19, 669 0		206 793	0	95.00 101.00
	11300 INTEREST EXPENSE 11600 HOSPICE SUBTOTALS (SUM OF LINES 1 through 117)	0 1, 319, 946	0 204, 115	0 739, 649	0 302, 114		113. 00 116. 00 118. 00
194.00 194.01	NONREI MBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 07950 OTHER NON-REI MBURSABLE 07951 MOB	0 0 0	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0 0 632	0 0	190. 00 194. 00 194. 01
194.03 194.04 194.05	07952 PHYSICIAN CLINICS 07953 PHYS PRAC BUS OFC 07954 MOB - MAIN CAMPUS 07955 ONCOLOGY - NONREIMBURSABLE	0 0 0 0	0 0 0 0		2, 215 274 225 0	0 0 0	194. 02 194. 03 194. 04 194. 05
194. 07 194. 08 194. 09	07956 KDH - MC FAMILY PRACTICE 07957 KDH - MC ORTHOPEDICS 07958 KDH - MC GENERAL SURGERY 07959 KDH - MC ENT	0 0 0 0	0 0 0 0	0 0 0 0	617 3, 133 1, 313 182	0 0 0	194.06 194.07 194.08 194.09
	07960 KDH - MC UROLOGY 07961 KDH - MC OB/GYN Cross Foot Adjustments	0	0	0	626 643	0	194. 10 194. 11 200. 00

Health Financial Systems	KING'S DAUGHTER	S' HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS				Period:	Worksheet B	
				From 01/01/2018 To 12/31/2018	Date/Time Pre	
Cost Center Description	DIFTARY	CAFETERIA	NURSING	CENTRAL	5/28/2019 12: PHARMACY	26 pili
cost center bescription	DILIAN		ADMI NI STRATI O		THANWACT	
				SUPPLY		
	10.00	11.00	13.00	14.00	15.00	
201.00 Negative Cost Centers	0	0	(0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1, 319, 946	204, 115	739, 64	9 311, 974	1, 940, 302	202.00

	KING'S DAUGHTE			In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	Fr	eriod: com 01/01/2018	Worksheet B Part I	
			To	12/31/2018	Date/Time Pre 5/28/2019 12:	
Cost Center Description	MEDI CAL RECORDS &	NONPHYSI CI AN ANESTHETI STS	RADI OLOGY SCHOOL	Subtotal	Intern & Residents Cost	
	LIBRARY	ANESTRETTSTS	SCHOOL		& Post	
					Stepdown Adjustments	
	16.00	19.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT 1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUI P						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMINISTRATIVE & GENERAL						4.00 5.00
7.00 00700 OPERATI ON OF PLANT						7.00
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG						8.00 9.00
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERIA 13. 00 01300 NURSING ADMINISTRATION						11.00 13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY						14.00
	1 172 220					15.00
16.00 01600 MEDI CAL RECORDS & LI BRARY 19.00 01900 NONPHYSI CI AN ANESTHETI STS	1, 173, 238 0	0				16.00 19.00
23. 00 02300 RADI OLOGY SCHOOL	0		179, 573			23.00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	36, 486	0	0	10, 316, 882	0	30,00
31. 00 03100 I NTENSI VE CARE UNI T	12, 174	0		1, 879, 135	0	31.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	6, 297	0	0	912, 587	0	43.00
50. 00 05000 OPERATI NG ROOM	119, 351	0	0	5, 231, 703	0	50.00
51.00 05100 RECOVERY ROOM	24, 317	0		495, 824	0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	5, 775 25, 157	0	0	775, 189 235, 488	0	52.00 53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	26, 556	0	179, 573	3, 954, 641	0	54.00
54.01 03630 ULTRA SOUND 54.02 03450 NUCLEAR MEDICINE – DIAGNOSTIC	7, 359 21, 613	0	0	234, 070 384, 759	0	54.01 54.02
55. 00 03480 ONCOLOGY	24, 743	0	0	2, 911, 473	0	55.00
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	61,474	0		466, 738	0	57.00 58.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 59.00 05900 CARDIAC CATHETERIZATION	15, 653 0	0		427, 729 0	0	59.00
60.00 06000 LABORATORY	120, 548	0	0	4, 459, 229	0	60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 65. 00 06500 RESPI RATORY THERAPY	7, 218 28, 720	0	0	341, 692 1, 015, 950	0	62.00 65.00
66. 00 06600 PHYSI CAL THERAPY	36, 000	0		2, 710, 712	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY 68.00 06800 SPEECH PATHOLOGY	4, 355 3, 475	0		376, 296 248, 153	0	67.00 68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0	0	69.00
69.01 03610 SLEEP LAB 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6, 717 52, 876	0	0	369, 851	0	69. 01 71. 00
71.01 07101 IV SOLUTIONS	8, 881	0	0	3, 548, 875 160, 039	0	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS	84, 125	0	0	7,069,553	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03140 CARDI OLOGY	268, 623 41, 490	0	0	12, 103, 598 1, 293, 598		73.00 76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	2, 351	0	0	150, 715	0	76.97
OUTPATIENT SERVICE COST CENTERS	545	0	0	224, 649	0	90.00
91.00 09100 EMERGENCY	99, 404			4, 219, 657	0	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS					0	92.00
95. 00 09500 AMBULANCE SERVICES	20, 955	0	0	2, 642, 273	0	95.00
101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	1, 440, 356	0	101.00
113. 00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	0		0	229, 716		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	1, 173, 238	0	179, 573	70, 831, 130	0	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	43, 257		190.00
194. 00 07950 OTHER NON-REI MBURSABLE 194. 01 07951 MOB	0	0	0	0 6, 598, 740		194. 00 194. 01
194. 02 07952 PHYSI CI AN CLI NI CS	0	0	0	10, 724, 877	0	194. 02
194. 03 07953 PHYS PRAC BUS OFC	0	0	0	2,004,308		194.03
194.04 07954 MOB - MAIN CAMPUS 194.05 07955 0NCOLOGY - NONREIMBURSABLE	0	0	0	773, 649 0		194. 04 194. 05
194.0607956 KDH - MC FAMILY PRACTICE	0	0	0	7, 279, 708		194.06
194.07 07957 KDH - MC ORTHOPEDICS 194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	6, 036, 174 2, 255, 597		194. 07 194. 08
194.0907959 KDH - MC ENT	0	0	0	861, 438	0	194. 09
194.10 07960 KDH - MC UROLOGY	0	0	0	713, 613	0	194. 10

Health Financial Systems	u of Form CMS-	2552-10				
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Peri od:	Worksheet B	
				From 01/01/2018		
				To 12/31/2018	Date/Time Pre	
				-	5/28/2019 12:	<u>26 pm</u>
Cost Center Description	MEDI CAL	NONPHYSI CI AN	RADI OLOGY	Subtotal	Intern &	
	RECORDS &	ANESTHETI STS	SCHOOL		Residents Cost	
	LI BRARY			& Post		
					Stepdown	
					Adjustments	
	16.00	19.00	23.00	24.00	25.00	
194.11 07961 KDH - MC OB/GYN	0	0		0 3, 234, 467	0	194.11
200.00 Cross Foot Adjustments		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)	1, 173, 238	0	179, 57	73 111, 356, 958	0	202.00

	ILLOCATION - GENERAL SERVICE COSTS	KING 3 DAUGHTERS	Provi der CCN: 15-0069	Peri od: From 01/01/2018 To 12/31/2018	Date/Time Prepared:
	Cost Center Description	Total			5/28/2019 12:26 pm
	GENERAL SERVICE COST CENTERS	26.00			
1.00 1.01 2.00 4.00 5.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL				1.00 1.01 2.00 4.00 5.00
7.00 8.00 9.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY				7.00 8.00 9.00 10.00
13.00 14.00 15.00	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY				11. 00 13. 00 14. 00 15. 00
19.00	01600 MEDI CAL RECORDS & LI BRARY 01900 NONPHYSI CI AN ANESTHETI STS 02300 RADI OLOGY SCHOOL I NPATI ENT ROUTI NE SERVI CE COST CENTERS				16. 00 19. 00 23. 00
	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T	10, 316, 882 1, 879, 135			30.00
	ANCI LLARY SERVICE COST CENTERS	912, 587			43.00
	05000 OPERATING ROOM 05100 RECOVERY ROOM	5, 231, 703 495, 824			50.00 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	775, 189			52.00
	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	235, 488 3, 954, 641			53.00 54.00
	03630 ULTRA SOUND	234,070			54.01
	03450 NUCLEAR MEDICINE - DIAGNOSTIC 03480 ONCOLOGY	384, 759 2, 911, 473			54. 02 55. 00
	05700 CT SCAN	466, 738			57.00
	05800 MAGNETIC RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	427, 729 0			58. 00 59. 00
60.00	06000 LABORATORY	4, 459, 229			60.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06500 RESPI RATORY THERAPY	341, 692 1, 015, 950			62.00 65.00
66.00	06600 PHYSI CAL THERAPY	2, 710, 712			66.00
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	376, 296 248, 153			67.00 68.00
69.00	06900 ELECTROCARDI OLOGY	0			69.00
	03610 SLEEP LAB 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	369, 851 3, 548, 875			69. 01 71. 00
71.01	07101 I V SOLUTI ONS	160, 039			71.00
	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	7,069,553			72.00 73.00
	03140 CARDI OLOGY	12, 103, 598 1, 293, 598			75.00
	07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	150, 715			76. 97
	09000 CLINIC 09100 EMERGENCY	224, 649 4, 219, 657			90.00 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	1,217,007			92.00
	09500 AMBULANCE SERVICES	2, 642, 273 1, 440, 356			95.00 101.00
	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE				113.00
	11600 HOSPI CE	229, 716			116.00
118.00	NONREI MBURSABLE COST CENTERS	70, 831, 130			118.00
	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 07950 OTHER NON-REIMBURSABLE	43, 257 0			190. 00 194. 00
194.01	07951 MOB	6, 598, 740			194. 01
	07952 PHYSI CI AN CLI NI CS 07953 PHYS PRAC BUS OFC	10, 724, 877 2, 004, 308			194. 02 194. 03
194.04	07954 MOB - MAIN CAMPUS	773, 649			194.04
	07955 ONCOLOGY - NONREI MBURSABLE 07956 KDH - MC FAMILY PRACTICE	0 7, 279, 708			194. 05 194. 06
194.07	07957 KDH - MC ORTHOPEDICS	6, 036, 174			194. 07
	07958 KDH – MC GENERAL SURGERY 07959 KDH – MC ENT	2, 255, 597			194. 08 194. 09
	07959 KDH - MC ENT 07960 KDH - MC UROLOGY	861, 438 713, 613			194. 10
194.11	07961 KDH - MC OB/GYN	3, 234, 467			194. 11
200.00 201.00		0			200. 00 201. 00
201.00		111, 356, 958			202.00

KING'S DAUGHTERS' HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems

	nancial Systems DN OF CAPITAL RELATED COSTS	KING'S DAUGHTE	Provider C		eriod:	u of Form CMS-: Worksheet B	2552-10
				T	rom 01/01/2018 o 12/31/2018	Part II Date/Time Pre	pared:
			CAP	TAL RELATED CC	STS	5/28/2019 12:	26 pm
	Cost Center Description	Directly	NEW BLDG &	NEW BLDG &	NEW MVBLE	Subtotal	
		Assigned New	FLXT	FIXT HHA/HO	EQUI P	Subtotal	
		Capital Related Costs					
		0	1.00	1.01	2.00	2A	
	NERAL SERVICE COST CENTERS 100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00	101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
	200 NEW CAP REL COSTS-MVBLE EQUIP 400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	2.00
	500 ADMI NI STRATI VE & GENERAL	0	1, 478, 789	0	0	1, 478, 789	
	700 OPERATION OF PLANT	0	1, 397, 261	0	0	1, 397, 261	
	800 LAUNDRY & LI NEN SERVI CE 900 HOUSEKEEPI NG	0	64, 774 113, 541	0	0	64, 774 113, 541	
	000 DI ETARY	0	213, 863	0	0	213, 863	
	100 CAFETERI A	0	86, 490	0	0	86, 490	
	300 NURSI NG ADMI NI STRATI ON 400 CENTRAL SERVI CES & SUPPLY	0	69, 260 105, 215	0	0	69, 260 105, 215	
	500 PHARMACY	0	78, 198	0	0	78, 198	
	600 MEDI CAL RECORDS & LI BRARY	0	9, 923	0	0	9, 923	16.00
	900 NONPHYSI CLAN ANESTHETI STS	0	0	0	0	0	
	300 RADIOLOGY SCHOOL PATIENT ROUTINE SERVICE COST CENTERS	0	22, 464	0	0	22, 464	23.00
	000 ADULTS & PEDI ATRI CS	0	1, 352, 640	0	0	1, 352, 640	30.00
	100 I NTENSI VE CARE UNI T	0	56, 890		0	56, 890	
	300 NURSERY CI LLARY SERVI CE COST CENTERS	0	66, 439	0	0	66, 439	43.00
	000 OPERATI NG ROOM	0	626, 533	0	0	626, 533	50.00
	100 RECOVERY ROOM	0	46, 728	0	0	46, 728	1
	200 DELI VERY ROOM & LABOR ROOM 300 ANESTHESI OLOGY	0	0 4, 418	0	0	0 4, 418	
	400 RADI OLOGY - DI AGNOSTI C	0	368, 423	0	0	368, 423	
54.01 03	630 ULTRA SOUND	0	0	0	0	0	54.01
	450 NUCLEAR MEDICINE - DIAGNOSTIC	0	16, 414	0	0	16, 414	
	480 ONCOLOGY 700 CT SCAN	0	416, 205 30, 416	0	0	416, 205 30, 416	
	800 MAGNETIC RESONANCE IMAGING (MRI)	0	36, 703	0	Ō	36, 703	
	900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59.00
	000 LABORATORY 200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	212, 028 9, 482	0	0	212, 028 9, 482	
	500 RESPI RATORY THERAPY	0	40, 679	0	0	40, 679	
	600 PHYSI CAL THERAPY	0	421, 438	0	0	421, 438	
	700 OCCUPATI ONAL THERAPY 800 SPEECH PATHOLOGY	0	48, 258 11, 419	0	0	48, 258 11, 419	
	900 ELECTROCARDI OLOGY	0	0	-	0	0	
69.01 03	610 SLEEP LAB	0	28, 513	0	0	28, 513	69.01
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS 101 I V SOLUTIONS	0	0	0	0	0	
	200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	
	300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
	140 CARDI OLOGY 697 CARDI AC REHABI LI TATI ON	0	205, 503	0	0	205, 503	1
	TPATIENT SERVICE COST CENTERS	0	23, 891	0	0	23, 891	76.97
90.00 09	000 CLINIC	0	29, 566	0	0	29, 566	
	100 EMERGENCY	0	471, 667	0	0	471, 667	
	200 OBSERVATI ON BEDS (NON-DI STI NCT PART) HER REI MBURSABLE COST CENTERS	<u> </u>			I	0	92.00
	500 AMBULANCE SERVICES	0	160, 813	0	0	160, 813	95.00
	100 HOME HEALTH AGENCY	0	0	6, 207	0	6, 207	101.00
	ECIAL PURPOSE COST CENTERS 300 INTEREST EXPENSE						113.00
	600 HOSPI CE	0	0	1, 680	0	1, 680	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	8, 324, 844	7, 887	0	8, 332, 731	118.00
	NREIMBURSABLE COST CENTERS 000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN		25, 556	0	0	25 554	190. 00
	950 OTHER NON-REIMBURSABLE	0	∠0, 000 0	0	0		190.00
194.0107	951 MOB	0	1, 788, 757	0	Ō	1, 788, 757	194.01
	952 PHYSI CLAN CLINICS	0	937, 760	0	0	937, 760	
	953 PHYS PRAC BUS OFC 954 MOB - MAIN CAMPUS	0	33, 610 0		0		194.03 194.04
	955 ONCOLOGY - NONREI MBURSABLE	0	0	0	0		194.05
194.0607	956 KDH - MC FAMILY PRACTICE	0	1, 466, 283	0	0	1, 466, 283	194.06
	957 KDH – MC ORTHOPEDICS 958 KDH – MC GENERAL SURGERY	0	0	0	0		194.07 194.08
	ZUCINUL - WU ULIVENAL OUNDERT	0	0	0	0	0	1174. UÖ

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2018 To 12/31/2018		epared:
	CAPITAL RELATED COSTS					
Cost Center Description	Di rectl y Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	Subtotal	
	0	1.00	1.01	2.00	2A	
194.1007960KDH - MC UROLOGY	0	0		0 0	C	194.10
194.11 07961 KDH - MC OB/GYN	0	0		0 0	C	194.11
200.00 Cross Foot Adjustments					C	200.00
201.00 Negative Cost Centers		0		0 0	C	201.00
202.00 TOTAL (sum lines 118 through 201)	0	12, 576, 810	7, 88	7 0	12, 584, 697	202.00

Health Financial Systems	KING'S DAUGHTE			In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		eriod: rom 01/01/2018 p 12/31/2018	Worksheet B Part II Date/Time Pre	pared:
Cost Center Description		ADMI NI STRATI VE		LAUNDRY &	5/28/2019 12: HOUSEKEEPI NG	26 pm
	BENEFITS DEPARTMENT	& GENERAL	PLANT	LINEN SERVICE	0.00	
GENERAL SERVICE COST CENTERS	4.00	5.00	7.00	8.00	9.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMINISTRATIVE & GENERAL	0	1, 478, 789				4.00 5.00
7.00 00700 OPERATION OF PLANT	0	69, 632	1, 466, 893			7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	6, 448	9, 676	80, 898		8.00
9.00 00900 HOUSEKEEPI NG	0	21, 866	16, 962	0	152, 369	9.00
10. 00 01000 DI ETARY	0	16, 012	31, 948	0	0	10.00
11. 00 01100 CAFETERIA 13. 00 01300 NURSING ADMINISTRATION	0	2,097	12, 920 10, 347	0	0	11.00 13.00
13.00 01300 NURSING ADMINISTRATION 14.00 01400 CENTRAL SERVICES & SUPPLY	0	9, 331 3, 165	10, 347	0	1, 431	14.00
15. 00 01500 PHARMACY	0	24, 702	11, 682	0	2, 874	15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	0	15, 422	1, 482	0	0	16.00
19. 00 01900 NONPHYSI CLAN ANESTHETI STS	0	0	0	0	0	19.00
23. 00 02300 RADI OLOGY SCHOOL I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	2, 164	3, 356	0	305	23.00
30. 00 03000 ADULTS & PEDIATRICS	0	93, 082	202, 066	25, 134	74, 176	30.00
31.00 03100 INTENSIVE CARE UNIT	0	21, 424	8, 499	0	4, 183	
43. 00 04300 NURSERY	0	10, 836	9, 925	1, 775	694	43.00
ANCI LLARY SERVI CE COST CENTERS	0	58, 424	93, 596	16, 084	7, 906	50.00
51. 00 05100 RECOVERY ROOM	0	5, 490	6, 981	2,090	7,908	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	9, 168	0, 701	1, 658	3, 126	
53. 00 05300 ANESTHESI OLOGY	0	2, 732	660	0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	45, 785	55, 037	5, 024	4, 958	
54. 01 03630 ULTRA SOUND	0	2, 751	0	560	1, 291	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC 55.00 03480 ONCOLOGY	0	4, 614 33, 659	2, 452 62, 175	336 2, 391	358 9, 474	54.02 55.00
57. 00 05700 CT SCAN	0	4, 803	4, 544	2, 571	526	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5, 077	5, 483	560	445	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59.00
	0	55, 071	31, 674	0	5, 132	60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 65. 00 06500 RESPI RATORY THERAPY	0	4, 375 12, 742	1, 416 6, 077	0	0	62.00 65.00
66. 00 06600 PHYSI CAL THERAPY	0	31, 750	62, 957	3, 520	2, 099	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	4, 580	7, 209	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	3, 154	1, 706	0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY 69. 01 03610 SLEEP LAB	0	0 4, 278	0 4, 259	0 296	0 2, 040	69.00 69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4, 278	4,239	240	2,040	
71.01 07101 IV SOLUTIONS	0	1, 955	0	0	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	90, 358	0	0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	131, 385	0	0	0	73.00
76. 00 03140 CARDI OLOGY 76. 97 07697 CARDI AC REHABI LI TATI ON	0	14, 774 1, 790	30, 699 3, 569	2, 812	625 0	
OUTPATIENT SERVICE COST CENTERS		1, 770	0,007			/0. //
90. 00 09000 CLI NI C	0	2, 665	4, 417	1	607	90.00
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	0	46, 487	70, 461	13, 308	11, 013	91.00 92.00
OTHER REIMBURSABLE COST CENTERS						92.00
95.00 09500 AMBULANCE SERVICES	0	33, 273	24, 023	1, 569	0	95.00
101.00 10100 HOME HEALTH AGENCY	0	18, 455	13, 951	0	0	101.00
SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	2, 871	3, 777	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0		831, 704	79, 640	133, 263	
NONREI MBURSABLE COST CENTERS	-			-1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 194.00 07950 OTHER NON-REIMBURSABLE	0	393	3, 818	0		190. 00 194. 00
194. 01 07951 MOB	0	74, 925	267, 218	157		194.00
194. 02 07952 PHYSI CLAN CLINICS	0	135, 685	140, 089	392		194.02
194.03 07953 PHYS PRAC BUS OFC	0	26, 375	5, 021	0		194. 03
194. 04 07954 MOB - MALN CAMPUS	0	7, 428	0	0	19, 106	
194.05079550NCOLOGY - NONREIMBURSABLE 194.0607956KDH - MC FAMILY PRACTICE	0	0 86, 268	0 219, 043	0		194. 05 194. 06
194. 07 07957 KDH - MC ORTHOPEDICS	0	80, 208	217,043	115		194.00
194. 08 07958 KDH - MC GENERAL SURGERY	0	29, 915	0	255		194.08
194.0907959 KDH - MC ENT	0	11, 437	0	О		194. 09
194. 10 07960 KDH - MC UROLOGY	0	9,468	0	0		194.10
194.11 07961 KDH - MC OB/GYN 200.00 Cross Foot Adjustments	0	42, 917	0	330	0	194. 11 200. 00
	1	l				1.2.5. 50

Health Fina	ncial Systems	KING'S DAUGHTE	ERS' HOSI	PI TAL			In Lie	u of Form CMS-	2552-10
ALLOCATI ON	OF CAPITAL RELATED COSTS	Provi der						Worksheet B	
							rom 01/01/2018		
		_				T	0 12/31/2018	Date/Time Pre 5/28/2019 12:	
	Cost Center Description	EMPLOYEE	ADMI NI S	TRATI VE	OPERATI ON	0F	LAUNDRY &	HOUSEKEEPI NG	
		BENEFITS	& GEN	IERAL	PLANT		LINEN SERVICE		
		DEPARTMENT							
		4.00	5. (00	7.00		8.00	9.00	
201.00	Negative Cost Centers	C)	0		0	0	C	201.00
202.00	TOTAL (sum lines 118 through 201)	C) 1,4	478, 789	1, 466,	893	80, 898	152, 369	202.00

	Financial Systems FION OF CAPITAL RELATED COSTS	KING'S DAUGHTER			eriod: om 01/01/2018	u of Form CMS-2 Worksheet B Part II	2552-10
				То		Date/Time Prep 5/28/2019 12:	
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						1 1 00
	00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.00
	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
1	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
	00500 ADMI NI STRATI VE & GENERAL						5.00
	00700 OPERATION OF PLANT						7.00
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00 9.00
1	01000 DI ETARY	261, 823					10.00
1	01100 CAFETERI A	0	95, 407	7			11.00
	01300 NURSING ADMINISTRATION	0	C	88, 938			13.00
	01400 CENTRAL SERVICES & SUPPLY	0	684		126, 213	100.00/	14.00
	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	0	2, 538 3, 029		342 75	120, 336 0	1
1	01900 NONPHYSICIAN ANESTHETISTS	0	3, 029		/5	0	
	02300 RADI OLOGY SCHOOL	0	545	-	8	0	
1	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	240, 855	17, 887		1, 720	0	
		20, 968	3, 745		0	0	
H	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	1, 890	3, 806	0	0	43.00
	05000 OPERATI NG ROOM	0	9, 498	19, 121	2, 851	0	50.00
	05100 RECOVERY ROOM	0	1, 039		47	0	
	05200 DELIVERY ROOM & LABOR ROOM	0	1, 766		0	0	52.00
	05300 ANESTHESI OLOGY	0	773		233	0	53.00
	05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND	0	6, 929 399		581 272	0	54.00 54.01
	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	295		43	0	•
	03480 ONCOLOGY	0	3, 244		584	0	55.00
1	05700 CT SCAN	0	775		1, 469	0	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	485	5 O	218	0	
	05900 CARDI AC CATHETERI ZATI ON	0	0	-	0	0	
1	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9, 319		443 0	0	60.00 62.00
1	06500 RESPI RATORY THERAPY	0	2, 751		57	0	65.00
	06600 PHYSI CAL THERAPY	0	5, 773		134	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	600	0	0	0	67.00
	06800 SPEECH PATHOLOGY	0	505		0	0	
1	06900 ELECTROCARDI OLOGY 03610 SLEEP LAB	0	0 451	-	0	0	69.00 69.01
1	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	451		36, 719	0	
	07101 I V SOLUTIONS	0	0	0	1, 588	0	71.01
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	C	0 0	73, 369	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	486	120, 336	
	03140 CARDI OLOGY 07697 CARDI AC REHABI LI TATI ON	0	2, 179 376		61 3	0	
H	OUTPATIENT SERVICE COST CENTERS	<u> </u>	570		<u> </u>	0	1 70. 77
	09000 CLI NI C	0	387	0	5	0	90.00
	09100 EMERGENCY	0	8, 351	16, 813	508	0	
H	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	0	9, 194	0	84	0	95.00
	10100 HOME HEALTH AGENCY	0	9, 194 C		321		101.00
	SPECIAL PURPOSE COST CENTERS				02.1		
	11300 INTEREST EXPENSE						113. OC
	11600 HOSPI CE	0	0	0 0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	261, 823	95, 407	88, 938	122, 223	120, 336	1118.00
	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		0	0	190. 00
	07950 OTHER NON-REIMBURSABLE	0	C	o o	0		194.00
194.00	07951 MOB	0	C	0	256	0	194.01
194.01	· · · · · · · · · · · · · · · · · · ·	0	0	0	896		194. 02
194. 01 194. 02	07952 PHYSI CI AN CLI NI CS	-			111	0	194.03
194. 01 194. 02 194. 03	07953 PHYS PRAC BUS OFC	0	0			_	104 0
194. 01 194. 02 194. 03 194. 04	07953 PHYS PRAC BUS OFC 07954 MOB - MAIN CAMPUS	0	0		91		
194. 01 194. 02 194. 03 194. 04 194. 05	07953 PHYS PRAC BUS OFC 07954 MOB – MAIN CAMPUS 07955 ONCOLOGY – NONREIMBURSABLE		0 0 0 0			0	194. 05
194.01 194.02 194.03 194.04 194.05 194.05	07953 PHYS PRAC BUS OFC 07954 MOB - MAIN CAMPUS		0 0 0 0 0		91 0	0 0	194. 04 194. 05 194. 06 194. 07
194. 01 194. 02 194. 03 194. 04 194. 05 194. 06 194. 07 194. 08	07953 PHYS PRAC BUS OFC 07954 MOB - MAIN CAMPUS 07955 ONCOLOGY - NONREIMBURSABLE 07956 KDH - MC FAMILY PRACTICE 07957 KDH - MC ORTHOPEDICS 07958 KDH - MC GENERAL SURGERY	0 0 0 0 0 0	0 0 0 0 0 0 0		91 0 250	0 0 0 0	194. 05 194. 06 194. 07 194. 08
194. 01 194. 02 194. 03 194. 04 194. 05 194. 05 194. 06 194. 07 194. 08 194. 09	07953 PHYS PRAC BUS OFC 07954 MOB - MAIN CAMPUS 07955 ONCOLOGY - NONREI MBURSABLE 07956 KDH - MC FAMILY PRACTICE 07957 KDH - MC ORTHOPEDICS 07958 KDH - MC GENERAL SURGERY 07959 KDH - MC ENT	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		91 0 250 1, 268 531 74	0 0 0 0 0	194. 05 194. 06 194. 07 194. 08 194. 09
194. 01 194. 02 194. 03 194. 04 194. 05 194. 05 194. 07 194. 08 194. 09 194. 10	07953 PHYS PRAC BUS OFC 07954 MOB - MAIN CAMPUS 07955 ONCOLOGY - NONREIMBURSABLE 07956 KDH - MC FAMILY PRACTICE 07957 KDH - MC ORTHOPEDICS 07958 KDH - MC GENERAL SURGERY				91 0 250 1, 268 531	0 0 0 0 0	194. 05 194. 06 194. 07 194. 08

Health Fina	ancial Systems	KING'S DAUGHTERS	S' HOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATI ON	OF CAPITAL RELATED COSTS		Provider C		Period:	Worksheet B	
					From 01/01/2018 To 12/31/2018		pared:
						5/28/2019 12:	26 pm
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
				ADMI NI STRATI O	N SERVICES &		
					SUPPLY		
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers	0	6, 100		0 0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	261, 823	101, 507	88, 93	8 126, 213	120, 336	202.00

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO	CN: 15-0069 F	Period: From 01/01/2018	Worksheet B Part II	
			ŕ	o 12/31/2018	Date/Time Pre 5/28/2019 12:	
Cost Center Description	MEDI CAL	NONPHYSI CI AN	RADI OLOGY	Subtotal	Intern &	
	RECORDS & LI BRARY	ANESTHETI STS	SCHOOL		Residents Cost & Post	
	LIDIARI				Stepdown	
	16.00	10.00	22.00	24.00	Adjustments	
GENERAL SERVICE COST CENTERS	16.00	19.00	23.00	24.00	25.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						1.01 2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00 00500 ADMINI STRATI VE & GENERAL						5.00
7.00 00700 0PERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE						7.00 8.00
9. 00 00900 HOUSEKEEPING						9.00
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERIA						11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY						13.00 14.00
15. 00 01500 PHARMACY						15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	29, 931					16.00
19. 00 01900 NONPHYSICIAN ANESTHETISTS 23. 00 02300 RADIOLOGY SCHOOL			28, 842	,		19.00 23.00
INPATIENT ROUTINE SERVICE COST CENTERS			20, 042	-		23.00
30. 00 03000 ADULTS & PEDI ATRI CS	931			2, 044, 502	0	30.00
31. 00 03100 I NTENSI VE CARE UNI T 43. 00 04300 NURSERY	311			123, 560 95, 526	0	31.00 43.00
ANCI LLARY SERVICE COST CENTERS	101	1		95, 520	0	43.00
50. 00 05000 OPERATI NG ROOM	3, 047			837, 060		50.00
51.00 05100 RECOVERY ROOM	621			65, 087	0	51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	147			19, 421 9, 458	0	52.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	678			487, 415	0	54.00
54. 01 03630 ULTRA SOUND	188			5, 461	0	54.01
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC 55. 00 03480 ONCOLOGY	552			25, 064 528, 364	0	54.02 55.00
57. 00 05700 CT SCAN	1, 569			46, 624	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGI NG (MRI)	400			49, 371	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	3, 077			0 316, 744	0	59.00 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	184			15, 457	0	62.00
65. 00 06500 RESPI RATORY THERAPY	733			63, 039	0	65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	919			528, 590 60, 758	0	66.00 67.00
68. 00 06800 SPEECH PATHOLOGY	89			16, 873	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0			0	0	69.00
69. 01 03610 SLEEP LAB	171			40, 010	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.01 07101 IV SOLUTIONS	1, 350			83, 291 3, 770	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2, 147			165, 874	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	6,839			259, 046		73.00
76. 00 03140 CARDI OLOGY 76. 97 07697 CARDI AC REHABI LI TATI ON	1,059			257, 712 29, 689		76.00 76.97
OUTPATIENT SERVICE COST CENTERS	1	1	1			
90. 00 09000 CLINIC	14			37, 662		
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 537			641, 145	0	1
OTHER REIMBURSABLE COST CENTERS		1				
95. 00 09500 AMBULANCE SERVICES	535			229, 491		95.00
101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	2		38, 934	0	101.00
113. 00 11300 I NTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	0			8, 328		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	29, 931	0	(7, 133, 326	0	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0			29, 767	0	190.00
194.0007950 OTHER NON-REI MBURSABLE	0			0		194.00
194.01 07951 MOB	0			2, 131, 313		194.01 194.02
194. 02 07952 PHYSI CI AN CLI NI CS 194. 03 07953 PHYS PRAC BUS OFC				1, 214, 822 65, 117		194.02
194.04 07954 MOB - MAIN CAMPUS	0			26, 625		194.04
194.05 07955 ONCOLOGY - NONREI MBURSABLE	0			0		194.05
194. 06 07956 KDH - MC FAMILY PRACTICE 194. 07 07957 KDH - MC ORTHOPEDICS				1, 771, 853 81, 492		194.06 194.07
194.0807958 KDH - MC GENERAL SURGERY				30, 701	0	194. 08
194.09 07959 KDH - MC ENT	0			11, 511		194.09
194.10 07960 KDH - MC UROLOGY	0	1		9, 721	0	194. 10

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Peri od:	Worksheet B	
				From 01/01/2018		
				To 12/31/2018		
			· · · · · · · · · · · · · · · · · · ·		5/28/2019 12:	<u>26 pm</u>
Cost Center Description	MEDI CAL	NONPHYSI CI AN	RADI OLOGY	Subtotal	Intern &	
	RECORDS &	ANESTHETI STS	SCHOOL		Residents Cost	
	LI BRARY				& Post	
					Stepdown	
					Adjustments	
	16.00	19.00	23.00	24.00	25.00	
194.1107961KDH - MC OB/GYN	0			43, 507	0	194.11
200.00 Cross Foot Adjustments		0	28, 84	2 28, 842	0	200.00
201.00 Negative Cost Centers	0	0		0 6, 100	0	201.00
202.00 TOTAL (sum lines 118 through 201)	29, 931	0	28, 84	2 12, 584, 697	0	202.00

	FINANCIAL SYSTEMS	KING S DAUGHTER			
ALLOCAT	ION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: Worksheet From 01/01/2018 Part II	ГB
				To 12/31/2018 Date/Time	Prepared:
	Cost Center Description	Total		572872019	9 12:26 pm
		26.00			
	GENERAL SERVICE COST CENTERS	- I I -			
	DO100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1	DO101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.0
	DO200 NEW CAP REL COSTS-MVBLE EQUIP DO400 EMPLOYEE BENEFITS DEPARTMENT				2.00
	DO500 ADMINI STRATI VE & GENERAL				5.00
	DO700 OPERATION OF PLANT				7.00
	DO800 LAUNDRY & LINEN SERVICE				8.00
	DO900 HOUSEKEEPING				9.00
	D1000 DI ETARY				10.0
1.00	D1100 CAFETERI A				11.0
3.00 0	D1300 NURSI NG ADMI NI STRATI ON				13.0
	01400 CENTRAL SERVICES & SUPPLY				14.0
	D1500 PHARMACY				15.0
	01600 MEDI CAL RECORDS & LI BRARY				16.0
	01900 NONPHYSI CI AN ANESTHETI STS				19.0
-	D2300 RADI OLOGY SCHOOL NPATI ENT ROUTI NE SERVI CE COST CENTERS				23.0
-	D3000 ADULTS & PEDIATRICS	2,044,502			30.0
	D3100 I NTENSI VE CARE UNI T	123, 560			31.0
	D4300 NURSERY	95, 526			43.0
	ANCILLARY SERVICE COST CENTERS				
-	D5000 OPERATING ROOM	837, 060			50. 0
1.00	D5100 RECOVERY ROOM	65, 087			51.0
2.00 0	D5200 DELIVERY ROOM & LABOR ROOM	19, 421			52.0
	D5300 ANESTHESI OLOGY	9, 458			53.0
	D5400 RADI OLOGY-DI AGNOSTI C	487, 415			54.0
	D3630 ULTRA SOUND	5, 461			54.0
	03450 NUCLEAR MEDICINE - DIAGNOSTIC	25,064			54.0
	D3480 ONCOLOGY D5700 CT SCAN	528, 364 46, 624			55. 0 57. 0
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	40, 024			58.0
	05900 CARDI AC CATHETERI ZATI ON	47, 371			59.0
	D6000 LABORATORY	316, 744			60.0
	D6200 WHOLE BLOOD & PACKED RED BLOOD CELLS	15, 457			62.0
1	06500 RESPI RATORY THERAPY	63, 039			65.0
6.00 0	D6600 PHYSI CAL THERAPY	528, 590			66.0
7.00 0	06700 OCCUPATI ONAL THERAPY	60, 758			67.0
	D6800 SPEECH PATHOLOGY	16, 873			68.0
1	D6900 ELECTROCARDI OLOGY	0			69.0
	03610 SLEEP LAB	40, 010			69.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	83, 291			71.0
	D7101 IV SOLUTIONS D7200 IMPL. DEV. CHARGED TO PATIENTS	3, 770 165, 874			71.0
	D7300 DRUGS CHARGED TO PATIENTS	259, 046			73.0
	D3140 CARDI OLOGY	257, 712			76.0
	07697 CARDI AC REHABI LI TATI ON	29, 689			76.9
	DUTPATIENT SERVICE COST CENTERS				
0.00	09000 CLINIC	37, 662			90. 0
	D9100 EMERGENCY	641, 145			91.0
	D9200 OBSERVATION BEDS (NON-DISTINCT PART)				92.0
	OTHER REIMBURSABLE COST CENTERS				
	09500 AMBULANCE SERVICES	229, 491			95.0
	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	38, 934			101. 0
-	11300 INTEREST EXPENSE				113. 0
	11600 HOSPI CE	8, 328			116. 0
18.00	SUBTOTALS (SUM OF LINES 1 through 117)	7, 133, 326			118.0
-	NONREI MBURSABLE COST CENTERS	,,,			
	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	29, 767			190. 0
94.00	07950 OTHER NON-REI MBURSABLE	0			194. C
	07951 MOB	2, 131, 313			194. C
	07952 PHYSI CI AN CLI NI CS	1, 214, 822			194. C
	07953 PHYS PRAC BUS OFC	65, 117			194.0
	07954 MOB - MAIN CAMPUS	26, 625			194.0
	07955 ONCOLOGY - NONREI MBURSABLE	1 771 050			194.0
	07956 KDH - MC FAMILY PRACTICE	1, 771, 853			194. (
	07957 KDH - MC ORTHOPEDICS	81, 492			194. (
	07958 KDH - MC GENERAL SURGERY	30, 701			194.0
	07959 KDH - MC ENT	11, 511			194. C 194. 1
94.090		0 701			1194.
94.090 94.100	D7960 KDH - MC UROLOGY	9, 721			
94.090 94.100 94.110	D7961 KDH - MC OB/GYN	43, 507			194. 1
94.090 94.100					194. 1 200. 0 201. 0

KING'S DAUGHTERS' HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems

	Financial Systems ALLOCATION - STATISTICAL BASIS	KING'S DAUGHTER	RS' HOSPITAL Provider CCI		eri od:	u of Form CMS-2 Worksheet B-1	
					rom 01/01/2018 o 12/31/2018	Date/Time Pre 5/28/2019 12:	
		CAPI	TAL RELATED COS	STS			
	Cost Center Description	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	Reconciliation	
	CENEDAL SEDVICE COST CENTEDS	1.00	1.01	2.00	4.00	5A	
$\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 19.\ 00\\ 23.\ 00\\ \end{array}$	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01900 NONPHYSICIAN ANESTHETISTS 02300 RADIOLOGY SERVICE COST CENTERS	370, 078 0 43, 514 41, 115 1, 906 3, 341 6, 293 2, 545 2, 038 3, 096 2, 301 292 0 661	3, 492 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	373, 570 C 43, 514 41, 115 1, 906 3, 341 6, 293 2, 545 2, 038 3, 096 2, 301 292 C 661	51, 570, 637 6, 674, 881 573, 359 47, 228 708, 780 447, 778 251, 304 428, 327 79, 264 720, 881 527, 472 0	-15, 248, 599 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.00 1.01 2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 14.00 15.00 14.00 19.00 23.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	39, 802	0	39, 802	3, 836, 529	0	30.00
31. 00 43. 00	03100 I NTENSI VE CARE UNI T 04300 NURSERY	1, 674 1, 955	0 0	1, 674 1, 955	1, 058, 638	0	31.00 43.00
$\begin{array}{c} 50.\ 00\\ 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 69.\ 01\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 01\\ 71.\ 00\\ 71.\ 01\\ 72.\ 00\\ 73.\ 00\\ 76.\ 00\\ 76.\ 97\\ 90.\ 00\\ 91.\ 00\\ 91.\ 00\\ \end{array}$	ANCI LLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND 03450 NUCLEAR MEDICINE - DI AGNOSTI C 03480 ONCOLOGY 05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 SPECH PATHOLOGY 06600 SPECH PATHOLOGY 06900 ELECTROCARDI OLOGY 03610 SLEEP LAB 071001 NEDI CAL SUPPLIES CHARGED TO PATIENTS 07101 I V SOLUTI ONS 07200 I MPL. DEV. CHARGED TO PATIENTS 07100 JUSC CHARGED TO PATIENTS 03140 CARDI OLOGY 07697 CARDI AC REHABI LI TATI ON 0UTPATI ENT SERVICE COST CENTERS 09000 CLI NI C 09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	18, 436 1, 375 0 130 10, 841 0 483 12, 247 895 1, 080 0 6, 239 279 1, 197 12, 401 1, 420 336 0 839 0 0 0 6, 047 703 870 13, 879		18, 436 18, 436 1, 375 0 130 10, 841 0 483 12, 247 895 1, 080 0 0 6, 239 279 1, 197 12, 401 1, 420 336 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 939, 965 288, 550 465, 553 1, 174, 629 2, 752, 211 121, 855 66, 188 837, 829 170, 468 131, 504 0 1, 440, 461 0 602, 708 1, 292, 144 196, 223 153, 470 0 139, 011 0 0 436, 700 69, 977		50. 00 51. 00 52. 00 53. 00 54. 01 54. 02 55. 00 57. 00 58. 00 59. 00 60. 00 62. 00 65. 00 66. 00 67. 00 68. 00 69. 01 71. 01 72. 00 73. 00 76. 00 76. 97 90. 00 92. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	4, 732	0	4, 732	1, 468, 829	0	
101.00 113.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE	0	2, 748	2, 748			101. 00 113. 00
118.00	NONREI MBURSABLE COST CENTERS	0 244, 962	744 3, 492	744 248, 454	32, 513, 911	-15, 248, 599	
194.00 194.01 194.02 194.03 194.04 194.05 194.06	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 07950 OTHER NON-REIMBURSABLE 07951 MOB 07952 PHYSICIAN CLINICS 07953 PHYS PRAC BUS OFC 07954 MOB - MAIN CAMPUS 07955 ONCOLOGY - NONREIMBURSABLE 07956 KDH - MC FAMILY PRACTICE 07957 KDH - MC ORTHOPEDICS	752 0 52, 635 27, 594 989 0 0 43, 146		752 C 52, 635 27, 594 989 C C 43, 146	0 2, 172, 011 5, 112, 138 670, 989 389, 029 0	0 0 0 0 0 0 0 0	190.00 194.00 194.01 194.02 194.03 194.04 194.05 194.06 194.07

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Peri od:	Worksheet B-1	
				From 01/01/2018 To 12/31/2018	Date/Time Pre 5/28/2019 12:	
	CAPI	TAL RELATED CO	STS			
Cost Center Description	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUI P (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci I i ati on	
	1.00	1.01	2.00	4.00	5A	
194.0907959 KDH - MC ENT	0	0		0 574, 789	0	194.09
194.1007960 KDH - MC UROLOGY	0	0		0 96, 052	0	194. 10
194.11 07961 KDH - MC OB/GYN	0	0		0 1, 765, 651	0	194. 11
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)	12, 576, 810	7, 887		0 12, 900, 888		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	33. 984214	2. 258591	0.0000	0. 250160		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00 Unit cost multiplier (Wkst. B, Part				0. 000000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

Health Financial Systems	KING'S DAUGHTER			In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO	F	eriod: rom 01/01/2018	Worksheet B-1	
			T	o 12/31/2018	Date/Time Pre 5/28/2019 12:	
Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL (ACCUM.	PLANT (SQUARE	LINEN SERVICE (POUNDS OF	(HOURS OF SERVICE)	(MEALS SERVED)	
	COST)	FEET)	LAUNDRY)	0.00		
GENERAL SERVICE COST CENTERS	5.00	7.00	8.00	9.00	10.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL	96, 108, 359					5.00
7.00 00700 OPERATION OF PLANT	4, 525, 354	288, 941				7.00
8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPING	419, 024 1, 421, 047	1, 906 3, 341	414, 381 0	48, 989		8.00 9.00
10. 00 01000 DI ETARY	1, 040, 640	6, 293		0	48, 437	10.00
11.00 01100 CAFETERIA	136, 305	2, 545		0	0	11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY	606, 447 205, 668	2, 038 3, 096		0 460	0	13.00 14.00
15. 00 01500 PHARMACY	1, 605, 364	2, 301	0	924	0	15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	1,002,255	292			0	16.00
19. 00 01900 NONPHYSI CLAN ANESTHETI STS 23. 00 02300 RADI OLOGY SCHOOL	0 140, 660	0 661	0	0 98	0	19.00 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						20100
30. 00 03000 ADULTS & PEDIATRICS	6,049,417	39, 802			44, 558	30.00
31. 00 03100 I NTENSI VE CARE UNI T 43. 00 04300 NURSERY	1, 392, 374 704, 206	1, 674 1, 955		1, 345 223	3, 879 0	31.00 43.00
ANCI LLARY SERVICE COST CENTERS	704,200	1,755	7,072	223	0	43.00
50. 00 05000 OPERATI NG ROOM	3, 796, 989	18, 436			0	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	356, 786 595, 842	1, 375 0			0	51.00 52.00
53. 00 05300 ANESTHESI OLOGY	177, 569	130		1,003	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 975, 572	10, 841	25, 734	1, 594	0	54.00
54. 01 03630 ULTRA SOUND	178, 759	0			0	54.01
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC 55. 00 03480 ONCOLOGY	299, 895 2, 187, 516	483 12, 247		115 3, 046	0	54.02 55.00
57.00 05700 CT SCAN	312, 115	895	12, 916		0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	329, 965	1, 080			0	58.00
59. 00 05900 CARDI AC_CATHETERI ZATI ON 60. 00 06000 LABORATORY	3, 579, 076	0 6, 239	-	0 1, 650	0	59.00 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	284, 303	279	0	0	0	62.00
65. 00 06500 RESPIRATORY THERAPY	828, 095	1, 197		0	0	65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	2, 063, 455 297, 662	12, 401 1, 420		675 0	0	66.00 67.00
68.00 06800 SPEECH PATHOLOGY	204, 978	336		0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0	0	69.00
69.01 03610 SLEEP LAB 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	278, 058 2, 938, 942	839 0	1, 517 0	656 0	0	69. 01 71. 00
71.01 07101 IV SOLUTIONS	127, 073	0	0	0	0	71.01
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	5, 872, 363	0	0	0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03140 CARDIOLOGY	8, 538, 718 960, 142	0 6, 047	0 14, 406	0 201	0	73.00 76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	116, 338	703		0	0	76.97
OUTPATIENT SERVICE COST CENTERS	170,400	070		405		00.00
90. 00 09000 CLINIC 91. 00 09100 EMERGENCY	173, 198 3, 021, 158	870 13, 879		195 3, 541	0	90.00 91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0,021,100	10, 077	00,100	0,011	0	92.00
OTHER REIMBURSABLE COST CENTERS			0.007			05 00
95.00 09500 AMBULANCE SERVICES 101.00 10100 HOME HEALTH AGENCY	2, 162, 399 1, 199, 399	4, 732 2, 748				95.00 101.00
SPECIAL PURPOSE COST CENTERS	1, 177, 377	2,740	0	<u> </u>	0	101.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	186, 608 63, 291, 734	744 163, 825		0 42, 846	0 48, 437	116.00
NONREI MBURSABLE COST CENTERS	03, 291, 734	103, 823	407, 933	42, 840	40, 437	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	25, 556	752		0		190. 00
194. 00 07950 OTHER NON-REI MBURSABLE 194. 01 07951 MOB	0	0		-		194.00
194.02 07952 PHYSICIAN_CLINICS	4, 869, 370 8, 819, 972	52, 635 27, 594				194. 01 194. 02
194.0307953 PHYS PRAC BUS OFC	1, 714, 124	989	0	0	0	194. 03
194. 04 07954 MOB - MALN CAMPUS	482, 762	0	0	6, 143		194.04
194.05079550NCOLOGY - NONREIMBURSABLE 194.0607956KDH - MC FAMILY PRACTICE	0 5, 606, 538	0 43, 146	47	0		194. 05 194. 06
194. 07 07957 KDH - MC ORTHOPEDI CS	5, 206, 275	0	588	0		194.00 194.07
194.0807958 KDH - MC GENERAL SURGERY	1, 944, 179	0	1, 308			194.08
194.09 07959 KDH - MC ENT 194.10 07960 KDH - MC UROLOGY	743, 321 615, 355	0	0	-		194. 09 194. 10
194. 11 07961 KDH - MC OB/GYN	2, 789, 173	0	-	-		194. 10 194. 11
· · · · ·						·

Heal th F	inancial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lieu of Form CMS-2552-10			
COST ALL	LOCATION - STATISTICAL BASIS		Provider CO		Period:	Worksheet B-1		
					From 01/01/2018 To 12/31/2018	Date/Time Pre 5/28/2019 12:		
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY		
		& GENERAL	PLANT	LINEN SERVICE	E (HOURS OF	(MEALS		
		(ACCUM.	(SQUARE	(POUNDS OF	SERVICE)	SERVED)		
		COST)	FEET)	LAUNDRY)				
		5.00	7.00	8.00	9.00	10.00		
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers						201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	15, 248, 599	5, 243, 347	520, 09	4 1, 707, 138	1, 319, 946	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 158660	18. 146774	1. 25511	1 34.847374	27. 250779	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	1, 478, 789	1, 466, 893	80, 89	8 152, 369	261, 823	204.00	
205.00	Unit cost multiplier (Wkst. B, Part	0. 015387	5. 076791	0. 19522	6 3. 110270	5. 405434	205. 00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00	
		'			'			

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	KING'S DAUGHTE	RS' HOSPITAL Provider CC	CN: 15-0069 Pe	In Lieu eriod:	u of Form CMS-: Worksheet B-1	
			Fi To	rom 01/01/2018 0 12/31/2018	Date/Time Pre	pared:
Cost Center Description	CAFETERI A (MEALS SERVED)	NURSI NG ADMI NI STRATI ON (DI RECT NRSI NG HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUIS.)	5/28/2019 12: MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)	26 pm
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.01 00101 NEW CAP REL COSTS-BLDG & FIXT 1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMI NI STRATI VE & GENERAL 7.00 00700 OPERATI ON OF PLANT 8.00 00800 LAUNDRY & LI NEN SERVICE 9.00 00900 HOUSEKEEPI NG 10.00 01000 DI ETARY 11.00 01100 CAFETERI A 13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVICES & SUPPLY 15.00 01500	770, 697 C 5, 523 20, 501	356, 859 0	10, 101, 853 27, 387	100		1.00 1.01 2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00
13. 00 01500 11000 MEDI CAL RECORDS & LI BRARY 19. 00 01900 NONPHYSI CI AN ANESTHETI STS 23. 00 02300 RADI OLOGY SCHOOL INPATI ENT ROUTI NE SERVI CE COST CENTERS	20, 301 24, 466 0 4, 403	0	6, 038 6, 038 0 663	0 0 0	290, 783, 017 0 0	16.00 19.00 23.00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 I NTENSI VE CARE UNI T 43. 00 04300 NURSERY	144, 491 30, 254 15, 271	30, 254	137, 674 10 0	0 0 0	9, 042, 416 3, 017, 060	31.00
ANCI LLARY SERVI CE COST CENTERS			0	0	1, 560, 600	43.00
50.00 05000 OPERATI NG ROOM 51.00 05100 RECOVERY ROOM 52.00 05200 DELI VERY ROOM & LABOR ROOM 53.00 05300 ANESTHESI OLOGY ROOM ROOM	76, 724 8, 390 14, 268 6, 245	8, 390 14, 268	228, 189 3, 747 0 18, 664	0 0 0	29, 578, 818 6, 026, 538 1, 431, 145 6, 234, 673	51.00 52.00
54. 00 05400 RADIOLOGY-DIAGNOSTIC 54. 01 03630 ULTRA SOUND 54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	55, 973 3, 226 2, 382	0	46, 537 21, 764 3, 480	0 0 0	6, 581, 343 1, 823, 839 5, 356, 266	54.00 54.01
55.00 03480 ONCOLOGY 57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 59.00 05900 CARDIAC CATHETERIZATION	26, 202 6, 257 3, 918	0	46, 778 117, 558 17, 443 0	0 0 0	6, 131, 987 15, 235, 148 3, 879, 226 0	55.00 57.00 58.00 59.00
60. 00 06000 LABORATORY 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	75, 282 C 22, 224 46, 633	0	35, 460 0 4, 579 10, 713	0 0 0	29, 875, 537 1, 788, 938 7, 117, 821 8, 921, 996	60. 00 62. 00 65. 00
67.00 06700 0CCUPATI ONAL THERAPY 68.00 06800 SPEECH PATHOLOGY 69.00 06900 ELECTROCARDI OLOGY	4,848 4,082 0	0 0 0	0 0 0	0 0 0	1, 079, 300 861, 176 0	67.00 68.00 69.00
69.01 03610 SLEEP LAB 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.01 07101 IV SOLUTIONS 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3, 644 C C		153 2, 938, 948 127, 073 5, 872, 363	0 0 0 0	1, 664, 577 13, 104, 295 2, 200, 917 20, 848, 737	71.00 71.01
73.00 07300 DRUGS CHARGED TO PATIENTS 76.00 03140 CARDI OLOGY 03140 CARDI OLOGY 76.97 07697 CARDI AC REHABI LI TATI ON 0UTPATIENT SERVICE COST CENTERS	0 17,600 3,034		38, 921 4, 848 225	100 0 0	66, 591, 803 10, 282, 430 582, 732	76.00
90. 00 09000 CLINIC 91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 128 67, 461		372 40, 626	0 0	135, 136 24, 635, 339	
OTHER REI MBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVI CES 101.00 10100 HOME HEALTH AGENCY	74, 267 C		6, 686 25, 670	0 0	5, 193, 224 0	95. 00 101. 00
SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 116.00 HOSPICE 118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	C 770, 697	0 356, 859	0 9, 782, 569	0 100	0 290, 783, 017	113. 00 116. 00 118. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 194. 00 07950 OTHER NON-REI MBURSABLE 194. 01 07951 MOB 194. 02 07952 PHYSI CI AN CLI NI CS		0 0 0 0	0 0 20, 459 71, 738	0 0 0 0	0 0	190. 00 194. 00 194. 01 194. 02
194. 03 07953 PHYS PRAC BUS OFC 194. 04 07954 MOB - MAI'N CAMPUS 194. 05 07955 ONCOLOGY - NONREI MBURSABLE		000000000000000000000000000000000000000	8, 873 7, 277 0	0 0 0	0 0 0	194. 03 194. 04 194. 05
194. 06 07956 KDH - MC FAMILY PRACTICE 194. 07 07957 KDH - MC ORTHOPEDICS 194. 08 07958 KDH - MC GENERAL SURGERY 194. 09 07959 KDH - MC ENT			19, 989 101, 450 42, 501 5, 905	0 0 0 0	0 0 0	194.06 194.07 194.08 194.09
194. 10 07960 KDH - MC UROLOGY	I C	u U	20, 264	0	0	194. 10

Health Fina	ancial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lieu of Form CMS-2552-10			
COST ALLOC	ATION - STATISTICAL BASIS		Provider CC		Period:	Worksheet B-1		
					From 01/01/2018 To 12/31/2018			
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL		
			ADMI NI STRATI ON		(COSTED	RECORDS &		
		SERVED)		SUPPLY	REQUIS.)	LI BRARY		
			(DI RECT	(COSTED		(GROSS		
			NRSING HRS)	REQUIS.)		CHARGES)		
		11.00	13.00	14.00	15.00	16.00		
	1 KDH – MC OB/GYN	0	0	20, 82	3 0	0	194. 11	
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)	204, 115	739, 649	311, 97	4 1, 940, 302	1, 173, 238	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 264845	2. 072665	0. 03088	3 19, 403. 020000	0.004035	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	101, 507	88, 938	126, 21	3 120, 336	29, 931	204.00	
205.00	Unit cost multiplier (Wkst. B, Part	0. 123793	0. 249224	0. 01249	4 1, 203. 360000	0. 000103	205.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00	

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	KING'S DAUGHTER	RS' HOSPI TAL Provi der CCN	<u>In Li</u> Period: From 01/01/2018	eu of Form CMS-: Worksheet B-1	
				B Date/Time Pre	pared:
Cost Center Description	NONPHYSI CI AN ANESTHETI STS (ASSI GNED TI ME) 19. 00	RADI OLOGY SCHOOL (ASSI GNED TI ME) 23.00		5/28/2019 12:	
GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1 1 00
1. 00 00100 NEW CAP REL COSTS-BLDG & FIXT 1. 01 00101 NEW CAP REL COSTS-BLDG & FIXT 1. 01 00101 NEW CAP REL COSTS-BLDG & FIXT 2. 00 00200 NEW CAP REL COSTS-MVBLE EQUIP 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMINISTRATIVE & GENERAL 7. 00 00700 OPERATION OF PLANT 8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPING 10. 00 01000 DIETARY 11. 00 01100 CAFETERIA 13. 00 01300 NURSI NG ADMINISTRATION 14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01600 MEDICAL RECORDS & LIBRARY 19. 00 00900 NONPHYSICIAN ANESTHETISTS 23. 00 02300 RADIOLOGY SCHOOL INPATIENT ENT ROUTINE SERVICE COST CENTERS	0	1, 000			$\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 19.\ 00\\ 23.\ 00\\ \end{array}$
30. 00 03000 ADULTS & PEDIATRICS	0	0			30.00
31. 00 03100 I NTENSI VE CARE UNI T 43. 00 04300 NURSERY	0	0			31.00 43.00
ANCI LLARY SERVI CE COST CENTERS					1
50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 01 03630 ULTRA SOUND 54. 02 03450 NUCLEAR MEDI CI NE - DI AGNOSTI C 55. 00 03480 ONCOLOGY 57. 00 05700 CT SCAN 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY 62. 00 06500 RESPI RATORY THERAPY 65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 SPEECH PATHOLOGY 68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY 69. 01 03610 SLEEP LAB					$\begin{array}{c} 50.\ 00\\ 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 62.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 69.\ 01\\ \end{array}$
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.01 07101 V SOLUTIONS	0	0			71.00 71.01
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03140 CARDI OLOGY	0	0			73.00 76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	 		76.97
0UTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C	0	0			90.00
91.00 09100 EMERGENCY	0	0			91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS					92.00
95. 00 09500 AMBULANCE SERVI CES 101. 00 10100 HOME HEALTH AGENCY	0	0 0			95. 00 101. 00
SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE					113.00
116. 00 11600 H0SPI CE		0			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	0	1, 000			118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 194.00 07950 OTHER NON-REI MBURSABLE 194.01 07951 MOB 194.02 07952 PHYSI CI AN CLI NI CS 194.03 07953 PHYS PRAC BUS OFC 194.04 07954 MOB - MAI N CAMPUS 194.05 07955 ONCOLOGY - NONREI MBURSABLE 194.06 07956 KDH - MC FAMI LY PRACTI CE					190. 00 194. 00 194. 01 194. 02 194. 03 194. 04 194. 05 194. 06
194.07 07957 KDH - MC ORTHOPEDICS 194.08 07958 KDH - MC GENERAL SURGERY	0	0 0			194. 07 194. 08
194.0907959 KDH - MC ENT	0	0			194.09
194.10 07960 KDH - MC UROLOGY 194.11 07961 KDH - MC OB/GYN	0	0			194. 10 194. 11

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C	CN: 15-0069	Peri od:	Worksheet B-1
				From 01/01/2018 To 12/31/2018	Date/Time Prepared: 5/28/2019 12:26 pm
Cost Center Description	NONPHYSI CI AN	RADI OLOGY			
	ANESTHETI STS	SCHOOL			
	(ASSI GNED	(ASSI GNED			
	TIME)	TIME)			
	19.00	23.00			
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B,	0	179, 573			202.00
Part I)					
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	179. 573000			203.00
204.00 Cost to be allocated (per Wkst. B,	0	28, 842			204.00
Part II)					
205.00 Unit cost multiplier (Wkst. B, Part	0, 000000	28, 842000			205.00
206.00 NAHE adjustment amount to be allocated		0			206.00
(per Wkst. B-2)		-			
207.00 NAHE unit cost multiplier (Wkst. D,		0. 000000			207.00
Parts III and IV)		2. 000000			207.00
	I I		1		Ι

Health Financial Systems	KING'S DAUGHTE				u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CO		Period: From 01/01/2018	Worksheet C Part I	
				To 12/31/2018	Date/Time Pre 5/28/2019 12:	pared: 26 pm
		Title	XVIII	Hospi tal	PPS	20 pm
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE Di sal I owance	Total Costs	
	(from Wkst. B, Part I, col.	Adj .		DI Sal I Owance		
	26)					
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	10, 316, 882		10, 316, 88		10, 316, 882	
31.00 03100 INTENSIVE CARE UNIT	1, 879, 135		1, 879, 13		1, 879, 135	
43. 00 04300 NURSERY	912, 587		912, 58	7 0	912, 587	43.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	E 001 700		E 001 70	2 0	E 001 700	50.00
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM	5, 231, 703 495, 824		5, 231, 70 495, 82		5, 231, 703 495, 824	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	775, 189		775, 18		775, 189	
53. 00 05300 ANESTHESI OLOGY	235, 488		235, 48		252, 512	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	3, 954, 641		3, 954, 64		3, 954, 641	
54. 01 03630 ULTRA SOUND	234,070		234, 07		234, 070	
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	384, 759		384, 75		384, 759	
55. 00 03480 ONCOLOGY	2,911,473		2, 911, 47	3 0	2, 911, 473	55.00
57.00 05700 CT SCAN	466, 738		466, 73	8 0	466, 738	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	427, 729		427, 72	9 0	427, 729	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0			0 0	0	
60. 00 06000 LABORATORY	4, 459, 229		4, 459, 22		4, 459, 229	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	341, 692	_	341, 69		341, 692	
65. 00 06500 RESPIRATORY THERAPY	1,015,950	0			1, 015, 950	
66. 00 06600 PHYSI CAL THERAPY	2, 710, 712	0			2, 710, 712	1
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	376, 296	0	376, 29		376, 296	
69. 00 06900 ELECTROCARDI OLOGY	248, 153	0	248, 15	0 0	248, 153 0	
69. 01 03610 SLEEP LAB	369, 851		369, 85		369, 851	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3, 548, 875		3, 548, 87		3, 548, 875	
71. 01 07101 I V SOLUTIONS	160, 039		160, 03		160, 039	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	7,069,553		7, 069, 55		7, 069, 553	
73.00 07300 DRUGS CHARGED TO PATIENTS	12, 103, 598		12, 103, 59	8 0	12, 103, 598	73.00
76. 00 03140 CARDI OLOGY	1, 293, 598		1, 293, 59	8 0	1, 293, 598	76.00
76. 97 07697 CARDIAC REHABILITATION	150, 715		150, 71	5 0	150, 715	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	224, 649		224, 64		224, 649	
91.00 09100 EMERGENCY	4, 219, 657		4, 219, 65		4, 515, 077	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	2,013,972		2, 013, 97	2	2, 013, 972	92.00
95. 00 09500 AMBULANCE SERVICES	2, 642, 273		2, 642, 27	3 209	2, 642, 482	95.00
101.00 10100 HOME HEALTH AGENCY	1, 440, 356		2, 642, 27 1, 440, 35		2, 642, 482	
SPECIAL PURPOSE COST CENTERS	1, 440, 330		1, 440, 33	Ч	1, 440, 330	101.00
113. 00 11300 I NTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	229, 716		229, 71	6	229, 716	
200.00 Subtotal (see instructions)	72, 845, 102	0	72, 845, 10	2 312, 653	73, 157, 755	200.00
		0	72, 845, 10 2, 013, 97		73, 157, 755 2, 013, 972	

COMPUTATI ON	N OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Pre 5/28/2019 12:	epared: 26 pm
		1		XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Charges Outpati ent	Total (col. (+ col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	TIENT ROUTINE SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
	0 ADULTS & PEDIATRICS	9,042,416		9, 042, 41			30.00
	O INTENSIVE CARE UNIT	3, 017, 060		3, 017, 06			31.00
	0 NURSERY	1, 560, 600		1, 560, 60	0		43.00
	LLARY SERVICE COST CENTERS	(aaa aa (00.570.04	0 0 17/070	0.00000	
	O OPERATING ROOM	6, 988, 226	22, 590, 592			0.00000	
	O RECOVERY ROOM	1, 616, 978	4, 409, 560			0.00000	
	O DELIVERY ROOM & LABOR ROOM	1, 418, 217	12, 928			0.00000	
	O ANESTHESI OLOGY	2,088,900	4, 145, 774			0.00000	
	O RADI OLOGY-DI AGNOSTI C	1, 240, 642	5, 340, 702			0.00000	
	OULTRA SOUND	243, 877	1, 579, 962	1, 823, 83		0.00000	
	O NUCLEAR MEDICINE - DIAGNOSTIC	375, 281	4, 980, 985			0.00000	
	O ONCOLOGY	90, 641	6,041,346			0.00000	
	O CT SCAN	2, 374, 560	12, 860, 588			0.00000	
	O MAGNETIC RESONANCE I MAGING (MRI)	257, 914	3, 621, 313			0.00000	
	O CARDI AC CATHETERI ZATI ON	0	0		0 0.000000	0.00000	
	O LABORATORY	5, 098, 101	24, 777, 435			0.00000	
	O WHOLE BLOOD & PACKED RED BLOOD CELLS	1,016,373	772, 565			0.00000	
	O RESPIRATORY THERAPY	5, 212, 358	1, 905, 464	7, 117, 82		0.00000	
	O PHYSI CAL THERAPY	944, 757	7,977,239			0.00000	
	0 OCCUPATI ONAL THERAPY	338, 411	740, 889			0.00000	
	O SPEECH PATHOLOGY	105, 545	755, 631	861, 17		0.00000	
	0 ELECTROCARDI OLOGY	0	0		0 0.000000	0.00000	
	O SLEEP LAB	4,927	1, 659, 650			0.00000	
	O MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 458, 690	7,645,605			0.00000	
	1 IV SOLUTIONS	1, 257, 477	943, 440			0.00000	
	O IMPL. DEV. CHARGED TO PATIENTS	10, 307, 439	10, 541, 298			0. 000000	
	O DRUGS CHARGED TO PATIENTS	20, 647, 702	45, 944, 101	66, 591, 80		0.00000	
		1, 983, 803	8, 298, 626			0.00000	
	7 CARDI AC REHABI LI TATI ON	716	582, 016	582, 73	2 0. 258635	0.00000	76. 9
	ATLENT SERVICE COST CENTERS	2.240	101 007	125 12	(1 (())))	0,000000	
	0 CLINIC 0 EMERGENCY	3, 249 4, 116, 076	131, 887 20, 519, 263			0. 000000 0. 000000	
	O OBSERVATION BEDS (NON-DISTINCT PART)	4, 110, 078				0. 000000	
	R REIMBURSABLE COST CENTERS	402,224	2, 624, 136	3,060,30	0 0.052540	0.00000	92.00
	O AMBULANCE SERVICES	0	5, 193, 224	5, 193, 22	4 0. 508792	0. 000000	95.00
	O HOME HEALTH AGENCY	0	1, 735, 030			0.000000	101.00
	I AL PURPOSE COST CENTERS	<u>ч</u>	1, 700, 000	1,700,00	~		1.01.0
	O INTEREST EXPENSE						113. 0
16.001160		0	318, 742	318, 74	2		116.00
200.00	Subtotal (see instructions)	87, 273, 160	208, 649, 991	295, 923, 15			200. 0
201.00	Less Observation Beds	0,,2,0,100	200, 017, 771	2,0,,20,10			201.0
	Total (see instructions)	87, 273, 160	208, 649, 991	295, 923, 15			201.00

	Financial Systems	KING'S DAUGHTERS			u of Form CMS-2552	52-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0069	Peri od: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepare 5/28/2019 12:26	
			Title XVIII	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient				
		Ratio				
	Γ	11.00				
	INPATIENT ROUTINE SERVICE COST CENTERS					
	03000 ADULTS & PEDIATRICS					0.00
	03100 INTENSIVE CARE UNIT				-	1.00
43.00	04300 NURSERY				43	3.00
	ANCI LLARY SERVI CE COST CENTERS					
	05000 OPERATI NG ROOM	0. 176873				0.00
	05100 RECOVERY ROOM	0. 082273				1.00
	05200 DELIVERY ROOM & LABOR ROOM	0. 541657				2.00
	05300 ANESTHESI OLOGY	0. 040501				3.00
	05400 RADI OLOGY-DI AGNOSTI C	0. 600887				4.00
	03630 ULTRA SOUND	0. 128339				4. 01
	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0. 071833				4. 02
	03480 ONCOLOGY	0. 474801			55	5.00
	05700 CT SCAN	0. 030636			57	7.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 110261			58	8. 00
	05900 CARDI AC CATHETERI ZATI ON	0. 000000			59	9.00
	06000 LABORATORY	0. 149260			60	0.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 191003			62	2.00
	06500 RESPI RATORY THERAPY	0. 142733				5.00
	06600 PHYSI CAL THERAPY	0. 303823				6. 00
	06700 OCCUPATI ONAL THERAPY	0. 348648				7. OC
	06800 SPEECH PATHOLOGY	0. 288156			68	8. OC
	06900 ELECTROCARDI OLOGY	0. 000000				9. OC
	03610 SLEEP LAB	0. 222189			69	9. 01
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 270818			71	1.00
	07101 IV SOLUTIONS	0. 072715				1.01
	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 339088				2.00
	07300 DRUGS CHARGED TO PATIENTS	0. 181758			73	3.00
	03140 CARDI OLOGY	0. 125807				6.00
76.97	07697 CARDIAC REHABILITATION	0. 258635			76	6. 97
	OUTPATIENT SERVICE COST CENTERS					
	09000 CLI NI C	1. 662392				0.00
	09100 EMERGENCY	0. 183276				1. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 652540			92	2.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVI CES	0. 508833			95	5.00
101.00	10100 HOME HEALTH AGENCY				101	1. 00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113	3.00
116.00	11600 HOSPI CE				116	6.00
200.00	Subtotal (see instructions)				200	0. 00
201.00					201	1. 00
202.00	Total (see instructions)				202	2.00

	ancial Systems	KING'S DAUGHTE				u of Form CMS-	2552-10
COMPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0069	Period: From 01/01/2018	Worksheet C Part I	
					To 12/31/2018		pared:
			Titl	e XIX	Hospi tal	Cost	<u>20 pili</u>
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs		Total Costs	
		(from Wkst. B, Part I, col.	Adj .		Di sal I owance		
		26)					
		1.00	2.00	3.00	4.00	5.00	
I NPA	ATIENT ROUTINE SERVICE COST CENTERS						
	DO ADULTS & PEDIATRICS	10, 316, 882		10, 316, 88	32 0	10, 316, 882	
	DO INTENSIVE CARE UNIT	1, 879, 135		1, 879, 13			
	DO NURSERY	912, 587		912, 58	37 0	912, 587	43.00
	LLARY SERVICE COST CENTERS		[
	DO OPERATING ROOM	5, 231, 703		5, 231, 70			
	DO RECOVERY ROOM	495, 824		495, 82		495, 824	
	DO DELIVERY ROOM & LABOR ROOM	775, 189		775, 18		775, 189	
	DO ANESTHESI OLOGY DO RADI OLOGY-DI AGNOSTI C	235, 488 3, 954, 641		235, 48 3, 954, 64		252, 512 3, 954, 641	
	30 ULTRA SOUND	234, 070		234, 07		234, 070	
	50 NUCLEAR MEDICINE - DIAGNOSTIC	384, 759		384, 75		384, 759	
	BO ONCOLOGY	2, 911, 473		2, 911, 47		2, 911, 473	
	DO CT SCAN	466, 738		466, 73		466, 738	
	DO MAGNETIC RESONANCE IMAGING (MRI)	427, 729		427, 72		427, 729	
	DO CARDI AC CATHETERI ZATI ON	0			0 0	0	
	DO LABORATORY	4, 459, 229		4, 459, 22		4, 459, 229	
62.00 0620	DO WHOLE BLOOD & PACKED RED BLOOD CELLS	341, 692		341, 69	92 0	341, 692	62.00
65.00 0650	DO RESPI RATORY THERAPY	1, 015, 950	0	1, 015, 95	50 0	1, 015, 950	65.00
66.00 0660	DO PHYSI CAL THERAPY	2, 710, 712	0	2, 710, 71	12 0	2, 710, 712	66.00
	00 OCCUPATI ONAL THERAPY	376, 296	0	376, 29		376, 296	67.00
	DO SPEECH PATHOLOGY	248, 153		248, 15		248, 153	
	DO ELECTROCARDI OLOGY	0			0 0	0	
	10 SLEEP LAB	369, 851		369, 85		369, 851	
	DO MEDICAL SUPPLIES CHARGED TO PATIENTS	3, 548, 875		3, 548, 87		3, 548, 875	
		160, 039		160, 03		160, 039	
	DO IMPL. DEV. CHARGED TO PATIENTS DO DRUGS CHARGED TO PATIENTS	7,069,553		7,069,55		7,069,553	
	40 CARDI OLOGY	12, 103, 598 1, 293, 598		12, 103, 59		12, 103, 598 1, 293, 598	
	97 CARDI OLOGI 97 CARDI AC REHABI LI TATI ON	1, 293, 398		1, 293, 54		1, 293, 398	
	PATIENT SERVICE COST CENTERS	130,713		130,7	15 0	130, 713	/0. //
		224, 649		224, 64	19 0	224, 649	90.00
	DO EMERGENCY	4, 219, 657		4, 219, 65			
	DO OBSERVATION BEDS (NON-DISTINCT PART)	2, 013, 972		2,013,97		2, 013, 972	
OTHE	ER REIMBURSABLE COST CENTERS		•				
95.00 0950	DO AMBULANCE SERVICES	2, 642, 273		2, 642, 27	73 209	2, 642, 482	95.00
	DO HOME HEALTH AGENCY	1, 440, 356		1, 440, 35	56	1, 440, 356	101.00
	CLAL PURPOSE COST CENTERS			1			
	DO INTEREST EXPENSE						113.00
116.001160		229, 716		229, 7		229, 716	
200.00	Subtotal (see instructions)	72, 845, 102		,			
201.00 202.00	Less Observation Beds Total (see instructions)	2,013,972		2,013,97		2, 013, 972 71, 143, 783	
		70, 831, 130	0	70, 831, 13	30 312, 653	1 /1 14.3 /8.3	IZUZ, UU

OMPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2018 To 12/31/2018		epared: 26 pm
		1		e XIX	Hospi tal	Cost	
	Cost Center Description	I npati ent	Charges Outpatient	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	TI ENT ROUTI NE SERVI CE COST CENTERS	<u> </u>					
	0 ADULTS & PEDIATRICS	9,042,416		9, 042, 41			30.00
	00 INTENSIVE CARE UNIT	3, 017, 060		3, 017, 06			31.00
	00 NURSERY	1, 560, 600		1, 560, 60	00		43.00
	LLARY SERVICE COST CENTERS						1
	0 OPERATING ROOM	6, 988, 226	22, 590, 592			0.00000	
	00 RECOVERY ROOM	1, 616, 978	4, 409, 560			0.00000	
	DO DELIVERY ROOM & LABOR ROOM	1, 418, 217	12, 928			0.00000	
	00 ANESTHESI OLOGY	2, 088, 900	4, 145, 774			0.00000	
	00 RADI OLOGY-DI AGNOSTI C	1, 240, 642	5, 340, 702			0.00000	
	30 ULTRA SOUND	243, 877	1, 579, 962	1, 823, 83		0.00000	
	50 NUCLEAR MEDICINE - DIAGNOSTIC	375, 281	4, 980, 985			0.00000	
	30 ONCOLOGY	90, 641	6,041,346			0.00000	
	00 CT SCAN	2, 374, 560	12, 860, 588			0.00000	
	00 MAGNETIC RESONANCE IMAGING (MRI)	257, 914	3, 621, 313			0.00000	
	OO CARDIAC CATHETERIZATION	0	0		0 0.000000	0.00000	
	00 LABORATORY	5, 098, 101	24, 777, 435			0.00000	
	00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1, 016, 373	772, 565			0.00000	
	00 RESPI RATORY THERAPY	5, 212, 358	1, 905, 464	7, 117, 82		0.00000	
	00 PHYSI CAL THERAPY	944, 757	7,977,239			0.00000	
	0 OCCUPATIONAL THERAPY	338, 411	740, 889			0.00000	
	00 SPEECH PATHOLOGY	105, 545	755, 631	861, 17		0.00000	
	00 ELECTROCARDI OLOGY	0	0		0 0.000000	0.00000	
	O SLEEP LAB	4, 927	1, 659, 650			0.00000	
	00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 458, 690	7, 645, 605			0.00000	
	1 I V SOLUTIONS	1, 257, 477	943, 440			0.00000	
	00 IMPL. DEV. CHARGED TO PATIENTS	10, 307, 439	10, 541, 298			0.00000	
	00 DRUGS CHARGED TO PATIENTS	20, 647, 702	45, 944, 101	66, 591, 80		0.00000	
	O CARDI OLOGY	1, 983, 803	8, 298, 626			0.00000	
	27 CARDIAC REHABILITATION	716	582, 016	582, 73	0. 258635	0.00000	76. 9
	ATIENT SERVICE COST CENTERS						1
		3, 249	131, 887			0.00000	
	00 EMERGENCY	4, 116, 076	20, 519, 263			0.00000	
	00 OBSERVATION BEDS (NON-DISTINCT PART)	462, 224	2, 624, 136	3, 086, 36	0 0. 652540	0. 000000	92.00
	R REIMBURSABLE COST CENTERS	0	5, 193, 224	5, 193, 22	0. 508792	0. 000000	95.00
	00 HOME HEALTH AGENCY	0	5, 193, 224 1, 735, 030			0.00000	101.00
	TAL PURPOSE COST CENTERS	U	1, 735, 030	1,735,03			
	DO INTEREST EXPENSE	1 1					113.00
16.001160		0	318, 742	318, 74	2		116.0
		-					
200.00 201.00	Subtotal (see instructions)	87, 273, 160	208, 649, 991	295, 923, 15			200.0
	Less Observation Beds	1 1		1			201.00

	nancial Systems	KING'S DAUGHTERS			u of Form CMS-255	52-10
COMPUTATI	ON OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepar 5/28/2019 12:26	
			Title XIX	Hospi tal	Cost	
	Cost Center Description	PPS Inpatient				
		Ratio				
		11.00				
	PATIENT ROUTINE SERVICE COST CENTERS					
	000 ADULTS & PEDIATRICS				-	30.00
	100 INTENSIVE CARE UNIT					31.00
	300 NURSERY				4	43.00
	CILLARY SERVICE COST CENTERS					
	DOO OPERATING ROOM	0. 000000				50.00
	100 RECOVERY ROOM	0. 000000				51.00
	200 DELIVERY ROOM & LABOR ROOM	0. 000000			-	52.00
	300 ANESTHESI OLOGY	0. 000000				53.00
	400 RADI OLOGY-DI AGNOSTI C	0. 000000				54.OC
	630 ULTRA SOUND	0. 000000				54.01
54.02 034	450 NUCLEAR MEDICINE – DIAGNOSTIC	0.000000			5	54.02
55.00 034	480 ONCOLOGY	0. 000000			5	55.OC
57.00 057	700 CT SCAN	0.000000			5	57.OC
58.00 058	BOO MAGNETIC RESONANCE IMAGING (MRI)	0. 000000			5	58. OC
	900 CARDI AC CATHETERI ZATI ON	0.000000			5	59. OC
60.00 060	000 LABORATORY	0. 000000			6	60. 00
62.00 062	200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			6	62.00
	500 RESPI RATORY THERAPY	0.000000			6	65.00
	600 PHYSI CAL THERAPY	0.000000				66. OC
	700 OCCUPATIONAL THERAPY	0. 000000				67.00
	800 SPEECH PATHOLOGY	0. 000000				68. OC
	900 ELECTROCARDI OLOGY	0. 000000				69. 00
	610 SLEEP LAB	0. 000000				69. 01
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000				71. 00
	101 I V SOLUTIONS	0.000000				71.00 71.01
	200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000				72.00
	300 DRUGS CHARGED TO PATIENTS	0.000000				73.00
	140 CARDI OLOGY	0.000000				76. 00
	697 CARDI AC REHABI LI TATI ON	0.000000				76. 97 76. 97
	TPATIENT SERVICE COST CENTERS	0.000000			/	10. 71
	DOO CLINIC	0. 000000				90. OC
	100 EMERGENCY	0.000000				90.00 91.00
	200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000				91.00 92.00
	HER REIMBURSABLE COST CENTERS	0.000000			9	72.00
		0.000000				05 00
	500 AMBULANCE SERVICES	0. 000000				95.00
	100 HOME HEALTH AGENCY				10	01.00
	ECIAL PURPOSE COST CENTERS					12 00
	300 INTEREST EXPENSE					13.00
	600 HOSPI CE					16.00
200.00	Subtotal (see instructions)					00.00
201.00	Less Observation Beds					01.00
202.00	Total (see instructions)	1			20	02.00

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C		Peri od:	Worksheet D	
				From 01/01/2018		
				To 12/31/2018	Date/Time Pre 5/28/2019 12:	pared:
		Title	e XVIII	Hospi tal	PPS	20 pili
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
oust center bescription	Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
	(from Wkst. B,	najustilient	Related Cost			
	Part II, col.		(col, 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	2,044,502	0	2, 044, 50	2 11, 736	174.21	30.00
31.00 INTENSIVE CARE UNIT	123, 560		123, 56	0 1, 432	86.28	31.00
43.00 NURSERY	95, 526		95, 52	6 1, 228	77.79	43.00
200.00 Total (lines 30 through 199)	2, 263, 588		2, 263, 58	8 14, 396		200.00
Cost Center Description	I npati ent	Inpati ent		•	-	
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 ADULTS & PEDIATRICS	5, 149	897, 007				30.00
31.00 INTENSIVE CARE UNIT	701	60, 482	2			31.00
43. 00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	5, 850	957, 489				200. 00

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Pre 5/28/2019 12:	pared: 26 pm
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges		t Inpatient	Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1	-		- F		
50. 00 05000 OPERATI NG ROOM	837,060					
51.00 05100 RECOVERY ROOM	65, 087					
52.00 05200 DELIVERY ROOM & LABOR ROOM	19, 421					
53. 00 05300 ANESTHESI OLOGY	9, 458					
54. 00 05400 RADI OLOGY-DI AGNOSTI C	487, 415					54.00
54.01 03630 ULTRA SOUND	5, 461	1, 823, 839	0.00299	4 118, 434	355	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	25,064	5, 356, 266	0. 00467	9 233, 318	1, 092	54.02
55. 00 03480 ONCOLOGY	528, 364	6, 131, 987	0. 08616	69, 066	5, 951	55.00
57. 00 05700 CT SCAN	46, 624	15, 235, 148	0.00306	0 1, 497, 668	4, 583	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	49, 371	3, 879, 227	0. 01272	7 169, 135	2, 153	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0.00000	0 0	0	59.00
60. 00 06000 LABORATORY	316, 744	29, 875, 536	0. 01060	3, 202, 428	33, 952	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	15, 457	1, 788, 938	0. 00864	0 500, 017	4, 320	62.00
65. 00 06500 RESPI RATORY THERAPY	63, 039	7, 117, 822	0. 00885	3, 304, 542	29, 268	65.00
66. 00 06600 PHYSI CAL THERAPY	528, 590	8, 921, 996	0. 05924	6 545, 891	32, 342	66.00
67.00 06700 OCCUPATI ONAL THERAPY	60, 758	1, 079, 300	0. 05629	4 204, 300	11, 501	67.00
68.00 06800 SPEECH PATHOLOGY	16, 873	861, 176	0. 01959	3 73, 800	1, 446	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0	0.00000	0 0	0	69.00
69. 01 03610 SLEEP LAB	40, 010	1, 664, 577	0. 02403	6 0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	83, 291	13, 104, 295	0. 00635	6 2, 291, 459	14, 565	71.00
71.01 07101 IV SOLUTIONS	3, 770	2, 200, 917	0. 00171	3 664, 934	1, 139	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	165, 874					
73.00 07300 DRUGS CHARGED TO PATIENTS	259,046	66, 591, 803	0. 00389	10, 573, 075	41, 129	73.00
76. 00 03140 CARDI OLOGY	257, 712	10, 282, 429	0. 02506	3 1, 262, 475	31, 641	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	29,689					
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	37,662	135, 136	0. 27869	7 0	0	90.00
91. 00 09100 EMERGENCY	641, 145					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	399, 111					
OTHER REIMBURSABLE COST CENTERS		,				1
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	4, 992, 096	275, 056, 079		36, 124, 735	495, 145	

Health Financial Systems	KING'S DAUGHTERS	S' HOSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTH	ER PASS THROUGH COSTS			Period: From 01/01/2018 Fo 12/31/2018	Date/Time Pre 5/28/2019 12:	pared: 26 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School Nu Post-Stepdown Adjustments 1A	1.00	Allied Health Post-Stepdown Adjustments 2A	Cost	All Other Medical Education Cost 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	IA	1.00	28	2.00	3.00	
Invarient Rootine Service Cost Centers 30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 43. 00 04300 NURSERY 200. 00 Total (Lines 30 through 199)	0 0 0	0 0 0 0			0 0 0 0	31.00
Cost Center Description	Adjustment (Amount (see 1	Total Costs sum of cols. through 3, inus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATI ENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0	0 0 0 0	11, 73 1, 43 1, 22 1, 22 14, 39	2 0.00 3 0.00	701 0	31.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
INPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T 43. 00 04300 NURSERY 200. 00 Total (lines 30 through 199)	0 0 0 0					30. 00 31. 00 43. 00 200. 00

Health Financial Systems	KING'S DAUGHTEI	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER			CN: 15-0069	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2018	Part IV	
				To 12/31/2018	Date/Time Pre	pared:
			XVIII	Hospi tal	5/28/2019 12: PPS	26 pm
Cost Center Description	Non Physician			Allied Health		
cost center bescription		Post-Stepdown	Nul Sing Schoo	Post-Stepdown	Arrieu nearth	
	Cost	Adj ustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	20	2.00	0/1	0.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	179, 573	
54. 01 03630 ULTRA SOUND	0	0		0 0	0	
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		0 0	0	54.02
55. 00 03480 ONCOLOGY	0	0		0 0	0	55.00
57. 00 05700 CT SCAN	0	0		0 0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0 0	0	62.00
65. 00 06500 RESPIRATORY THERAPY	0	0		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
69. 01 03610 SLEEP LAB	0	0		0 0	0	69.01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00
71. 01 07101 I V SOLUTIONS	0	0		0 0	0	71.01
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00
76. 00 03140 CARDI OLOGY	0	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS	-			-		
90. 00 09000 CLINIC	0	0		0 0	0	90.00
91. 00 09100 EMERGENCY	0	0		0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
OTHER REIMBURSABLE COST CENTERS	1			I		
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0		0 0	179, 573	200.00

Health Financial Systems	KING'S DAUGHTE			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI THROUGH COSTS	RVICE OTHER PASS	S Provider C		Period: From 01/01/2018 To 12/31/2018		pared: 26 pm
		Title	XVIII	Hospi tal	PPS	20 pm
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)			
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS	1	-		-		
50.00 05000 OPERATING ROOM	0	0		0 29, 578, 818		
51.00 05100 RECOVERY ROOM	0	0		0 6, 026, 538		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 1, 431, 145		
53. 00 05300 ANESTHESI OLOGY	0	0		0 6, 234, 674		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	179, 573	179, 57			
54.01 03630 ULTRA SOUND	0	0		0 1, 823, 839		
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		0 5, 356, 266		
55. 00 03480 ONCOLOGY	0	0		0 6, 131, 987		
57.00 05700 CT SCAN	0	0		0 15, 235, 148		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 3, 879, 227		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0		
60. 00 06000 LABORATORY	0	0		0 29, 875, 536	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0 1, 788, 938	0.000000	62.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 7, 117, 822	0.000000	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 8, 921, 996		66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 1, 079, 300	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 861, 176	0.000000	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0.000000	69.00
69. 01 03610 SLEEP LAB	0	0		0 1, 664, 577	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 13, 104, 295	0.000000	71.00
71.01 07101 IV SOLUTIONS	0	0		0 2, 200, 917	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 20, 848, 737	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 66, 591, 803	0.000000	73.00
76. 00 03140 CARDI OLOGY	0	0		0 10, 282, 429	0.000000	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 582, 732	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 135, 136		
91. 00 09100 EMERGENCY	0			0 24, 635, 339		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 3, 086, 360	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVI CES						95.00
200.00 Total (lines 50 through 199)	0	179, 573	179, 57	73 275, 056, 079	1	200.00

Health Financial Systems	KING'S DAUGHTER			In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI THROUGH COSTS	RVICE OTHER PASS	Provider C	CN: 15-0069	Period: From 01/01/2018 To 12/31/2018		pared:
		Title	XVIII	Hospi tal	5/28/2019 12: PPS	20 pili
Cost Center Description	Outpati ent	Inpatient	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.	J	Costs (col.		Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0. 000000	2, 537, 996		0 8, 256, 313	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	704, 168	1	0 1, 453, 894	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	18, 384	1	0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	598, 368		0 1, 171, 210	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 027285	808, 105	22, 04	1, 567, 632	42, 773	54.00
54.01 03630 ULTRA SOUND	0. 000000	118, 434		0 335, 252	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0. 000000	233, 318		0 2, 227, 735	0	54.02
55. 00 03480 ONCOLOGY	0. 000000	69,066		0 3, 113, 516		55.00
57.00 05700 CT SCAN	0. 000000	1, 497, 668		0 4, 289, 599	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0.000000	169, 135		0 1, 248, 215	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0.000000	0		0 0	0	59.00
60. 00 06000 LABORATORY	0.000000	3, 202, 428		0 2, 899, 049	0	60,00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0,000000	500, 017		0 208, 255	0	62.00
65. 00 06500 RESPI RATORY THERAPY	0.000000	3, 304, 542		0 482, 428	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	545, 891		0 122, 327	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0, 000000	204, 300		0 55, 598	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	73, 800		0 1, 691	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	0,000		0 0	0	69.00
69. 01 03610 SLEEP LAB	0, 000000	0		608, 137	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0, 000000	2, 291, 459		0 2, 168, 089	0	71.00
71. 01 07101 I V SOLUTIONS	0. 000000	664, 934		0 304, 102	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	3, 939, 504		0 5, 408, 410	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0, 000000	10, 573, 075		0 20, 302, 293	0	73.00
76. 00 03140 CARDI OLOGY	0. 000000	1, 262, 475		0 3, 622, 770	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	490		0 277, 438	0	76.97
OUTPATIENT SERVICE COST CENTERS	0.000000	170	I	277,100	0	/0. //
90. 00 09000 CLINIC	0.000000	0		0 18,000	0	90.00
91. 00 09100 EMERGENCY	0. 000000	2, 469, 772		0 4, 864, 090	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	337, 406		0 745, 888	0	92.00
OTHER REIMBURSABLE COST CENTERS	0.000000	337, 400	1		0	,2.00
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		36, 124, 735	22, 04	65, 751, 931	42, 773	

	inancial Systems NMENT OF MEDICAL, OTHER HEALTH SERVICES AND	KING'S DAUGHTE VACCINE COST	Provi der C	CN: 15-0069	Peri od:	u of Form CMS-2 Worksheet D	2002 10
					From 01/01/2018	Part V	
					To 12/31/2018		
				xviii	llooni tol	5/28/2019 12: PPS	26 pm
					Hospi tal		
	Cost Conton Description	Cost to Charge	DDC Doimhurood	Charges Cost	Cost	Costs PPS Services	
	Cost Center Description	Ratio From	PPS Reimbursed Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not	(See Thst.)	
		Part I, col. 9	· · ·	Subject To	Subject To		
				Ded. & Coins			
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
A	NCILLARY SERVICE COST CENTERS						
50.00 05	5000 OPERATING ROOM	0. 176873	8, 256, 313	6	04 0	1, 460, 319	50.00
51.00 05	5100 RECOVERY ROOM	0. 082273	1, 453, 894		0 0	119, 616	51.00
52.00 05	5200 DELIVERY ROOM & LABOR ROOM	0. 541657	0		0 0	0	52.00
53.00 05	5300 ANESTHESI OLOGY	0. 037771	1, 171, 210		0 0	44, 238	53.00
54.00 05	5400 RADI OLOGY-DI AGNOSTI C	0. 600887	1, 567, 632		0 0	941, 970	54.00
54.01 03	3630 ULTRA SOUND	0. 128339	335, 252		0 0	43, 026	54.01
54.02 03	3450 NUCLEAR MEDICINE - DIAGNOSTIC	0. 071833	2, 227, 735		0 0	160, 025	54.02
55.00 03	3480 ONCOLOGY	0. 474801	3, 113, 516	15	6 0	1, 478, 301	55.00
57.00 05	5700 CT SCAN	0. 030636	4, 289, 599		0 0	131, 416	57.00
58.00 05	5800 MAGNETIC RESONANCE IMAGING (MRI)	0. 110261	1, 248, 215		0 0	137, 629	58.00
59.00 05	5900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0	0	59.00
60.00 06	6000 LABORATORY	0. 149260	2, 899, 049		0 0	432, 712	60.00
62.00 06	6200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 191003	208, 255	3	33 0	39, 777	62.00
65.00 06	6500 RESPI RATORY THERAPY	0. 142733	482, 428		0 0	68, 858	65.00
	6600 PHYSI CAL THERAPY	0. 303823	122, 327	48	31 0	37, 166	66.00
	6700 OCCUPATI ONAL THERAPY	0. 348648		10)9 0	19, 384	67.00
68.00 06	6800 SPEECH PATHOLOGY	0. 288156	1, 691		0 0	487	68.00
	6900 ELECTROCARDI OLOGY	0. 000000			0 0	0	
	3610 SLEEP LAB	0. 222189			0 0	135, 121	
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 270818			0 0	587, 158	
	7101 IV SOLUTIONS	0. 072715			0 0	22, 113	
	7200 IMPL. DEV. CHARGED TO PATIENTS	0. 339088			0 0	1, 833, 927	
	7300 DRUGS CHARGED TO PATIENTS	0. 181758			0 41, 416		
	3140 CARDI OLOGY	0. 125807			0 0	455, 770	1
	7697 CARDI AC REHABI LI TATI ON	0. 258635	277, 438		0 0	71, 755	76.97
	JTPATIENT SERVICE COST CENTERS			1	-		
	9000 CLINIC	1. 662392			0 0		1
	9100 EMERGENCY	0. 171285			2 145		1
	9200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0. 652540	745, 888		0 0	486, 722	92.00
IO !	THER REIMBURSABLE COST CENTERS	0.500700					05 00
	9500 AMBULANCE SERVI CES	0. 508792		84	0	13, 260, 663	95.00
95.00 09				i 0/	IN /11 561	12 260 662	1200 00
95.00 09 200.00	Subtotal (see instructions)		65, 751, 931	04			
95.00 09	Less PBP Clinic Lab. Services-Program		03, 731, 931	04	0 0		201.00
95. 00 200. 00			65, 751, 931		0 0		201.00

Health Financial Systems	KING'S DAUGHTER	RS' HOSPI TAL		In Lieu	u of Form CMS.	-2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCI NE COST	Provider CC	CN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Pro 5/28/2019 12	
		Title	XVIII	Hospi tal	PPS	
	Cos	sts				
Cost Center Description	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
ANCI LLARY SERVI CE COST CENTERS	,					
50.00 05000 OPERATING ROOM	11	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53. 00 05300 ANESTHESI OLOGY	0	0				53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54.01 03630 ULTRA SOUND	0	0				54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0				54.02
55. 00 03480 ONCOLOGY	74	0				55.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
60. 00 06000 LABORATORY	0	0				60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6	0				62.00
65. 00 06500 RESPI RATORY THERAPY	0	0				65.00
66. 00 06600 PHYSI CAL THERAPY	146	0				66.00
67.00 06700 OCCUPATI ONAL THERAPY	38	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
69. 01 03610 SLEEP LAB	0	0				69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
71.01 07101 I V SOLUTI ONS	0	0				71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7, 528				73.00
76.00 03140 CARDI OLOGY	0	0				76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0				76.97
OUTPATIENT SERVICE COST CENTERS	0	0				
90. 00 09000 CLINIC	0	0				90.00
91.00 09100 EMERGENCY	0	25				91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0				92.00
						05.00
95.00 09500 AMBULANCE SERVICES	0	7 550				95.00
200.00 Subtotal (see instructions)	275	7, 553				200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00 Net Charges (line 200 - line 201)	275	7, 553				202.00

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0069	Peri od:	Worksheet D	
				From 01/01/2018 To 12/31/2018		narod
				10 12/31/2010	5/28/2019 12:	
		Titl	e XIX	Hospi tal	Cost	
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins			
	1.00		(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	0.47/070			0 0.050 700		50.00
50. 00 05000 OPERATI NG ROOM	0. 176873			0 2, 850, 738	0	
51.00 O5100 RECOVERY ROOM	0. 082273			0 1, 019, 128	0	
52.00 O5200 DELIVERY ROOM & LABOR ROOM	0. 541657			0 1,868	0	
53.00 05300 ANESTHESI OLOGY	0. 037771	0		0 779, 413	0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 600887			0 1, 109, 018	0	
54.01 03630 ULTRA SOUND	0. 128339			0 369, 486	0	
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0. 071833			0 653, 914	0	
55. 00 03480 0NC0L0GY	0. 474801	0		0 477, 946	0	
57.00 05700 CT SCAN	0. 030636			0 2, 214, 859	0	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 110261	-		0 555, 857	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0.000000			0 0	0	
	0. 149260			0 4, 828, 776 0 39, 516	0	1
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 65. 00 06500 RESPI RATORY THERAPY	0. 191003				0	
	0. 142733			0 408, 539 0 890, 230		
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	0. 348648			0 176, 794	0	1
68. 00 06800 SPEECH PATHOLOGY	0. 288156			0 394, 635	0	
69. 00 06900 ELECTROCARDI OLOGY	0. 288158			0 394,035	0	
69. 01 03610 SLEEP LAB	0. 222189			0 4, 561	0	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 270818			0 1, 163, 636	0	
71. 01 07101 IV SOLUTIONS	0. 072715			0 189, 175	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 339088			0 804, 654	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 181758			0 5, 743, 578	0	
76. 00 03140 CARDI OLOGY	0. 125807			0 1, 461, 126	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 258635			0 24, 258	0	
OUTPATIENT SERVICE COST CENTERS	0.200000	<u> </u>	1	21,200		/0. //
90. 00 09000 CLINIC	1. 662392	C		0 74, 755	0	90.00
91.00 09100 EMERGENCY	0. 171285			0 6, 433, 020	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 652540			0 688, 723	0	
OTHER REIMBURSABLE COST CENTERS			•	, , 20		1
95. 00 09500 AMBULANCE SERVICES	0. 508792	C		0		95.00
200.00 Subtotal (see instructions)				0 33, 358, 203	0	200.00
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						
202.00 Net Charges (line 200 - line 201)		0		0 33, 358, 203	0	202.00
						-

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider CO	CN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Pre 5/28/2019 12:	epared: 26 pm
		Titl	e XIX	Hospi tal	Cost	
	Cos	sts				
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.					
	(see inst.)	(see inst.)				
	6.00	7.00				
ANCI LLARY SERVICE COST CENTERS		504.040				
50. 00 05000 OPERATI NG ROOM	0	504, 219				50.00
51.00 O5100 RECOVERY ROOM	0	83, 847				51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	1, 012				52.00
53. 00 05300 ANESTHESI OLOGY	0	29, 439				53.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0	666, 394				54.00
54. 01 03630 ULTRA SOUND	0	47, 419				54.01
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	46, 973				54.02
55. 00 03480 ONCOLOGY	0	226, 929				55.00
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	67, 854				57.00
	0	61, 289 0				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY		720, 743				60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7, 548				62.00
65. 00 06500 RESPIRATORY THERAPY	0	58, 312				65.00
66. 00 06600 PHYSI CAL THERAPY	0	270, 472				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	61, 639				67.00
68. 00 06800 SPEECH PATHOLOGY	0	113, 716				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
69. 01 03610 SLEEP LAB	0	1, 013				69.01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	315, 134				71.00
71.01 07101 I V SOLUTI ONS	0	13, 756				71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	272, 849				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1, 043, 941				73.00
76. 00 03140 CARDI OLOGY	0					76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	6, 274				76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	124, 272				90.00
91.00 09100 EMERGENCY	0	1, 101, 880				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	449, 419				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0					95.00
200.00 Subtotal (see instructions)	0	6, 480, 163				200.00
201.00 Less PBP Clinic Lab. Services-Program	0					201.00
Only Charges						
202.00 Net Charges (line 200 - line 201)	0	6, 480, 163				202.00

	Financial Systems KING'S DAUGHTE ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0069	Period: From 01/01/2018	u of Form CMS-2 Worksheet D-1	
			To 12/31/2018	Date/Time Pre 5/28/2019 12:	
	Cost Caster Description	Title XVIII	Hospi tal	PPS	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS				
00	Inpatient days (including private room days and swing-bed c	lays, excluding newborn)		11, 736	1
00	Inpatient days (including private room days, excluding swir			11, 736	2
00	Private room days (excluding swing-bed and observation bed do not complete this line.	days). If you have only pr	rivate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation			9, 445	4
00	Total swing-bed SNF type inpatient days (including private	room days) through Decembe	er 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private	room days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)	5			
00	Total swing-bed NF type inpatient days (including private r reporting period	room days) through December	- 31 of the cost	0	7
00	Total swing-bed NF type inpatient days (including private r	room days) after December (31 of the cost	0	8
~~	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable			F 140	
00	newborn days)	e to the Program (excluding	g swing-bed and	5, 149	9
00	Swing-bed SNF type inpatient days applicable to title XVIII		room days)	0	10
00	through December 31 of the cost reporting period (see instr Swing-bed SNF type inpatient days applicable to title XVIII		room days) after	0	11
	December 31 of the cost reporting period (if calendar year,	enter 0 on this line)	5 /	-	
. 00	Swing-bed NF type inpatient days applicable to titles V or through December 31 of the cost reporting period	XIX only (including privat	te room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or	XIX only (including privat	te room days)	0	13
~~	after December 31 of the cost reporting period (if calendar				1.
. 00 . 00	Medically necessary private room days applicable to the Pro Total nursery days (title V or XIX only)	ogram (excluding swing-bed	days)	0	14 15
	Nursery days (title V or XIX only)			0	
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to serv	dear through December 21	f the cost	0.00	1 17
. 00	reporting period	rces through becember 31 t	on the cost	0.00	''
. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	vices after December 31 of	the cost	0.00	18
. 00	Medicaid rate for swing-bed NF services applicable to servi	ces through December 31 of	f the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to servi	ces after December 31 of t	the cost	0.00	20
	reporting period				
. 00 . 00	Total general inpatient routine service cost (see instructi Swing-bed cost applicable to SNF type services through Dece	2	ting period (line	10, 316, 882 0	21
. 00	5 x line 17)	the cost report	ing period (inic	0	
. 00	Swing-bed cost applicable to SNF type services after Decemb x line 18)	per 31 of the cost reportin	ng period (line 6	0	23
. 00	Swing-bed cost applicable to NF type services through Decem	nber 31 of the cost reporti	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December	or 21 of the cost reporting	poriod (line 9	0	25
. 00	x line 20)			0	20
	Total swing-bed cost (see instructions)	+ (lino)1 minus lis- ()		0	
. 00	General inpatient routine service cost net of swing-bed cos PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	st (The 21 minus Tine 26)		10, 316, 882	27
	General inpatient routine service charges (excluding swing-	bed and observation bed ch	narges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29
	General inpatient routine service cost/charge ratio (line 2	27 ÷ line 28)		0.000000	
00	Average private room per diem charge (line 29 ÷ line 3)	·		0.00	32
	Average semi-private room per diem charge (line 30 ÷ line 4 Average per diem private room charge differential (line 32	-	ctions)	0.00 0.00	
	Average per diem private room cost differential (line 34 x		50101137	0.00	
. 00	Private room cost differential adjustment (line 3 x line 35		Constant (1)	0	36
. 00	General inpatient routine service cost net of swing-bed cos 27 minus line 36)	st and private room cost di	TTERENTIAL (line	10, 316, 882	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A			070 00	
. 00 . 00	Adjusted general inpatient routine service cost per diem (s Program general inpatient routine service cost (line 9 x li			879.08 4,526,383	
. 00	Medically necessary private room cost applicable to the Pro	ogram (line 14 x line 35)		0	40
. 00	Total Program general inpatient routine service cost (line	39 + line 40)		4, 526, 383	41

OMPUT	Financial Systems ATION OF INPATIENT OPERATING COST	KING'S DAUGHTER	Provider C	CN: 15-0069	Peri od:	worksheet D-	
					From 01/01/2018 To 12/31/2018		epared
			Title	XVIII	Hospi tal	5/28/2019 12: PPS	:26 pr
	Cost Center Description	Total	Total	Average Per		Program Cost	
		Inpatient Costl	npatient Days		÷	(col. 3 x col.	
		1.00	2.00	<u>col.2)</u> 3.00	4.00	4) 5.00	
2.00	NURSERY (title V & XIX only)	0	0) 42.
	Intensive Care Type Inpatient Hospital Units					1	
3.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T	1, 879, 135	1, 432	1, 312.2	25 701	919, 887	
4.00 5.00	BURN INTENSIVE CARE UNIT						44. 45.
	SURGICAL INTENSIVE CARE UNIT						46.
7.00	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1.00	
3. 00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3,	line 200)			7, 217, 685	5 48.
9.00	Total Program inpatient costs (sum of lines			ns)		12, 663, 955	
	PASS THROUGH COST ADJUSTMENTS				<u></u>	057.400	5 50
0. 00	Pass through costs applicable to Program inpa	atient routine s	services (Trom	WKST. D, SUN	n of Parts I and	957, 489	9 50.
1.00	Pass through costs applicable to Program inpa	atient ancillary	/ services (fr	om Wkst. D, s	sum of Parts II	517, 194	4 51.
	and IV)						
2.00 3.00	Total Program excludable cost (sum of lines ! Total Program inpatient operating cost exclud		atod non nhy	cician anosth	notict and	1, 474, 683 11, 189, 272	
3.00	medical education costs (line 49 minus line !	5 1	ateu, non-pny		ietist, anu	11, 107, 272	2 55.
	TARGET AMOUNT AND LIMIT COMPUTATION					1	
	Program di scharges						54.
5.00 5.00	Target amount per discharge Target amount (line 54 x line 55)					0.00) 55.) 56.
7.00	Difference between adjusted inpatient operati	ng cost and tar	get amount (I	ine 56 minus	line 53)		57.
3. 00	Bonus payment (see instructions)	0	0				58.
9.00	Lesser of lines 53/54 or 55 from the cost rep	porting period e	ending 1996, u	pdated and co	ompounded by the	0.00	59.
D. 00	market basket Lesser of lines 53/54 or 55 from prior year of	cost report. upo	lated by the m	arket basket		0.00	60.
1.00	If line 53/54 is less than the lower of lines				the amount by		61.
	which operating costs (line 53) are less than		s (lines 54 x	60), or 1% of	f the target		
2.00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	nstructions)				(62.
	Allowable Inpatient cost plus incentive payme	ent (see instruc	ctions)				63.
	PROGRAM INPATIENT ROUTINE SWING BED COST					-	_
4.00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts through Decem	iber 31 of the	cost reporti	ng period (See	(64.
5.00	Medicare swing-bed SNF inpatient routine cos	ts after Decembe	er 31 of the c	ost reportino	period (See	0	65.
	instructions)(title XVIII only)						
6. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 6	64 plus line 6	5)(title XVII	l only). For	0	66.
7.00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 o	f the cost re	eporting period	0	67.
	(line 12 x line 19)	0					
8.00	Title V or XIX swing-bed NF inpatient routine	e costs after De	ecember 31 of	the cost repo	orting period	(68.
9 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient n	coutine costs (l	ine 67 + line	68)			69.
	PART III - SKILLED NURSING FACILITY, OTHER NU						
0. 00	Skilled nursing facility/other nursing facili	5					70.
1.00 2.00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line		ne 70 ÷ line	2)			71.
2.00 3.00	Medically necessary private room cost application		(line 14 x li	ne 35)			73.
4.00	Total Program general inpatient routine servi	0	•	,			74.
5.00	Capital-related cost allocated to inpatient	routine service	costs (from W	orksheet B, F	Part II, column		75.
5. 00	26, line 45) Per diem capital-related costs (line 75 ÷ lin	ne 2)					76.
7.00	Program capital -related costs (line 9 x line						77.
8.00	Inpatient routine service cost (line 74 minus						78.
0. 00 0. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa	· · ·		,	us line 70)		79.
. 00	Inpatient routine service cost per diem limi				103 IIIC /7)		80.
2.00	Inpatient routine service cost limitation (li						82.
3.00	Reasonable inpatient routine service costs (5)				83.
4.00	Program inpatient ancillary services (see ins)				84. 85.
5.00 6.00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85.
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST	/			r 	
7.00	Total observation bed days (see instructions)					2, 291	
8.00	Adjusted general inpatient routine cost per of Observation bed cost (line 87 x line 88) (see	•	rine 2)			879.08 2 013 972	
	Observation bed cost (line 87 x line 88) (see	•	- 1			2, 013, 972	

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2018	Worksheet D-1	
				To 12/31/2018		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	2,044,502	10, 316, 882	0. 19817	1 2, 013, 972	399, 111	90.00
91.00 Nursing School cost	0	10, 316, 882	0.00000	2, 013, 972	0	91.00
92.00 Allied health cost	0	10, 316, 882	0.00000	2, 013, 972	0	92.00
93.00 All other Medical Education	0	10, 316, 882	0.00000			93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Pre	pare
		Title XIX	Hospi tal	5/28/2019 12: Cost	26
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS	s oveluding nowhern)		11, 736	1 1
00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-			11, 736	
00	Private room days (excluding swing-bed and observation bed day		ivate room days,	0	
	do not complete this line.		-		
00 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		or 21 of the cost	9, 445 0	
0	reporting period	ull days) thi dugh becenibe	a si ui the cost	0	`
00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)		04 6 11	0	
00	Total swing-bed NF type inpatient days (including private room reporting period	m days) through December	31 of the cost	0	7
00	Total swing-bed NF type inpatient days (including private room	m davs) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)				
00	Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	1, 452	9
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or	nlv (including private r	room days)	0	10
. 00	through December 31 of the cost reporting period (see instruct		com days)	0	``
. 00	Swing-bed SNF type inpatient days applicable to title XVIII on		oom days) after	0	11
00	December 31 of the cost reporting period (if calendar year, en		a naam daya)	0	1.
. 00	Swing-bed NF type inpatient days applicable to titles V or XLX through December 31 of the cost reporting period	x only (including privat	e room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	X only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar ye				
	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)		14
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			1, 228 299	
. 00	SWING BED ADJUSTMENT			277	
. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 d	of the cost	0.00	17
00	reporting period	an aftar Dacambar 21 of	the east	0.00	10
. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es aiter beceniber 31 of	the cost	0.00	110
. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19
~~	reporting period			0.00	
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s after December 31 of 1	ne cost	0.00	20
. 00	Total general inpatient routine service cost (see instructions	s)		10, 316, 882	21
. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22
00	5 x line 17)	21 of the east reporting	a posted (line (0	1
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 OF the cost reportin	ig period (Time 6	0	23
. 00	Swing-bed cost applicable to NF type services through December	r 31 of the cost reporti	ng period (line	0	24
~ ~	7 x line 19)				
. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	। of the cost reporting	period (line 8	0	25
. 00	Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		10, 316, 882	
~ ~	PRIVATE ROOM DI FFERENTI AL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	d and observation bed cr	arges)	0	28
	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4)	nue line 22) (coo inctrus	stions)	0.00	
	Average per diem private room charge differential (line 32 min Average per diem private room cost differential (line 34 x lin	, ,		0.00 0.00	
	Private room cost differential adjustment (line 3 x line 35)	/		0.00	36
	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	10, 316, 882	37
	27 minus line 36)				-
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			1
	Adjusted general inpatient routine service cost per diem (see			879.08	38
. 00	Program general inpatient routine service cost (line 9 x line	38)		1, 276, 424	39
	Medically necessary private room cost applicable to the Progra			0	
U()	Total Program general inpatient routine service cost (line 39	+ IIne 40)		1, 276, 424	41

MPUTATION OF INPATIENT OPERATING COST		Provider CC	CN: 15-0069	Peri od:	u of Form CMS- Worksheet D-1	
				From 01/01/2018 To 12/31/2018		
			e XIX	Hospi tal	5/28/2019 12: Cost	26 p
Cost Center Description	Total	Total	Average Per		Program Cost	
	Inpatient Cost	npatient Days		÷	(col. 3 x col.	
	1.00	2.00	<u>col. 2)</u> 3.00	4.00	<u>4)</u> 5.00	
.00 NURSERY (title V & XIX only)	912, 587	1, 228				2 42.
Intensive Care Type Inpatient Hospital Units						
. 00 INTENSIVE CARE UNIT	1, 879, 135	1, 432	1, 312. 2	25 267	350, 371	
. OO CORONARY CARE UNIT . OO BURN INTENSIVE CARE UNIT						44.
. 00 BURN INTENSIVE CARE UNIT . 00 SURGICAL INTENSIVE CARE UNIT						45.
. 00 OTHER SPECIAL CARE (SPECIFY)						47.
Cost Center Description						
.00 Program inpatient ancillary service cost (Wk	st D 2 col 2	Lino 200)			1.00 2,454,989	9 48.
.00 Total Program inpatient costs (sum of lines			ns)		4, 303, 986	
PASS THROUGH COST ADJUSTMENTS			1137		4, 303, 700	/ · · ·
.00 Pass through costs applicable to Program inp	atient routine s	services (from	Wkst. D, sum	of Parts I and	C	50.
.00 Pass through costs applicable to Program inp and IV)	atient ancillary	services (Tr	OM WKST. D, S	sum of Parts II	C) 51.
.00 Total Program excludable cost (sum of lines	50 and 51)				C	52.
.00 Total Program inpatient operating cost exclu	ding capital rel	ated, non-phy	sician anesth	etist, and	C	
medical education costs (line 49 minus line	52)					
TARGET AMOUNT AND LIMIT COMPUTATION .00 Program discharges					C	54.
. 00 Target amount per discharge					0.00	
.00 Target amount (line 54 x line 55)					C	
.00 Difference between adjusted inpatient operat	ing cost and tar	get amount (I	ine 56 minus	line 53)	C	
. 00 Bonus payment (see instructions)					0	
.00 Lesser of lines 53/54 or 55 from the cost re market basket	porting period e	enaling 1996, u	pdated and co	mpounded by the	0.00	59
.00 Lesser of lines 53/54 or 55 from prior year	cost report, upo	dated by the m	arket basket		0.00	60
.00 If line 53/54 is less than the lower of line					C) 61.
which operating costs (line 53) are less tha		s (lines 54 x	60), or 1% of	the target		
amount (line 56), otherwise enter zero (see .00 Relief payment (see instructions)	instructions)				C	62.
.00 Allowable Inpatient cost plus incentive paym	ent (see instruc	ctions)			C C	
PROGRAM INPATIENT ROUTINE SWING BED COST	·					
.00 Medicare swing-bed SNF inpatient routine cos	ts through Decem	nber 31 of the	cost reporti	ng period (See	0	64.
instructions)(title XVIII only) .00 Medicare swing-bed SNF inpatient routine cos	ts after Decembe	or 31 of the c	ost reporting	period (See	C	65.
instructions) (title XVIII only)	ts arter becenbe		ust reporting	period (See		/ 05.
.00 Total Medicare swing-bed SNF inpatient routi	ne costs (line 6	54 plus line 6	5)(title XVII	l only). For	C	66.
CAH (see instructions)			с. н			
.00 Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	e costs through	December 31 o	r the cost re	eporting period	C	67.
.00 Title V or XIX swing-bed NF inpatient routin	e costs after De	ecember 31 of	the cost repo	orting period	C	68.
(line 13 x line 20)				0.1		
. 00 Total title V or XIX swing-bed NF inpatient					0) 69.
.00 <u>PART III - SKILLED NURSING FACILITY, OTHER N</u> .00 Skilled nursing facility/other nursing facil						70.
. 00 Adjusted general inpatient routine service c	2		• • •			71.
.00 Program routine service cost (line 9 x line	71)					72.
. 00 Medically necessary private room cost applic			ne 35)			73.
 .00 Total Program general inpatient routine serv .00 Capital-related cost allocated to inpatient 			orkshoot B D	Part II column		74.
26, line 45)	Southe Service	COSTS (ITON W	UNSHEEL D, P	art II, CUIUMII		/
.00 Per diem capital-related costs (line 75 ÷ li	ne 2)					76.
.00 Program capital-related costs (line 9 x line						77.
.00 Inpatient routine service cost (line 74 minu		ovidor record	c)			78
.00 Aggregate charges to beneficiaries for exces .00 Total Program routine service costs for comp	• •			us line 79)		79 80
.00 Inpatient routine service cost per diem limi			(81
.00 Inpatient routine service cost limitation (I	ine 9 x line 81)					82
. 00 Reasonable inpatient routine service costs (5)				83
. 00 Program inpatient ancillary services (see in						84.
.00 Utilization review - physician compensation .00 Total Program inpatient operating costs (sum						85.
PART IV - COMPUTATION OF OBSERVATION BED PAS		ough 00)				
.00 Total observation bed days (see instructions)				2, 291	87.
.00 Adjusted general inpatient routine cost per .00 Observation bed cost (line 87 x line 88) (se		line 2)			879.08	
					2, 013, 972	, 00

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
				From 01/01/2018 To 12/31/2018		
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	2,044,502	10, 316, 882	0. 19817	1 2, 013, 972	399, 111	90.00
91.00 Nursing School cost	0	10, 316, 882	0.00000	0 2, 013, 972	0	91.00
92.00 Allied health cost	0	10, 316, 882	0.00000	0 2, 013, 972	0	92.00
93.00 All other Medical Education	0	10, 316, 882	0. 00000	0 2, 013, 972	0	93.00

Health Financial Systems KING'S DAUGHTERS' HO				u of Form CMS-	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT Pr	ovider C	CN: 15-0069	Peri od:	Worksheet D-3	
			From 01/01/2018 To 12/31/2018	Date/Time Pre	narod
			10 12/31/2010	5/28/2019 12:	
	Title	XVIII	Hospi tal	PPS	20 pm
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges		Program Costs	
		··· ···· ··· ···		(col. 1 x col.	
			J	2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			5, 201, 627		30. 00
31. 00 03100 INTENSIVE CARE UNIT			1, 363, 445		31.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATI NG ROOM		0. 1768	73 2, 537, 996	448, 903	50.00
51.00 05100 RECOVERY ROOM		0. 0822		57, 934	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 5416		9, 958	
53. 00 05300 ANESTHESI OLOGY		0. 0405		24, 235	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0.6008		485, 580	
54. 01 03630 ULTRA SOUND		0. 1283		15, 200	
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC		0. 0718		16, 760	
55. 00 03480 ONCOLOGY		0. 4748		32, 793	
57.00 05700 CT SCAN		0.0306			
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 1102		18, 649	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0000		0	
60. 00 06000 LABORATORY		0. 1492		477, 994	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 1910		95, 505	
65. 00 06500 RESPIRATORY THERAPY		0. 1427		471,667	
66. 00 06600 PHYSI CAL THERAPY		0. 3038		165, 854	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 3486		71, 229	
68.00 06800 SPEECH PATHOLOGY		0. 2881		21, 266	
69. 00 06900 ELECTROCARDI OLOGY		0.0000		0	
69. 01 03610 SLEEP LAB		0. 2221		0	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2708			
71. 01 07101 I V SOLUTI ONS		0.0727		48, 351	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 3390		1, 335, 839	
72.00 07200 TMPL. DEV. CHARGED TO PATTENTS 73.00 07300 DRUGS CHARGED TO PATTENTS		0. 3390		1, 335, 839	
73. 00 07300 DR0GS CHARGED TO PATTENTS 76. 00 03140 CARDI OLOGY		0. 1817		1, 921, 741	
76. 97 07697 CARDI OLOGT 76. 97 07697 CARDI AC REHABI LI TATI ON		0. 12586		130, 828	
OUTPATIENT SERVICE COST CENTERS		0.2580	35 490	127	/0.9/
90. 00 09000 CLINIC		1.6623	92 0	0	90.00
90. 00 09000 CLINIC 91. 00 09100 EMERGENCY		0. 1832			
				452, 650	91.00
		0.6525	40 337, 406	220, 171	4 92.00
0THER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES		1			
			26 124 725	7 017 /05	95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)	100 (1)		36, 124, 735	7, 217, 685	
201.00 Less PBP Clinic Laboratory Services-Program only charges (I	rne 61)		0		201.00
202.00 Net charges (line 200 minus line 201)		I	36, 124, 735		202.00

Health Financial Systems KING'S DAUGHTERS'	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0069	Peri od:	Worksheet D-3	
			From 01/01/2018 To 12/31/2018	Date/Time Pre 5/28/2019 12:	
	Titl	e XIX	Hospi tal	Cost	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			1, 595, 980		30.00
31. 00 03100 I NTENSI VE CARE UNI T			470, 690		31.00
43. 00 04300 NURSERY			926, 821		43.00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATING ROOM		0. 1768		215, 604	50.00
51.00 05100 RECOVERY ROOM		0. 0822	73 343, 792	28, 285	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 5416	57 726, 668	393, 605	52.00
53. 00 05300 ANESTHESI OLOGY		0.0377	71 572, 624	21, 629	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 6008	87 156, 828	94, 236	54.00
54.01 03630 ULTRA SOUND		0. 1283	39 34, 729	4, 457	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC		0.0718	33 51, 660	3, 711	54.02
55. 00 03480 ONCOLOGY		0. 4748	01 13, 856	6, 579	55.00
57.00 05700 CT SCAN		0.0306	36 301, 038	9, 223	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 1102	61 50, 628	5, 582	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0000	00 00	0	59.00
60. 00 06000 LABORATORY		0. 1492	60 985, 414	147, 083	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 1910	03 81, 121	15, 494	62.00
65. 00 06500 RESPI RATORY THERAPY		0. 1427	33 653, 049	93, 212	65.00
66. 00 06600 PHYSI CAL THERAPY		0. 3038	23 81, 952	24, 899	66.00
67.00 06700 OCCUPATI ONAL THERAPY		0. 3486		6, 338	67.00
68.00 06800 SPEECH PATHOLOGY		0. 2881			
69. 00 06900 ELECTROCARDI OLOGY		0.0000			•
69. 01 03610 SLEEP LAB		0. 2221			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2708		199, 054	•
71. 01 07101 I V SOLUTI ONS		0.0727			
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS		0. 3390		227, 024	•
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 1817			•
76. 00 03140 CARDI OLOGY		0. 1258			•
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 2586			•
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLINIC		1. 6623	92 0	0	90.00
91. 00 09100 EMERGENCY		0. 1712		-	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0.6525			•
OTHER REI MBURSABLE COST CENTERS					1
95. 00 09500 AMBULANCE SERVICES					95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			12, 132, 283	2, 454, 989	
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0	_,, ,,	201.00
202.00 Net charges (line 200 minus line 201)	、·····)		12, 132, 283		202.00
		1	, , , , , , , , , , , , , , , , , , , ,	1	

ALCUL	Financial Systems KING'S DAUGHTERS' ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Pre 5/28/2019 12:	
		Title XVIII	Hospi tal	972872019 12: PPS	zo pili
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
. 00 . 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurr	ing prior to October 1	(see	0 8, 114, 269	
. 02	instructions) DRG amounts other than outlier payments for discharges occurr instructions)	ing on or after October	1 (see	2, 624, 293	1. 02
. 03	DRG for federal specific operating payment for Model 4 BPCI f 1 (see instructions)	or discharges occurring	prior to October	0	1. 03
. 04	DRG for federal specific operating payment for Model 4 BPCI f October 1 (see instructions)	or discharges occurring	on or after	0	1. 04
2.00	Outlier payments for discharges. (see instructions)			77, 636	
2. 01 2. 02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruct	i onc)		0	2.01
. 02 . 00	Managed Care Simulated Payments	i ons)		0	3.00
. 00	Bed days available divided by number of days in the cost repo Indirect Medical Education Adjustment	rting period (see instru	uctions)	81.72	
. 00	FTE count for allopathic and osteopathic programs for the mos or before 12/31/1996. (see instructions)	t recent cost reporting	period ending on	0.00	5.00
. 00	FTE count for allopathic and osteopathic programs that meet t new programs in accordance with 42 CFR 413.79(e)	he criteria for an add-o	on to the cap for	0.00	6.00
. 00 . 01	MMA Section 422 reduction amount to the IME cap as specified ACA § 5503 reduction amount to the IME cap as specified under			0.00 0.00	7.00 7.01
8. 00	<pre>cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the FTE count for allopa affiliated programs in accordance with 42 CFR 413.75(b), 413. 1998), and 67 FR 50069 (August 1, 2002).</pre>			0.00	8.00
8. 01	The amount of increase if the hospital was awarded FTE cap sl report straddles July 1, 2011, see instructions.	ots under § 5503 of the	ACA. If the cost	0.00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap sl under § 5506 of ACA. (see instructions)	ots from a closed teachi	ng hospi tal	0.00	8. 02
0. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin instructions)	es (8, 8,01 and 8,02)	(see	0.00	9.00
0.00	FTE count for allopathic and osteopathic programs in the curr	ent year from your recom	rds		10.00
1.00	FTE count for residents in dental and podiatric programs.				11.00
2.00 3.00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.				12.0 13.0
4.00	Total allowable FTE count for the penultimate year if that ye otherwise enter zero.	ar ended on or after Sep	otember 30, 1997,		14.0
5.00	Sum of lines 12 through 14 divided by 3.			0.00	15.0
	Adjustment for residents in initial years of the program				16.0
7.00	Adjustment for residents displaced by program or hospital clo	sure		0.00	17.0
	Adjusted rolling average FTE count				18.0
9.00	Current year resident to bed ratio (line 18 divided by line 4).		0.00000	
0.00	Prior year resident to bed ratio (see instructions)			0.00000	
1.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	
	IME payment adjustment (see instructions)			0	
2. 01	IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for § 42.	2 of the MMA		0	22.0
3. 00	Number of additional allopathic and osteopathic IME FTE resid $(f)(1)(iv)(C)$.		CFR 412.105		23. 0
	IME FTE Resident Count Over Cap (see instructions)				24.0
	If the amount on line 24 is greater than -0-, then enter the instructions)	lower of line 23 or line	e 24 (see		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	
27.00	IME payments adjustment factor. (see instructions)			0.000000	
28.00 28.01	IME add-on adjustment amount (see instructions) IME add-on adjustment amount - Managed Care (see instructions)		0	
	Total IME payment (sum of lines 22 and 28))		0	28.0
	Total IME payment - Managed Care (sum of lines 22.01 and 28.0 Disproportionate Share Adjustment	1)		0	
0.00	Percentage of SSI recipient patient days to Medicare Part A p	atient days (see instru	ctions)	3.88	30.0
	Percentage of Medicaid patient days (see instructions)			23.11	
	Sum of Lines 30 and 31				32.0
	Allowable disproportionate share percentage (see instructions)		11.48	
	Disproportionate share adjustment (see instructions)	·		308, 197	

	Financial Systems KING'S DAUGHTERS			u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT		Period: From 01/01/2018 To 12/31/2018		
		Title XVIII	Hospi tal	5/28/2019 12:2 PPS	26 pm
			Prior to 10/1		
			1.00	2.00	
25 00	Uncompensated Care Adjustment			0 070 070 447	1 25 00
	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		0. 000109990	8, 272, 872, 447 0. 000138012	•
35.02	Hospital uncompensated care payment (If line 34 is zero, ente	r zero on this line) (see		1, 110, 898	
	instructions)				
35. 03 36. 00	Pro rata share of the hospital uncompensated care payment amo Total uncompensated care (sum of columns 1 and 2 on line 35.0	. ,	556, 672 836, 679	280, 007	35.03 36.00
30.00	Additional payment for high percentage of ESRD beneficiary di				30.00
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding	3 3	0		40.00
	652, 682, 683, 684 and 685 (see instructions)				
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6 instructions)	83, 684 an 685. (see	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-	DRGs 652, 682, 683, 684	0		41.01
	an 685. (see instructions)				
42.00 43.00	Divide line 41 by line 40 (if less than 10%, you do not quali Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68		0.00		42.00
43.00	instructions)	2, 063, 064 all 065. (See	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided	by line 41 divided by 7	0. 000000		44.00
45.00	days)	`	0.00		45 00
45.00 46.00	Average weekly cost for dialysis treatments (see instructions Total additional payment (line 45 times line 44 times line 41	-	0.00		45.00
47.00	Subtotal (see instructions)		11, 961, 074		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, s	mall rural hospitals	12, 007, 369		48.00
	only. (see instructions)			Amount	
				Amount 1.00	
49.00	Total payment for inpatient operating costs (see instructions)		12, 007, 369	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I an			891, 806	•
51.00 52.00	Exception payment for inpatient program capital (Wkst. L, Pt. Direct graduate medical education payment (from Wkst. E-4, li			0	
52.00 53.00	Nursing and Allied Health Managed Care payment	The 49 see first detroits).		8, 442	•
54.00	Special add-on payments for new technologies			0	
54.01	Islet isolation add-on payment			0	
55.00 56.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6 Cost of physicians' services in a teaching hospital (see intr			0	55.00 56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. 1	-	rouah 35).	0	•
58.00	Ancillary service other pass through costs from Wkst. D, Pt.			22, 049	•
59.00	Total (sum of amounts on lines 49 through 58)			12, 929, 666	
60. 00 61. 00	Primary payer payments Total amount payable for program beneficiaries (line 59 minus	Lipo (0)		5, 917 12, 923, 749	
62.00	Deductibles billed to program beneficiaries			1, 507, 164	
63.00	Coinsurance billed to program beneficiaries			35, 845	
64.00	Allowable bad debts (see instructions)			84, 368	
	Adjusted reimbursable bad debts (see instructions)	rueti enc)		54,839	
66.00 67.00	Allowable bad debts for dual eligible beneficiaries (see inst Subtotal (line 61 plus line 65 minus lines 62 and 63)	ructions)		34, 325 11, 435, 579	1
68.00	Credits received from manufacturers for replaced devices for	applicable to MS-DRGs (se	e instructions)	3, 700	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
70. 50 70. 87	Rural Community Hospital Demonstration Project (§410A Demonst Demonstration payment adjustment amount before sequestration	ration) adjustment (see i	nstructions)	0	70.50
70.87	SCH or MDH volume decrease adjustment (contractor use only)			0	70.87
70.89	Pioneer ACO demonstration payment adjustment amount (see inst	ructions)		-	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	•
70.91	HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)			0	70.91
70 02				0	1 10.92
70. 92 70. 93				106, 848	70.93
70. 92 70. 93 70. 94	HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions)			-	•

ALCULATION OF REIMBURSEMENT SETTLEMENT	KING'S DAUGHTEF	Provider CO	CN: 15-0069	Period: From 01/01/2018 To 12/31/2018		pare
		Title	XVIII	Hospi tal	PPS	
			FF۱	(уууу)	Amount	
				0	1.00	
0.96 Low volume adjustment for federal fis				0	0	70.
0.97 the corresponding federal year for th Low volume adjustment for federal fis the corresponding federal year for th	scal year (yyyy) (Enter	in column O		2019	135, 776	70.
0.98 Low Volume Payment-3	··· p······ ··························	,			0	70.
D. 99 HAC adjustment amount (see instruction	ons)				0	70.
1.00 Amount due provider (line 67 minus li	nes 68 plus/minus lines	s 69 & 70)	1		11, 475, 806	71.
1.01 Sequestration adjustment (see instruc	ctions)		1		229, 516	71.
1.02 Demonstration payment adjustment amou	unt after sequestration				0	71.
2.00 Interim payments			1		11, 653, 706	72.
3.00 Tentative settlement (for contractor	use only)				0	73.
4.00 Balance due provider/program (line 71 73)					-407, 416	
5.00 Protested amounts (nonallowable cost	report items) in accord	dance with			625, 964	75.
CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines	00 through 06)				<u> </u>	1
0.00 Operating outlier amount from Wkst. E		m of 2 03			0	90.
plus 2.04 (see instructions)		1 01 2:00			, o	/ /0.
1.00 Capital outlier from Wkst. L, Pt. I,	line 2				0	91.
2.00 Operating outlier reconciliation adju		tructions)			0	
.00 Capital outlier reconciliation adjust	-				0	
00 The rate used to calculate the time v					0.00	
5.00 Time value of money for operating exp	5 (,			0	
5.00 Time value of money for capital relat					0	96.
				Prior to 10/1	0n/After 10/1	
				1.00	2.00	
HSP Bonus Payment Amount				1.00	2.00	
00.00 HSP bonus amount (see instructions)					2.00	100.
00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment				1.00	2.00	
00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 11.00 HVBP adjustment factor (see instructi	ons)			1.00 0 0.000000000	2.00 0.000000000	101.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 11.00 HVBP adjustment factor (see instruction) 12.00 HVBP adjustment amount for HSP bonus 	ons)	ons)		1.00	2.00 0.000000000	101.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 11.00 HVBP adjustment factor (see instruction) 12.00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment 	ons) payment (see instructio	ons)		1.00 0.00000000000000000000000000000000	2.00 0 0.000000000 0	101. 102.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) 00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instruction) 	ons) payment (see instructio ons)			1.00 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000	101. 102. 103.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 10.00 HVBP adjustment factor (see instruction) 10.00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment 10.00 HRR adjustment factor (see instruction) 10.00 HRR adjustment amount for HSP bonus payment 10.00 HRR adjustment amount for HSP bonus payment 	ons) payment (see instruction ons) payment (see instruction	ns)	stmont	1.00 0.00000000000000000000000000000000	2.00 0.000000000 0 0.0000	101. 102. 103.
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 11.00 HVBP adjustment factor (see instruction) 12.00 HVBP adjustment amount for HSP bonus 13.00 HRR adjustment factor (see instruction) 14.00 HRR adjustment amount for HSP bonus payment 15.00 HRR adjustment factor (see instruction) 16.00 HRR adjustment factor (see instruction) 17.00 HRR adjustment factor (see instruction) 18.00 HRR adjustment factor (see instruction) 19.00 HRR adjustment factor (see instruction) 19.00 HRR adjustment factor (see instruction) 10.00 HRR adjustment factor (see instruction) 10.00 HRR adjustment amount for HSP bonus payment 10.00 HRR adjustment amount for HSP bonus payment 10.00 HRR adjustment amount for HSP bonus payment 	ons) payment (see instruction ons) payment (see instruction on Project (§410A Demons	ns) stration) Adju		1.00 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000	101 102 103 104
00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instructi 02.00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment 03.00 HRR Adjustment for HSP Bonus Payment 04.00 HRR adjustment factor (see instructic) 04.00 HRR adjustment amount for HSP bonus payment Rural Community Hospital Demonstratio 00.00 00 Is this the first year of the current	ons) payment (see instruction payment (see instruction payment (see instruction n Project (§410A Demons 5-year demonstration p	ns) stration) Adju		1.00 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000	101. 102. 103. 104.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instructi 02.00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instructic) 04.00 HRR adjustment amount for HSP bonus p Rural Community Hospital Demonstratio 00.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes 	ons) payment (see instruction payment (see instruction payment (see instruction n Project (§410A Demons 5-year demonstration p	ns) stration) Adju		1.00 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000	101. 102. 103. 104.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) 02.00 HVBP adjustment for HSP Bonus Payment 04.00 HRR adjustment factor (see instruction) 04.00 HRR adjustment amount for HSP bonus payment Rural Community Hospital Demonstration 00.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 	ons) payment (see instruction payment (see instruction on Project (§410A Demons 5-year demonstration p or "N" for no.	ns) stration) Adju period under t		1.00 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000	101. 102. 103. 104. 200.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) 00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instruction) 04.00 HRR adjustment amount for HSP bonus present Rural Community Hospital Demonstration 00.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 01.00 Medicare inpatient service costs (from 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, li	ns) stration) Adju period under t		1.00 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000	101. 102. 103. 104. 200. 201.
00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) 04.00 HRR adjustment amount for HSP bonus payment 03.00 HRR adjustment amount for HSP bonus payment 04.00 HRR adjustment amount for HSP bonus payment 05.00 Is this the first year of the current century cures Act? Enter "Y" for yes Cost Reimbursement 01.00 Medicare inpatient service costs (from patient service costs)	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, li s)	ns) stration) Adju period under t		1.00 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000	101. 102. 103. 104. 200. 201. 202.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 00 HVBP adjustment factor (see instruction) 00 HVBP adjustment amount for HSP bonus 00 HVR adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instruction) 00 HRR adjustment for HSP bonus payment 00 HRR adjustment amount for HSP bonus payment 00 ON Is this the first year of the current Century Cures Act? Enter "Y" for yes 00 Medicare inpatient service costs (from payment) 01.00 Medicare discharges (see instructions) 03.00 Case-mix adjustment factor (see instructions) 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, li s) ructions)	ns) stration) Adju period under t ine 49)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) 02.00 HVBP adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instruction) 04.00 HRR adjustment amount for HSP bonus present 05.00 Is this the first year of the current century cures Act? Enter "Y" for yes Cost Reimbursement 01.00 Medicare discharges (see instructions) 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, li s) ructions)	ns) stration) Adju period under t ine 49)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instructi 02.00 HVBP adjustment amount for HSP bonus HRR Adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instructic 04.00 HRR adjustment amount for HSP bonus p Rural Community Hospital Demonstratio 00.00 Is this the first year of the current Cost Reimbursement 01.00 Medicare inpatient service costs (from 02.00 Medicare discharges (see instructions) 03.00 Case-mix adjustment factor (see instructions) 04.00 Medicare discharges (see instructions) 05.00 Case-mix adjustment factor (see instructions) 06.00 Case-mix adjustment factor (see instructions) 07.00 Medicare discharges (see instructions) 08.00 Case-mix adjustment factor (see instructions) 09.00 Case-mix adjustment factor (see instructions) 00 Case-mix adjustment factor (see instructions) 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, li s) ructions)	ns) stration) Adju period under t ine 49)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) 00 HVBP adjustment amount for HSP bonus Payment 03.00 HRR adjustment for HSP Bonus Payment 03.00 HRR adjustment for HSP bonus payment 04.00 HRR adjustment amount for HSP bonus payment 05.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes 01.00 Medicare inpatient service costs (from) 02.00 Medicare di scharges (see instructions) 03.00 Case-mix adjustment factor (see instructions) 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, li s) ructions) mount Limitation (N/A i	ns) stration) Adju period under t ine 49)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) 02.00 HVBP adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instruction) 04.00 HRR adjustment factor (see instruction) 00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 01.00 Medicare discharges (see instructions) 03.00 Case-mix adjustment factor (see instructions) 04.00 Medicare target amount 05.00 Case-mix adjusted target amount 	ons) payment (see instruction payment (see instruction payment (see instruction payment (see instruction payment (§410A Demons t 5-year demonstration p or "N" for no. m Wkst. D-1, Pt. II, Ii s) ructions) mount Limitation (N/A i e 203 times line 204) (line 202 times line 204)	ns) stration) Adju period under t ine 49) n first year	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	101. 102.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) HVRP adjustment factor (see instruction) HRR Adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instruction) 04.00 HRR adjustment amount for HSP bonus present 07.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 08.00 Medicare discharges (see instructions) 00 Medicare target amount 00 Case-mix adjustment factor (see instructions) 00 Case-mix adjustment factor (see instructions) 00 Case-mix adjusted target amount (line) 	ons) payment (see instruction payment (see instruction payment (see instruction payment (see instruction payment (§410A Demons t 5-year demonstration p or "N" for no. m Wkst. D-1, Pt. II, Ii s) ructions) mount Limitation (N/A i e 203 times line 204) (line 202 times line 204)	ns) stration) Adju period under t ine 49) n first year	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	101. 103. 104. 200. 201. 202. 203. 204. 205.
 10.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 11.00 HVBP adjustment factor (see instruction) HVBP adjustment for HSP Bonus Payment 12.00 HVRP adjustment for HSP Bonus Payment 13.00 HRR adjustment for HSP bonus payment 14.00 HRR adjustment amount for HSP bonus payment 15.00 Case-mix adjustment factor (see instructions 16.00 Medicare inpatient service costs (from Computation of Demonstration Target Aperiod) 14.00 Medicare target amount 15.00 Case-mix adjusted target amount (line 6.00 Medicare inpatient routine cost cap (Adjustment to Medicare Part A Inpatie 17.00 Program reimbursement under the \$410A 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, lin s) -uctions) mount Limitation (N/A in e 203 times line 204) (line 202 times line 204)	ns) stration) Adju period under t ine 49) n first year 5) structions)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0 0.0000 0	101. 102. 103. 200. 200. 201. 202. 203. 204. 205. 206. 206.
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP Adjustment factor (see instruction) HVBP adjustment factor (see instruction) HVR Adjustment for HSP Bonus Payment 00 HVRP adjustment for HSP Bonus Payment 00 HRR adjustment for HSP bonus payment 00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 00 Medicare discharges (see instructions 00 Medicare target amount 00 Medicare target amount 00 Medicare target amount 00 Medicare inpatient routine cost cap (Adjustment to Medicare Part A Inpatie 00 Medicare Part A inpatient service cost 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. mwst. D-1, Pt. II, Ii s) ructions) mount Limitation (N/A i e 203 times line 204) (line 202 times line 204) (line 202 times line 204) ont Reimbursement A Demonstration (see ins sts (from Wkst. E, Pt. /	ns) stration) Adju period under t ine 49) n first year 5) structions)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.0000000000 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 203. 204. 205. 206. 206. 207. 208.
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructi 2.00 HVBP adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP Bonus Payment 4.00 HRR adjustment for HSP bonus payment 6.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 1.00 Medicare inpatient service costs (frod 2.00 Medicare discharges (see instructions 3.00 Case-mix adjustment factor (see instructions 3.00 Case-mix adjustment factor (see instructions 4.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 6.00 Medicare inpatient routine cost cap (Adjustment to Medicare Part A Inpatie 7.00 Program reimbursement under the \$410A 8.00 Medicare Part A inpatient service cost 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. mwst. D-1, Pt. II, Ii s) ructions) mount Limitation (N/A i e 203 times line 204) (line 202 times line 204) (line 202 times line 204) ont Reimbursement A Demonstration (see ins sts (from Wkst. E, Pt. /	ns) stration) Adju period under t ine 49) n first year 5) structions)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208. 209.
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructi 2.00 HVBP adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP bonus payment 3.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 1.00 Medicare inpatient service costs (from Case-mix adjustment factor (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Case-mix adjustment for Houtine cost cap (Adjustment to Medicare Part A Inpatie 4.00 Medicare Part A inpatient service costs 9.00 Adjustment to Medicare IPPS payments 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. mwst. D-1, Pt. II, Ii s) ructions) mount Limitation (N/A i e 203 times line 204) (line 202 times line 204) (line 202 times line 204) ont Reimbursement A Demonstration (see ins sts (from Wkst. E, Pt. /	ns) stration) Adju period under t ine 49) n first year 5) structions)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0 0.0000 0	101 102 103 104 200 201 202 203 204 205 206 206 207 208 209 210
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instruction) HVBP adjustment factor (see instruction) HVBP adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instruction) HRR adjustment factor (see instruction) HRR adjustment factor (see instruction) HRR adjustment amount for HSP bonus payment 3.00 HRR adjustment amount for HSP bonus payment 3.00 HRR adjustment amount for HSP bonus payment 3.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 1.00 Medicare inpatient service costs (from) 2.00 Medicare discharges (see instructions 3.00 Case-mix adjustment factor (see instructions 3.00 Case-mix adjustment factor (see instructions 4.00 Medicare target amount 5.00 Case-mix adjusted target amount (line) 6.00 Medicare inpatient routine cost cap (Adjustment to Medicare Part A Inpatie 7.00 Program reimbursement under the \$410A 8.00 Medicare Part A inpatient service cost 9.00 Adjustment to Medicare IPPS payments 0.00 Reserved for future use 1.00 Total adjustment to Medicare IPPS payments 	ons) payment (see instruction payment (see instruction payment (see instruction payment (see instruction payment (see instruction sour Project (§410A Demons t 5-year demonstration p or "N" for no. The West D-1, Pt. II, Ii sour West D-1, Pt. II, Ii sourt Construction wount Limitation (N/A in e 203 times line 204) (line 202 times line 204) (line stime constructions) yments (see instructions)	ns) stration) Adju period under t ine 49) n first year 5) structions) A, line 59)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0 0.0000 0	101 102 103 104 200 201 202 203 204 205 206 206 207 208 209 210
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) Rural Community Hospital Demonstration 0.00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 1.00 Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 6.00 Medicare Part A Inpatient service costs 7.00 Program reimbursement under the §410A 8.00 Medicare Part A inpatient service costs 9.00 Adjustment to Medicare IPPS payments 0.00 Reserved for future use 1.00 Total adjustment to Medicare IPPS pay 	ons) payment (see instruction payment (see instruction ons) payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. om Wkst. D-1, Pt. II, Li s) 	ns) stration) Adju period under t ine 49) n first year 5) structions) A, line 59) s)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0 0.0000 0	101 102 103 104 200 201 202 203 204 205 206 206 207 208 209 210
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 00 HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment 00 HVR adjustment for HSP Bonus Payment 00 HRR adjustment factor (see instructions) 00 Is this the first year of the current Century Cures Act? Enter "Y" for yes Cost Reimbursement 01 00 Medicare inpatient service costs (from Case-mix adjustment factor (see instructions) 03 00 Case-mix adjustment factor (see instructions) 04 00 Medicare target amount 05 00 Case-mix adjusted target amount (line 66.00 Medicare inpatient routine cost cap (Adjustment to Medicare IPPS payments) 00 Adjustment to Medicare IPPS payments 00 Adjustment to Medicare IPPS payments 00 Total adjustment to Medicare IPPS payments 00 Total adjustment to Medicare Part A Inpatie 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. m Wkst. D-1, Pt. II, Ii s) -uctions) mount Limitation (N/A i e 203 times line 204) (line 202 times line 204) (line 203 times line 204) (line 204 times line 204) (line 205 times line 205 times line 204) (line 205 times line 205 times line 204) (line 205 times line 205 times line 204) (line 205 times line	ns) stration) Adju period under t ine 49) n first year 5) structions) A, line 59) s)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0.0000 0 0 0 0 0 0 0 0 0 0 0 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211.
 00.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 01.00 HVBP adjustment factor (see instruction) 02.00 HVBP adjustment for HSP Bonus Payment 03.00 HRR adjustment for HSP Bonus Payment 03.00 HRR adjustment factor (see instruction) 04.00 HRR adjustment amount for HSP bonus prevent for the current century cures Act? Enter "Y" for yes Cost Reimbursement 01.00 Medicare inpatient service costs (from Medicare discharges (see instructions) 03.00 Case-mix adjustment factor (see instructions) 03.00 Case-mix adjustment factor (see instructions) 04.00 Medicare target amount 05.00 Case-mix adjusted target amount (line) 06.00 Medicare part A inpatient service costs (see instructions) 07.00 Program reimbursement under the \$410A 08.00 Medicare Part A inpatient service costs 09.00 Adjustment to Medicare IPPS payments 00.00 Reserved for future use 11.00 Total adjustment to Medicare IPPS payments 	ons) payment (see instruction payment (see instruction on Project (§410A Demons t 5-year demonstration p or "N" for no. m Wkst. D-1, Pt. II, Ii s) -uctions) mount Limitation (N/A i e 203 times line 204) (line 202 times line 204) (line 202 times line 204) (line 202 times line 204) (line 202 times line 204) (see instructions) (see instructions) /ments (see instructions) /ments (see instructions) /ments (from Wkst. E, Pt. /	ns) stration) Adju period under t ine 49) n first year 5) 5) structions) A, line 59) s) e 211)	he 21st	1.00 0.000000000 0.0000 0.0000 0	2.00 0.000000000 0.0000 0.0000 0 0 0 0 0 0 0 0 0 0 0 0	101 102 103 104 200 201 202 203 204 205 206 207 208 209 210 211

OM AC	DLUME CALCULATION EXHIBIT 4			Provider C		Peri od:	Worksheet E	+ 1
						From 01/01/2018 To 12/31/2018		pare
				Title	XVIII	Hospi tal	PPS	20 p
		line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Total (Col 2 through 4)	
00	DRG amounts other than outlier	0	1.00	2.00	3.00	4.00	5.00	1.
01	payments DRG amounts other than outlier	1. 01	8, 114, 269			0	8, 114, 269	
02	payments for discharges occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	2, 624, 293	0		2, 624, 293	2, 624, 293	1.
03	1 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0	0		0	0	1.
04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1.04	O	0		0	0	1.
00	October 1 Outlier payments for discharges (see instructions)	2.00	77, 636	70, 229		0 7, 407	77, 636	2.
01	Outlier payments for	2.02	0	0		o o	0	2.
00	discharges for Model 4 BPCI Operating outlier reconciliation	2. 01	0	0		o o	0	3.
00	Managed care simulated payments	3.00	0	0		0 0	0	4.
00	Indirect Medical Education Adju Amount from Worksheet E, Part	ustment 21.00	0. 000000	0.00000	0.00000	0 0.00000		5.
00	A, line 21 (see instructions) IME payment adjustment (see	22.00	0	0.000000	0.00000	0 0	0	6
01	instructions) IME payment adjustment for managed care (see	22. 01	0	0		0 0	0	6
	instructions) Indirect Medical Education Adju	ustment for the	e Add-on for Se	ction 422 of t	he MMA			
00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0.000000	0. 00000	0 0. 000000		7
00	IME adjustment (see instructions)	28.00	0	0		0 0	0	8
01	IME payment adjustment add on for managed care (see	28.01	0	0		0 0	0	8
00	instructions) Total IME payment (sum of lines 6 and 8)	29.00	0	0		0 0	0	9
01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	О	0		0 0	0	9
00	Disproportionate Share Adjustme Allowable disproportionate	ent 33.00	0. 1148	0. 1148	0. 114	8 0. 1148		10
00	share percentage (see instructions)	33.00	0.1140	0. 1140	0.114	0.1140		
. 00	Disproportionate share adjustment (see instructions)	34.00	308, 197	232, 880		0 75, 317	308, 197	11
. 01	Uncompensated care payments Additional payment for high per	36.00 Centage of ESI	836,679 RD beneficiary			0 204, 467	836, 679	11
00	Total ESRD additional payment (see instructions)	46.00	0	0		0 0	0	12
. 00 . 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH,	47.00 48.00	11, 961, 074 12, 007, 369			0 2, 911, 484 0 2, 986, 303		
00	<pre>small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see</pre>	49.00	12, 007, 369	9, 021, 066		0 2, 986, 303	12, 007, 369	15
00	Payment for inpatient program capital (from Wkst. L, Pt. I,	50.00	891, 806	677, 668		0 214, 138	891, 806	16
. 00	if applicable) Special add-on payments for	54.00	0	0		o o	0	17
. 01 . 02	new technologies Net organ aquisition cost Credits received from manufacturers for replaced	68.00	3, 700	3, 700		0 0	3, 700	17 17

Heal th	Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
LOW VC	LUME CALCULATION EXHIBIT 4			Provider C	-	Period: From 01/01/2018 Fo 12/31/2018		pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01		
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18.00
19 00	SUBTOTAL			9, 702, 434		3, 200, 441	12, 902, 875	19 00
17.00		W/S L, line	(Amounts from L)	7, 102, 101		0,200,111	12, 702, 010	17.00
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	871, 660	659, 451		212, 209	871,660	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0		0 0	0	20. 01
21.00	Capital DRG outlier payments	2.00	20, 146	18, 217		0 1, 929	20, 146	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0 0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0. 0000	0.0000	0.000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0		0 0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0000	0.0000	0.000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0		0 0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	891, 806	677, 668		214, 138	891, 806	26.00
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.00000			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A. line)	70.96					0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				135, 776	135, 776	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Υ					100. 00

	Financial Systems TAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	KING'S DAUGHTE	Provi der C	CN: 15-0069	In Lie Period:	u of Form CMS-2 Worksheet E	2552-10
					From 01/01/2018 To 12/31/2018	Part A Exhibi	pared [.]
			Title	XVIII	Hospi tal	PPS	20 pm
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for	1.01	8, 114, 269	8, 114, 26	9	8, 114, 269	1.01
1.02	discharges occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2, 624, 293		2, 624, 293	2, 624, 293	1. 02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0		D	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	77, 636	70, 22	9 7, 406	77, 635	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 Indirect Medical Education Adjustment	3.00	0		0 0	0	4.00
5.00	Amount from Worksheet E, Part A, Line 21 (see instructions)	21.00	0. 000000	0. 00000	0 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
7.00	Indirect Medical Education Adjustment for the IME payment adjustment factor (see	27.00	0. 000000		0.000000		7.00
7.00	instructions)	27.00	0.000000	0.00000	0.00000		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 9. 01	Total IME payment (sum of lines 6 and 8) Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.00 29.01	0			0	9. 00 9. 01
	Disproportionate Share Adjustment		0.1110		0.1110		
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0. 1148	0. 114	8 0. 1148		10.00
11. 00	Disproportionate share adjustment (see instructions)	34.00	308, 197	232, 88	0 75, 317	308, 197	11.00
11. 01	Uncompensated care payments	36.00	836, 679	556, 67	2 280, 007	836, 679	11.01
	Additional payment for high percentage of ESF						
12.00	Total ESRD additional payment (see instructions)	46.00	0		0 0	0	
13.00 14.00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	47.00 48.00	11, 961, 074 12, 007, 369		1 2, 987, 023 0 0	11, 961, 074 0	
15. 00	instructions) Total payment for inpatient operating costs (see instructions)	49.00	12, 007, 369	12, 007, 36	9 0	12, 007, 369	15.00
16. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	891, 806	677, 66	8 214, 138	891, 806	16. 00
17. 00 17. 01	Special add-on payments for new technologies Net organ acquisition cost	54.00	0		0 0	0	17. 00 17. 01
17. 02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3, 700	3, 70	0 0		17. 02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0		0 0	0	
19.00	SUBTOTAL			12, 688, 73	7 214, 138	12, 902, 875	19.00

Health Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	eu of Form CMS-	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CO		Period: From 01/01/2018 To 12/31/2018		pared:
		Title	XVIII	Hospi tal	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	871, 660	659, 4	51 212, 209	871, 660	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	20, 146	18, 2 ⁻	1, 929	20, 146	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	0.000	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	0.0000	0.000	0.0000		24.00
25.00 Disproportionate share adjustment (see instructions)	11.00	0		0 0	0	25.00
26.00 Total prospective capital payments (see instructions)	12.00	891, 806	677, 60	58 214, 138	891, 806	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	135, 776		135, 776	135, 776	29.00
30.00 HVBP payment adjustment (see instructions)	70. 93	106, 848	98, 8	74 7,974	106, 848	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	-198, 697	-177, 70	-20, 994	-198, 697	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 0	0	31.01
					(Amt. to Wkst. E, Pt. A)	
	0	1.00	2.00	3.00	4.00	
32.00 HAC Reduction Program adjustment (see instructions)	70. 99			0 0	0	32.00
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100. 00

	Financial Systems KING'S DAUGHTERS ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0069	Period:	u of Form CMS-2 Worksheet E	2002-10
ONLOOL			From 01/01/2018 To 12/31/2018	Part B Date/Time Pre	
		Title XVIII	Hospi tal	5/28/2019 12:: PPS	26 pm
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			7, 828	
2.00 3.00	Medical and other services reimbursed under OPPS (see instruc OPPS payments	ctions)		13, 217, 890 13, 856, 096	
4.00	Outlier payment (see instructions)			27, 034	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00 6.00	Enter the hospital specific payment to cost ratio (see instru Line 2 times line 5	uctions)		0. 000 0	5.00 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		42, 773	
10.00 11.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 7, 828	10.00 11.00
	COMPUTATION OF LESSER OF COST OR CHARGES			.,	
12 00	Reasonable charges			42,404	12.00
12.00 13.00	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		42, 406 0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			42, 406	
15 00	Customary charges	normant for convious on	a abarga basi a	0	15 00
15.00 16.00	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable for			0	15.00 16.00
	had such payment been made in accordance with 42 CFR §413.13(1 5			
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete or	nlvifline 18 exceeds li	ne 11) (see	42, 406 34, 578	
	instructions)			01,010	
20.00	Excess of reasonable cost over customary charges (complete or	nly if line 11 exceeds li	ne 18) (see	0	20.00
21.00	instructions) Lesser of cost or charges (see instructions)			7, 828	21.00
	Interns and residents (see instructions)			0	
	Cost of physicians' services in a teaching hospital (see inst	tructions)		12 025 002	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			13, 925, 903	24. UU
25.00	Deductibles and coinsurance amounts (for CAH, see instruction				25.00
26.00 27.00	Deductibles and Coinsurance amounts relating to amount on lin Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)	-		2, 667, 385 11, 266, 177	
27.00	instructions)	prus the sum of times 22		11, 200, 177	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, I			0	
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29)			0 11, 266, 177	
30.00	Primary payer payments			3, 113	
32.00	Subtotal (line 30 minus line 31)			11, 263, 064	
22 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. 1-5, line 11)	CES)		0	33.00
	Allowable bad debts (see instructions)			270, 076	
35.00	Adjusted reimbursable bad debts (see instructions)			175, 549	
36.00 37.00	Allowable bad debts for dual eligible beneficiaries (see inst Subtotal (see instructions)	tructions)		172, 633 11, 438, 613	
38.00	MSP-LCC reconciliation amount from PS&R			1, 438, 613	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instruction	ns)			39.50
39. 97 39. 98	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for repla	aced devices (see instru	rtions)	0	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		501013)	0	
40.00	Subtotal (see instructions)			11, 437, 192	
40. 01 40. 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			228, 744 0	
	Interim payments			11, 270, 817	
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00 44.00	Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accorda	ance with CMS Dub 15 2	chanter 1	-62, 369 192, 202	
44.00	§115. 2	Ince with Gwo Pub. 10-2,		192, 202	44.00
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)				90.00
91.00 92.00	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0 0.00	91.00 92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)				94.OC

NALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	CN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prep 5/28/2019 12:2	pared
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	tВ	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
. 00 . 00 . 00	Total interim payments paid to provider 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 List separately each retroactive lump sum adjustment		11, 653, 7(06	11, 270, 817 0	1. (2. (3. (
	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) Program to Provider					
. 01	ADJUSTMENTS TO PROVIDER			0	0	3.0
. 02				0	0	3.0
. 03 . 04				0	0	3.
. 04				0	0	3. 3.
00	Provider to Program					0.
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
52 53				0	0	3. 3.
54				0	0	3.
99	Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)			0	0	3.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11, 653, 70	06	11, 270, 817	4.
~~	TO BE COMPLETED BY CONTRACTOR					
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.
D1	Program to Provider TENTATIVE TO PROVIDER			0	0	5.
)2				0	0	5.
)3				0	0	5.
	Provider to Program					_
50 51	TENTATI VE TO PROGRAM			0	0	5. 5.
51 52				0	0	5
9	Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)				_	6
)1)2	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM		407 4	0	0	6
)2)0	Total Medicare program liability (see instructions)		407, 4 11, 246, 29		62, 369 11, 208, 448	6
,0			11, 240, 2	Contractor Number	NPR Date (Mo/Day/Yr)	/
)	1, 00	2.00	

2.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.03.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.04.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-123.05.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.06.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.07.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.01 line 1688.00Calculation of the HIT incentive payment (see instructions)8.09.00Sequestration adjustment amount (see instructions)9.010.00Calculation of the HIT incentive payment after sequestration (see instructions)9.010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH	Heal th	Financial Systems	KING'S DAUGHTERS'	HOSPI TAL	In Lie	u of Form CMS-	2552-10
To 12/31/2018 Date/Time Prepared 5/28/2019 12: 26 pm Title XVIII Hospital PPS Title XVIII Hospital PPS I.00 To BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION To be completed by contractor for non-standard collection of the standard collection collection of the standard collection of the standard collection of the standard collection of the standard collection to the collection of the standard collection collection of the standard collection colection colection collection collection collection col	CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0069			
Title XVIII Hospital PPS Title XVIII Hospital PPS Interview of the HIT incentive payment after sequestration (see instructions) Title XVIII Hospital PPS Interview of the HIT incentive payment after sequestration (see instructions)						Date/Time Pre	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.02.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.03.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.04.00Total hospital charges from Wkst. C, Pt. I, col. 8 sum of lines 1, 8-123.05.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2004.06.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.06.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.07.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.09.00Sequestration adjustment amount (see instructions)8.09.00Calculation of the HIT incentive payment after sequestration (see instructions)9.010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH10.0				Title XVIII	Hospi tal		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.02.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.03.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.04.00Total hospital charges from Wkst. C, Pt. I, col. 8 sum of lines 1, 8-123.05.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2004.06.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.06.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.07.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.09.00Sequestration adjustment amount (see instructions)8.09.00Calculation of the HIT incentive payment after sequestration (see instructions)9.010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH10.0							
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.002.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.003.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.004.00Total inpatient days from Wkst. S-3, Pt. I, col. 8 sum of lines 1, 8-123.005.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2004.006.00Total hospital charges from Wkst. S-10, col. 3 line 205.007.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.008.00Calculation of the HIT incentive payment (see instructions)8.009.00Sequestration adjustment amount (see instructions)9.0010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH10.00						1.00	
1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.02.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.03.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.04.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-123.05.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2004.06.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.07.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.01 ine 168Calculation of the HIT incentive payment (see instructions)8.09.00Sequestration adjustment amount (see instructions)9.010.00Calculation of the HIT incentive payment after sequestration (see instructions)9.010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH10.0							-
2.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.03.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.04.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-123.05.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.06.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.07.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.08.00Calculation of the HIT incentive payment (see instructions)8.09.00Sequestration adjustment amount (see instructions)9.010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH10.0							
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 5.00 7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I 6.00 1 line 168 8.00 Calculation of the HIT incentive payment (see instructions) 8.00 9.00 Sequestration adjustment amount (see instructions) 9.00 10.00 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH 0.00					14		1.00
4.00 Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12 4.0 5.00 Total hospital charges from Wkst C, Pt. I, col. 8 line 200 5.0 6.00 Total hospital charity care charges from Wkst. S-10, col. 3 line 20 6.0 7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I 6.0 8.00 Calculation of the HIT incentive payment (see instructions) 8.0 9.00 Sequestration adjustment amount (see instructions) 9.0 10.00 Calculation of the HIT incentive payment after sequestration (see instructions) 9.0 10.00 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH 10.0		5		-12			2.00
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 10.00							3.00
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 7.00 10.00 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				-12			4.00
7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I 7.00 1 ine 168 S.00 Calculation of the HIT incentive payment (see instructions) 8.00 9.00 Sequestration adjustment amount (see instructions) 8.00 10.00 Calculation of the HIT incentive payment after sequestration (see instructions) 10.00 11.00 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH 7.00	5.00						5.00
I ine 168 8.00 Calculation of the HIT incentive payment (see instructions) 9.00 Sequestration adjustment amount (see instructions) 10.00 Calculation of the HIT incentive payment after sequestration (see instructions) 10.00 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH	6.00						6.00
9.00 Sequestration adjustment amount (see instructions) 9.0 10.00 Calculation of the HIT incentive payment after sequestration (see instructions) 10.0 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH 9.0	7.00		the purchase of ce	ertified HIT technology	Wkst. S-2, Pt. I		7.00
10.00 Calculation of the HIT incentive payment after sequestration (see instructions) 10.00 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH 10.00	8.00	Calculation of the HIT incentive payment (se	e instructions)				8.00
10.00 Calculation of the HIT incentive payment after sequestration (see instructions) 10.00 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH 10.00	9.00	Sequestration adjustment amount (see instruc	ctions)				9.00
	10.00			(see instructions)			10.00
20.00 Initial (interim HIT payment adjustment (see instructions)		INPATIENT HOSPITAL SERVICES UNDER THE IPPS &	CAH				1
30. 00 דוו גומר דוונפו דוו payment aujustment (see דו גו מכנו טוג)	30.00	Initial/interim HIT payment adjustment (see	instructions)				30.00
31.00 Other Adjustment (specify) 31.0	31.00	Other Adjustment (specify)					31.00
5	32.00		nus line 30 and li	ne 31) (see instruction	s)		32.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0069	Peri od:	Worksheet E-3	2552-
			From 01/01/2018 To 12/31/2018	Part VII Date/Time Pre 5/28/2019 12:	
		Title XIX	Hospi tal	Cost	20 pm
			I npati ent	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV	ICES FOR TITLES V OR X	(IX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES				
. 00	Inpatient hospital/SNF/NF services		4, 303, 986		1.0
. 00	Medical and other services			6, 480, 163	
. 00	Organ acquisition (certified transplant centers only)		0	(400 1()	3.0
. 00	Subtotal (sum of lines 1, 2 and 3) Inpatient primary payer payments		4, 303, 986	6, 480, 163	4. C
. 00	Outpatient primary payer payments		0	0	6.0
. 00	Subtotal (line 4 less sum of lines 5 and 6)		4, 303, 986	6, 480, 163	
. 00	COMPUTATION OF LESSER OF COST OR CHARGES		1,000,700	0, 100, 100	1
	Reasonable Charges				1
. 00	Routine service charges		0		1 8.0
. 00	Ancillary service charges		12, 132, 283	33, 358, 203	9.1
0.00	Organ acquisition charges, net of revenue		0		10.
1.00	Incentive from target amount computation		0		11.
2.00	Total reasonable charges (sum of lines 8 through 11)		12, 132, 283	33, 358, 203	12.
	CUSTOMARY CHARGES				
3.00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13.
	basi s				
4.00	Amounts that would have been realized from patients liable for		on 0	0	14.
5.00	a charge basis had such payment been made in accordance with 42 Ratio of line 13 to line 14 (not to exceed 1.000000)	CFR 9413.13(e)	0. 000000	0.000000	15.
6.00	Total customary charges (see instructions)		12, 132, 283	33, 358, 203	
7.00	Excess of customary charges over reasonable cost (complete only	if line 16 exceeds	7, 828, 297	26, 878, 040	
7.00	line 4) (see instructions)	IT THE TO EXCeeds	1,020,271	20, 070, 040	17. \
8.00	Excess of reasonable cost over customary charges (complete only	, if line 4 exceeds lir	ne O	0	18.
	16) (see instructions)				
9.00	Interns and Residents (see instructions)		0	0	19.
0.00	Cost of physicians' services in a teaching hospital (see instru	ictions)	0	0	20.
1.00	Cost of covered services (enter the lesser of line 4 or line 16)	4, 303, 986	6, 480, 163	21.
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c	ompleted for PPS provi			
2.00	Other than outlier payments		0	0	22.
3.00	Outlier payments		0	0	23.
4.00	Program capital payments		0		24.
5.00	Capital exception payments (see instructions)		0		25.
6.00	Routine and Ancillary service other pass through costs		0	0	
7.00	Subtotal (sum of lines 22 through 26)		0	0	
8.00	Customary charges (title V or XIX PPS covered services only) Titles V or XIX (sum of lines 21 and 27)		4, 303, 986	6 490 143	
9.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		4, 303, 980	6, 480, 163	29.
0.00	Excess of reasonable cost (from line 18)		0	0	30.
1.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4, 303, 986	6, 480, 163	
2.00	Deductiblies		0	0, 100, 100	
3.00	Coinsurance		0	0	
4.00	Allowable bad debts (see instructions)		0	0	
5.00	Utilization review		0		35.
6.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	4, 303, 986	6, 480, 163	
7.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.
8.00	Subtotal (line 36 ± line 37)		4, 303, 986	6, 480, 163	
9.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.
	Total amount payable to the provider (sum of lines 38 and 39)		4, 303, 986	6, 480, 163	40.
0.00	Interim payments				1 44
	Interim payments		4, 303, 986	6, 480, 163	41.
0.00 1.00 2.00	Interim payments Balance due provider/program (line 40 minus line 41)		4, 303, 986 0	6, 480, 163 0	

y) CURRENT AS Cash on ha Temporary Notes rece Accounts r Other rece Accounts r Other rece Allowances Inventory Prepaid ex Other curr FIXED ASSE Contaiting Cash on ha Other rece Accounts r Due from contait FIXED ASSE OLand Land Land improve Accumulate OAccumulate Accumulate OAccumulate Accum	(If you are nonproprietary and do not maintain outing records, complete the General Fund column	Provider C		Period: From 01/01/2018	Worksheet G	
0 Cash on ha 0 Temporary 0 Notes rece 0 Accounts r 0 Other rece 0 Allowances 0 Inventory 0 Prepaid ex 0 Other curr 0 Due from C 0 Total curr FIXED ASSE Buildings 0 Accumulate 00 Land impro 00 Accumulate 00 Minor equi 00 Total fixe 00 Investment 00 Other asse 00 Total othe 00 Total asse 00 Other curr 00 Other curr 00 Notes and 00				o 12/31/2018	Date/Time Pre 5/28/2019 12:	
0 Cash on ha 0 Temporary 0 Notes rece 0 Accounts r 0 Other rece 0 Allowances 0 Inventory 0 Prepaid ex 0 Other curr 0 Due from C 0 Total curr FIXED ASSE Buildings 0 Accumulate 00 Land impro 00 Accumulate 00 Minor equi 00 Total fixe 00 Investment 00 Other asse 00 Total othe 00 Total asse 00 Other curr 00 Other curr 00 Notes and 00		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
0 Cash on ha 0 Temporary 0 Notes rece 0 Accounts r 0 Other rece 0 Allowances 0 Inventory 0 Prepaid ex 0 Other curr 0 Due from C 0 Total curr FIXED ASSE Buildings 0 Accumulate 00 Land impro 00 Accumulate 00 Minor equi 00 Total fixe 00 Investment 00 Other asse 00 Total othe 00 Total asse 00 Other curr 00 Other curr 00 Notes and 00		1.00	2.00	3.00	4.00	
0 Notes rece 0 Accounts r 0 Other rece 0 Allowances 0 Inventory 0 Prepaid ex 0 Other curr 00 Due from co 00 Total curr 00 Land 00 Land impro 00 Accumulate 00 Accumulate 00 Accumulate 00 Accumulate 00 Accumulate 00 Accumulate 01 Accumulate 02 Accumulate 03 Or mova 04 Accumulate 05 Accumulate 06 Minor equi 07 Accumulate 00 HIT design 00 Accumulate 01 Total fixe 02 Due from co 03 Total asse 04 Total asse 05 Total cu	h hand in banks	19, 687, 624	0	0	0	1.
0 Accounts r 0 Other receiption 0 Allowances 0 Inventory 0 Prepaidex 0 Other curr 0 Due from Corr 00 Due from Corr 00 Due from Corr 00 Land 00 Land impro 00 Accumulate 00 Minor equi 00 Accumulate 00 HIT design 00 Total fixe 00 Due from Co 00 Other asse 00 Total asse 00 Total asse 00 Total curr 00 Accounts p 01 Accounts p <t< td=""><td>ary investments</td><td>0</td><td>0</td><td>-</td><td>0</td><td></td></t<>	ary investments	0	0	-	0	
0 Other receipt 0 Al Iowancest 0 Inventory 0 Prepaid ext 0 Other curr 0 Due from corr 0 Total curr 0 Due from corr 0 Total curr FIXED ASSE OD 00 Land 00 Land impro 00 Accumulate 00 Minor equi 00 Total fixe 00 Total othe 00 Total othe 01 Total othe 02 Due from Corr 03 Due from Corr <		0	0	Ű	0	
0 Al I owances 0 Inventory 0 Prepaid ex 0 Other curr 00 Due from co 00 Total curr FIXED ASSE 00 00 Land impro 00 Accumul ate 00 Minor equi 00 Accumul ate 00 Minor equi 00 Total fixe 00 Investment 00 Deposits c 00 Due from c 00 Total asse 00 Total asse 00 Total curr <		7, 268, 715	0	Ű	0	
0 Inventory 0 Prepaid ex 0 Other curr 00 Total curr FIXED ASSE 00 00 Land 00 Land impro 00 Accumulate 00 Minor equi 00 Accumulate 00 Minor equi 00 Accumulate 00 Minor equi 00 Total fixe 00 Investment 00 Deposits c 00 Due from c 00 Other asse 00 Total asse 00 Total asse 00 Deferred i 00 Deferred i 00	nces for uncollectible notes and accounts receivable	0	0	-	0	
0 Other curr 00 Due from composition of the term of		2, 507, 284	0) 0	0	7.
00 Due from composition of the term of term of the term of term		3, 741, 312		Ű	0	
Total curr FIXED ASSE 00 Land 00 Land impro 00 Accumulate 00 Accumulate 00 Accumulate 00 Leasehold 00 Accumulate 00 Intestment 00 Accumulate 00 Intestment 00 Deposits c 00 Due from c 00 Total othe 00 Total othe	current assets	98, 768		-	0	
FIXED ASSE 00 Land 00 Land impro 00 Accumulate 00 Minor equi 00 Total fixe 00 Total fixe 00 Total score 00 Total asse 00 Total asse 00 Total curr 00 Deferred i 00 Accelerate 00 Due to oth 00 Othe	om otner runds current assets (sum of lines 1-10)	33, 303, 703	0	-	0	
00 Land 00 Land impro 00 Accumul ate 00 Minor equi 00 Accumul ate 00 Minor equi 00 Accumul ate 00 Minor equi 00 Total fixe 00 Total fixe 00 Total fixe 00 Total ate 00 Total asse 00 Total asse 00 Total asse 00 Deferred i 00 Accel erate 00 Deferred i 00 Total curr 100 Total curr		33, 303, 703			0	1
00 Accumulate 00 Buildings 00 Accumulate 00 Leasehold 00 Accumulate 00 Minor equi 00 Accumulate 00 Deposits 00 Due from C 00 Other asse 00 Total asse 00 Total asse 00 Deferred i 00 Accounts p 00 Notes and 00 Deferred i 00 </td <td></td> <td>4, 039, 775</td> <td>0</td> <td>0 0</td> <td>0</td> <td>12.</td>		4, 039, 775	0	0 0	0	12.
00 Buildings 00 Accumulate 00 Minor equi 00 Accumulate 00 Minor equi 00 Total fixe 00 Minor equi 00 Total fixe 00 Deposits c 00 Due from c 00 Other asse 00 Total othe 01 Total asse 02 CURENT LI 03 Accounts p 04 Salaries, 05 Salaries, 00 Notes paya 01<	nprovements	0	0	0 0	0	13.
00 Accumul at e 00 Leasehold 00 Accumul at e 00 Fixed equi 00 Accumul at e 00 Maj or mova 00 Accumul at e 00 Minor equi 00 Total fixe 00 Investment 00 Deposits c 00 Investment 00 Other asse 00 Total othe 00 Total othe 00 Total othe 00 Total othe 00 Accounts p 00 Sal ari es, 00 Deferred i	ated depreciation	0	0	-	0	
00 Leasehold 00 Accumulate 00 Fixed equi 00 Accumulate 00 Minor equi 00 Accumulate 00 Minor equi 00 Accumulate 00 Minor equi 00 Total fixe 00 Total fixe 00 Total fixe 00 Total fixe 00 Total asse 00 Total asse 00 Total asse 00 Total asse 00 Deferred i 00 Accelerate 00 Other curr 00 Notes and 00 Deferred i 00 Notes paya 00 Notes paya 00 Total long 0		118, 174, 706	1	-	0	
00 Accumul ate 00 Maj or mova 00 Accumul ate 00 Minor equi 00 Accumul ate 00 Minor equi 00 Accumul ate 00 HIT design 00 Accumul ate 00 Minor equi 00 Accumul ate 00 Minor equi 00 Accumul ate 00 Investment 00 Deposits c 00 Due from c 00 Other asse 00 Total asse 00 Total asse 00 Total asse 00 Deferred i 00 Deferred i 00 Deferred i 00 Defer curr 00 Notes paya 00 Notes paya 00 Total long <		-35, 263, 675	0	-	0	
00 Fixed equi 00 Accumulate 00 HIT design 00 Accumulate 00 Accumulate 00 Accumulate 00 Total fixe 00 Total ses 00 Total ses 00 Total asse 00 Salaries, 00 Deferred i 00 Accelerate 00 Notes paya 00 Mortgage p 00 Notes paya 00 Total long 00 Total long 00 Total long 00	ated depreciation		0	-	0	
00 Automobile 00 Accumulate 00 Total fixe 00 Depositsc 00 Due from co 00 Other asse 00 Total othe 00 Total asse CURRENT LI O 00 Accounts p 00 Salaries, 00 Payroll ta 00 Notes and 00 Deferred i 00 Accelerate 00 Notes paya 00 Notes paya 00 Total long 00 Total long 00		0	0	0	0	
00 Accumul ate 00 HIT design 00 Accumul ate 00 HIT design 00 Total fixe 00 Total fixe 01 Total fixe 01 Deposits 02 Due from co 03 Other asse 04 Total othe 05 Total othe 06 Total othe 07 Total othe 08 CURRENT LI 09 Accounts p 00 Sal aries, 00 Deferred i 00 Accel erate 00 Due to oth 00 Notes paya 00 Notes paya 00 Total long 00 Total long 00 Total long 0	ated depreciation	0	0) 0	0	20
 Maj or mova Accumul ate Accumul ate Accumul ate Accumul ate Accumul ate HIT design Accumul ate HIT design Accumul ate Total fixe OTHER ASSE Investment Deposits of Due from co Other asse Total othe Total othe Total ate Other asse CURRENT LI Accounts p Sal aries, Payrol I ta Notes and Deferred i Accel erate Due to othe Other curr LONG TERM Mortgage p Notes paya Other long Total liat CAPITAL AC Specific p Donor creat 	biles and trucks	1, 222, 800		-	0	
 Accumul ate Mi nor equi Accumul ate Mi nor equi Accumul ate HIT desi gr Accumul ate Mi nor equi Total fixe OTHER ASSE Investment Deposits c Other asse CURRENT LI Accounts p Sal aries, Payrol I ta Notes and Deferred i Accel erate Due to oth Other curr LONG TERM Mortgage p Notes paya Other long Total liab CAPITAL AC Specific p Donor creat 	ated depreciation	-1, 054, 272		-	0	
00 Minor equi 00 Accumulate 00 HIT design 00 Accumulate 00 Accumulate 00 Accumulate 00 Total fixe 01 Total fixe 02 Investment 03 Due from c 04 Total other 05 Total other 06 Total other 07 Total other 08 Total other 09 Salaries, 00 Payroll ta 00 Accelerate 00 Deferred i 00 Accelerate 00 Deter curr 00 Total curr 00 Total curr 00 Mortgage p 00 Notes paya 00 Total long	ated depreciation	64, 499, 565 -49, 658, 042		, u	0	
00 Accumulate 00 HIT design 00 Accumulate 00 Minor equi 00 Total fixe 01 Deposits c 00 Due from c 00 Other asse 00 Total othe 01 Total asse 02 CURRENT LI 03 Accounts p 04 Salaries, 05 Salaries, 06 Deferred i 07 Accelerate 00 Deferred i 00 Accelerate 00 Notes paya 00 Notes paya 00 Notes paya 00 Total long 0	equi pment depreci abl e	-47,030,042	0	-	0	
00 Accumulate 00 Minor equi 00 Total fixe 00 Thera ASSE 00 Investment 00 Deposits 00 Due from co 00 Other asse 00 Total othe 00 Total othe 00 Total othe 00 Total asse CURRENT LI O 00 Accounts p 00 Salaries, 00 Payroll ta 00 Notes and 00 Deferred i 00 Accelerate 00 Other curr 00 Mortgage p 00 Notes paya 00 Total long 00 Total long 00 Total long 00 Total liab CAPITAL AC O 00 Donor created 00 Donor created 00 Donor created	ated depreciation	0	0) O	0	
00 Minor equi 00 Total fixe 00 Total fixe 01 Perstand 00 Deposits c 00 Deposits c 00 Due from c 00 Other asse 00 Total othe 00 Total asse 00 Total asse 00 Total asse 00 Accounts p 00 Salaries, 00 Payroll ta 00 Notes and 00 Deferred i 00 Accelerate 00 Other curr 100 Accelerate 00 Notes paya 00 Notes paya 00 Notes paya 00 Total long 00 Specific p 00 Donor crea 00 Donor crea 00	signated Assets	0	0) 0	0	27
Total fixe OTHER ASSE OTHER ASSE OD Investment Deposits c OD Due from c OD Other asse OTAL other OTAL asse CURRENT LI OO Accounts p OD Accounts p OD Accounts p OD Accounts and OD Deferred i OD Accelerate OD Other curr Itotal curr LONG TERM OO Notes paya OO Total light CAPITAL AC OO General fu OD Specific p OD Donor creal	ated depreciation	0	0	-	0	
OTHER ASSE 00 Investment 00 Deposits c 00 Due from c 00 Other asse 00 Other asse 00 Total other 00 Total other 00 Total other 01 Otal asse 02 CURRENT LI 00 Accounts p 00 Salaries, 00 Payroll ta 00 Deferred i 00 Accelerate 00 Due to othe 00 Other curr 00 Mortgage p 00 Notes paya 00 Total long 00 Total liab CAPITAL AC O 00 Donor creal 00 Donor creal	equipment-nondepreciable				0	
00 Investment 00 Deposits of 00 Due from of 00 Other asse 00 Total other 00 Total asse 00 Salaries, 00 Payroll ta 00 Notes and 00 Deferred i 00 Accelerate 00 Due to oth 00 Other curr 00 Total curr LONG TERM OMortgage p 00 Notes paya 00 Total long 00 Specific p 00 Donor crea 00 Donor crea <td>fixed assets (sum of lines 12-29)</td> <td>101, 960, 857</td> <td>[0</td> <td></td> <td>0</td> <td>30</td>	fixed assets (sum of lines 12-29)	101, 960, 857	[0		0	30
00 Due from composition 00 Other assessed 00 Total other 00 Total other 00 Total assessed 00 Accounts p 00 Salaries, 00 Payroll tag 00 Accounts and 00 Deferred i 00 Accelerate 00 Other curr 100 Accelerate 00 Other curr 101 Total curr 102 Total curr 103 Notes paya 00 Notes paya 00 Notes paya 00 Total long 00 Specific p 00 Donor created		0	0	0	0	31
00 Other asse 00 Total other 00 Total asse CURRENT LI 00 Accounts p 00 Salaries, 00 Payroll ta 00 Notes and 00 Deferred i 00 Accelerate 00 Other curr 100 Accelerate 00 Other curr 100 Mortgage p 00 Notes paya 00 Mortgage p 00 Notes paya 00 Other long 00 Total liab 100 CAPITAL AC 00 General fu 00 Donor crea 00 Donor crea	ts on Leases	0	0	0 0	0	32
00 Total other 01 Total assection 00 Total assection 01 CURRENT LI 00 Accounts p 00 Salaries, 00 Payroll ta 00 Deferred i 00 Accelerate 00 Due to other 00 Other curr 100 Accelerate 00 Due to other 00 Other curr 100 Mortgage p 00 Notes paya 00 Mortgage p 00 Notes paya 00 Unsecured 00 Other long 00 Total liab 100 CAPITAL AC 00 General fu 00 Donor creat	om owners/officers	0	0	0	0	
Total asse CURRENT LI 00 Accounts p 00 Salaries, 00 Payroll ta 00 Notes and 00 Deferred i 00 Accelerate 00 Due to oth 00 Other curr 00 Total curr LONG TERM Mortgage p 00 Notes paya 00 Unsecured 00 Total long 00 Specific p 00 Donor creal		136, 063, 766	1	-	0	
CURRENT LI 00 Accounts p 00 Salaries, 00 Payroll ta 00 Notes and 00 Deferred i 00 Accelerate 00 Due to oth 00 Other curr 00 Total curr 00 Mortgage p 00 Notes paya 00 Unsecured 00 Total long 00 Specific p 00 Donor create	other assets (sum of lines 31-34)	136, 063, 766		-	0	
 Accounts p Salaries, Payroll ta Notes and Deferred i Accelerate Due to oth Other curr Accelerate Due to oth Other curr Total curr LONG TERM Mortgage p Notes paya Unsecured Other long Total liate CAPITAL AC General fu Specific p Donor creat 	assets (sum of lines 11, 30, and 35) TLIABILITIES	271, 328, 326	0	0 0	0	36
00 Payroll ta 00 Deferred i 00 Accelerate 00 Due to oth 00 Other curr 100 Accelerate 00 Other curr 100 Total curr 100 Mortgage p 00 Notes paya 00 Mortgage p 00 Notes paya 00 Other long 00 Total long 00 Total long 00 Total long 00 Total long 00 Total long 00 Total long 00 General fu 00 Specific p 00 Donor crea 00 Donor crea		1, 127, 668	0	0 0	0	37
00 Notes and 00 Deferred i 00 Accelerate 00 Due to oth 00 Other curr 00 Total curr 100 Mortgage p 00 Notes paya 00 Unsecured 00 Other long 00 Total liab CAPI TAL AC O 00 General fu 00 Donor creal 00 Donor creal	es, wages, and fees payable	0	0		0	
00 Deferred i 00 Accelerate 00 Due to oth 00 Other curr 00 Total curr 100 Total curr 100 Mortgage p 00 Notes paya 00 Unsecured 00 Other long 00 Total liab 100 CAPITAL AC 00 General fu 00 Donor creat 00 Donor creat	taxes payable	0		0	0	
00 Accel erate 00 Due to oth 00 Other curr 00 Total curr LONG TERM Mortgage p 00 Notes paya 00 Unsecured 00 Total long 00 General fu 00 Specific p 00 Donor creat	and Loans payable (short term)	599, 630			0	
00 Due to oth 00 Other curr 100 Total curr LONG TERM 00 Mortgage p 00 Notes paya 00 Notes paya 00 Unsecured 00 Other Long 00 Total Liab CAPITAL AC 00 General fu 00 Specific p 00 Donor creat	rated payments	0	,	Ŭ	0	42
00 Total curr LONG TERM 00 Mortgage p 00 Notes paya 00 Unsecured 00 Other Long 00 Total Liab CAPLTAL AC 00 General fu 00 Specific p 00 Donor crea 00 Donor crea	other funds	0	0) O	0	
LONG TERM Mortgage p Notes paya Unsecured Unsecured Other Long Total Long CAPITAL AC O General fu Specific p O Donor crea O Donor crea	current liabilities	11, 268, 225	0	0 0	0	44
00 Mortgage p 00 Notes paya 00 Unsecured 00 Other I ong 00 Total I ong 00 Total I iab CAPITAL AC CO 00 General fu 00 Specific fu 00 Donor creation 00 Donor creation	current liabilities (sum of lines 37 thru 44)	12, 995, 523	0	0 0	0	45
00 Notes paya 00 Unsecured 00 Other Long 00 Total Liab CAPITAL AC 00 General fu 00 Specific p 00 Donor crea 00 Donor crea	RM LIABILITIES	0	C		0	1 1/
00 Unsecured 00 Other Long 00 Total Long 00 Total Liab CAPITAL AC 00 General fu 00 Specific p 00 Donor crea 00 Donor crea	5 1 5	90, 742, 457	0		0	
00 Other Long 00 Total Long 00 Total Liab <u>CAPITAL AC</u> 00 General fu 00 Specific p 00 Donor crea 00 Donor crea		0, 142, 437	0	Ű	0	
00 Total long 00 Total liab <u>CAPITAL AC</u> 00 General fu 00 Specific p 00 Donor creat 00 Donor creat	ong term liabilities	1, 581, 179	0	0	0	
CAPITAL AC 00 General fu 00 Specific p 00 Donor crea 00 Donor crea	ong term liabilities (sum of lines 46 thru 49)	92, 323, 636			0	
00 General fu 00 Specific p 00 Donor crea 00 Donor crea	iabilities (sum of lines 45 and 50)	105, 319, 159	0	0 0	0	51
00 Specific p 00 Donor crea 00 Donor crea		166 000 167	1	1		52
00 Donor crea 00 Donor crea	c purpose fund	166, 009, 167	0)		52
00 Donor crea	created - endowment fund balance - restricted		l	0		54
1	created - endowment fund balance - unrestricted			0		55
0	ng body created - endowment fund balance			0		56
	fund balance - invested in plant				0	
	fund balance - reserve for plant improvement,				0	58
	ement, and expansion Fund balances (sum of lines 52 thru 58)	166, 009, 167	0	0	0	59
	iabilities and fund balances (sum of lines 51 and	271, 328, 326			0	

Heal th	Financial Systems	KING'S DAUGHTER	S' HOSPI TAL			In Lie	eu of Form CMS	-2552-10
	NENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0069			Worksheet G-	1 epared:
		General	Fund	Speci al	Purpos	e Fund	Endowment Fun	d l
1.00		1.00	2.00	3.00		4.00	5.00	1.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance		169, 281, 285 -3, 272, 118 166, 009, 167 0 166, 009, 167 0 166, 009, 167			000000000000000000000000000000000000000		$ \begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 0\\ 4.00\\ 0\\ 5.00\\ 0\\ 6.00\\ 0\\ 7.00\\ 0\\ 8.00\\ 0\\ 9.00\\ 10.00\\ 11.00\\ 0\\ 0\\ 11.00\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $
	sheet (line 11 minus line 18)	Endowment Fund	PI ant	Fund				
1.00	Fund balances at beginning of period	6.00	7.00	8.00	0			1.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Net income (Loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0	0 0 0 0 0		0			2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance	000	0 0 0 0 0 0		0 0 0			10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

Heal th	Financial Systems KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
STATEM	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CC	CN: 15-0069	Period: From 01/01/2018 To 12/31/2018	Worksheet G-2 Parts I & II Date/Time Pre 5/28/2019 12:	pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES					
	General Inpatient Routine Services					
1.00	Hospi tal		11, 994, 33	38	11, 994, 338	1.00
2.00	SUBPROVIDER - IPF					2.00
3.00	SUBPROVI DER – I RF					3.00
4.00 5.00	SUBPROVI DER			0	0	4.00 5.00
5.00 6.00	Swing bed - SNF Swing bed - NF			0		6.00
7.00	SKILLED NURSING FACILITY			0	0	7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE					9.00
10.00	Total general inpatient care services (sum of lines 1-9)		11, 994, 33	38	11, 994, 338	
	Intensive Care Type Inpatient Hospital Services			1		
11.00	INTENSIVE CARE UNIT		2, 796, 5	57	2, 796, 557	11.00
12.00	CORONARY CARE UNIT					12.00
13.00	BURN INTENSIVE CARE UNIT					13.00
14.00	SURGICAL INTENSIVE CARE UNIT					14.00
15.00	OTHER SPECIAL CARE (SPECIFY)					15.00
16.00	Total intensive care type inpatient hospital services (sum of	lines	2, 796, 5	57	2, 796, 557	16.00
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16))	14, 790, 89		14, 790, 895	
18.00	Ancillary services		73, 602, 1 ⁻		369, 719, 121	18.00
19.00	Outpatient services			0 0	0	19.00
20.00	RURAL HEALTH CLINIC			0 0	0	20.00
21.00 22.00	FEDERALLY QUALIFIED HEALTH CENTER HOME HEALTH AGENCY				0	21.00 22.00
22.00	AMBULANCE SERVICES			1, 736, 106 0 5, 207, 462	1, 736, 106 5, 207, 462	22.00
23.00	CMHC			0 5,207,402	5, 207, 402	23.00
25.00	AMBULATORY SURGICAL CENTER (D. P.)					25.00
26.00	HOSPI CE			0 318, 742	318, 742	
27.00	OTHER (SPECIFY)			0 0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst.	88, 393, 0 ⁻	1 303, 379, 315	391, 772, 326	
	G-3, line 1)					
	PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			125, 838, 924		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 36.00	Total additions (sum of lines 20.25)			0		35.00 36.00
36.00	Total additions (sum of lines 30-35) DEDUCT (SPECIFY)			0		36.00
37.00				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	2)(transfer		125, 838, 924		43.00
	to Wkst. G-3, line 4)					

Heal th	Financial Systems KING'S DAUGHTERS'	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0069	Peri od:	Worksheet G-3	
			From 01/01/2018 To 12/31/2018	Date/Time Pre	nared
			10 12/31/2010	5/28/2019 12:	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line	e 28)		391, 772, 326	1.00
2.00	Less contractual allowances and discounts on patients' account	ts		262, 326, 920	2.00
3.00	Net patient revenues (line 1 minus line 2)			129, 445, 406	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line -	43)		125, 838, 924	4.00
5.00	Net income from service to patients (line 3 minus line 4)			3, 606, 482	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			260, 063	6.00
7.00	Income from investments			3, 351, 012	7.00
8.00	Revenues from telephone and other miscellaneous communication	servi ces		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			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			414, 193	
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other the	han patients		6	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			52	
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			60, 199	
24.00	OTHER OPERATING INCOME			-10, 964, 125	
25.00	Total other income (sum of lines 6-24)			-6, 878, 600	
26.00	Total (line 5 plus line 25)			-3, 272, 118	
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)			-3, 272, 118	29.00

<u>Heal th</u>	Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-	2552-10
ANALYS	IS OF HOSPITAL-BASED HOME HEALT	TH AGENCY COSTS				Period: From 01/01/2018	Worksheet H	
				HHA CCN:	15-7141	To 12/31/2018	5/28/2019 12:	epared: 26 pm
						Home Health Agency I	PPS	
		Sal ari es	Employee Benefits	Transportation (see	Contracted/Pu chased	r Other Costs	Total (sum of cols. 1 thru	
		1.00		instructions)	Servi ces	5.00	5)	
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Capital Related - Bldg. &			C)	0	C	1.00
2.00	Fixtures Capital Related - Movable			C		0	0	2.00
3.00	Equipment Plant Operation & Maintenance	0	0	c c		0 0	Q	3.00
4.00	Transportation	0	0	C		0 0	0	4.00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	869, 676	0	1, 878	3	0 12, 404	883, 958	5.00
6.00	Skilled Nursing Care	0	-			0 0	30, 793	
7.00 8.00	Physical Therapy Occupational Therapy	0				0 0 0 0	28, 817 0	
9.00	Speech Pathology	0	0	C		0 0	0	9.00
10. 00 11. 00	Medical Social Services Home Health Aide	0	0	1, 620		0 0 0 0	0 1, 620	
12.00	Supplies (see instructions)	0	0	C		0 20, 089	20, 089	12.00
13.00 14.00	Drugs DME	0	0			0 496 0 0	496 0	
45 00	HHA NONREI MBURSABLE SERVI CES							15.00
15.00 16.00	Home Dialysis Aide Services Respiratory Therapy	0				0 0 0 0	0	
17.00	Private Duty Nursing	0		C		0 0	0	
18. 00 19. 00	Clinic Health Promotion Activities	0	0			0 0	0	
20. 00 21. 00	Day Care Program	0	0	C		0 0	0	20.00
21.00	Home Delivered Meals Program Homemaker Service	0	0			0 0	0	22.00
23. 00 23. 50	All Others (specify) Telemedicine	0	0	C		0 0 0 0	0	
	Total (sum of lines 1-23)	869, 676	0	63, 108	3	0 32, 989	965, 773	
		Recl assi fi cati on	Reclassified Trial Balance	Adjustments	Net Expenses for Allocatio			
			(col. 6 +		(col. 8 + col			
		7.00	col . 7) 8. 00	9.00	9) 10.00	-		-
1.00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &	0	0	C		0		1.00
1.00	Fixtures	0	0			0		1.00
2.00	Capital Related – Movable Equipment	0	0	C)	0		2.00
3.00	Plant Operation & Maintenance	0		C		0		3.00
4.00 5.00	Transportation Administrative and General	0 -290, 309				9		4.00 5.00
(00	HHA REI MBURSABLE SERVI CES	1						
6.00 7.00	Skilled Nursing Care Physical Therapy	2, 485 213, 234		C) 33, 27 242, 05			6.00 7.00
8.00	Occupational Therapy	57,486			57,48			8.00
9. 00 10. 00	Speech Pathology Medical Social Services	5, 023 0	5, 023 0		5, 02	0		9.00 10.00
11. 00 12. 00	Home Health Aide	19, 969	21, 589 20, 089		21, 58 20, 08			11.00 12.00
12.00	Supplies (see instructions) Drugs	0						12.00
14.00	DME HHA NONREI MBURSABLE SERVI CES	0	0	C		0		14.00
15.00	Home Dialysis Aide Services	0	-			0		15.00
16. 00 17. 00	Respiratory Therapy Private Duty Nursing	0	0			0		16.00 17.00
18.00	Clinic	0	0	C		0		18.00
19.00 20.00	Health Promotion Activities Day Care Program	0	0			0		19.00 20.00
21.00	Home Delivered Meals Program	0	0	C		0		21.00
22.00 23.00	Homemaker Service All Others (specify)	0	0			0		22.00 23.00
23.50	Tel emedi ci ne	0	0	C	þ	0		23.50
∠4.UU	Total (sum of lines 1-23)	7, 888	973, 661	C	973, 66	Ц		24.00

Heal th	Financial Systems		KING'S DAUGHTEF	RS' HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST A	LLOCATION - HHA GENERAL SERVICE	E COST		Provider C HHA CCN:		Period: From 01/01/2018 To 12/31/2018		
					13-7141		5/28/2019 12:	
						Home Health Agency I	PPS	
			Capital Rela	ated Costs				
		Net Expenses	BIdgs &	Movabl e	Plant	Transportati on	Subtotal	-
		for Cost	Fixtures	Equi pment	Operation &	IT ansportation	(col s. 0-4)	
		Allocation			Mai ntenance		. ,	
		(from Wkst. H, col. 10)						
		0	1.00	2.00	3.00	4.00	4A. 00	
	GENERAL SERVICE COST CENTERS				1			1 1 00
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable	0		C			0	2.00
2 00	Equipment							2.00
3.00 4.00	Plant Operation & Maintenance Transportation	0	0	C			0	3.00 4.00
5.00	Administrative and General	593, 649	0	C		0 0	593, 649	1
(00	HHA REI MBURSABLE SERVI CES		-1		1			1
6.00 7.00	Skilled Nursing Care Physical Therapy	33, 278 242, 051	0	C		0 0 0 0	33, 278 242, 051	
8.00	Occupational Therapy	57, 486	0	C		0 0	57, 486	
9.00	Speech Pathol ogy	5, 023	0	C		0 0	5, 023	1
10. 00 11. 00	Medical Social Services Home Health Aide	0 21, 589	0	C		0 0	0 21, 589	
12.00	Supplies (see instructions)	20, 089	0	C		0 0	21, 589	
13.00	Drugs	496	0	C		0	496	
14.00	DME HHA NONREIMBURSABLE SERVICES	0	0	C		0 0	0	14.00
15.00	HOME Dialysis Aide Services	0	0	C		0 0	0	15.00
16.00	Respiratory Therapy	0	0	C		0 0	0	1
17.00	Private Duty Nursing	0	0	C		0 0	0	
18.00 19.00	Clinic Health Promotion Activities	0	0				0	
20.00	Day Care Program	0	0	C		0 0	0	1
21.00	Home Delivered Meals Program	0	0	C		0 0	0	
22.00 23.00	Homemaker Service All Others (specify)	0	0	C		0 0	0	
23.00	Telemedicine	0	0	C		0 0	0	1
24.00	Total (sum of lines 1-23)	973, 661	0	C)	0 0	973, 661	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					-
	GENERAL SERVICE COST CENTERS	1						1 4 4 4
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable							2.00
2 00	Equipment							2 00
3.00 4.00	Plant Operation & Maintenance Transportation							3.00 4.00
5.00	Administrative and General	593, 649						5.00
6 00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	51, 986	85, 264					6 00
6.00 7.00	Physical Therapy	378, 128	620, 179					6.00 7.00
8.00	Occupational Therapy	89, 804	147, 290					8.00
9.00	Speech Pathol ogy	7,847	12, 870					9.00
10. 00 11. 00	Medical Social Services Home Health Aide	0 33, 726	0 55, 315					10.00 11.00
12.00	Supplies (see instructions)	31, 383	51, 472					12.00
13.00	Drugs	775	1, 271					13.00
14.00	DME HHA NONREIMBURSABLE SERVICES	0	0					14.00
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00 18.00	Private Duty Nursing Clinic	0	0					17.00 18.00
19.00	Health Promotion Activities	0	0					18.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00 23.00	Homemaker Service All Others (specify)	0	0					22.00 23.00
23.50	Tel emedi ci ne	0	0					23.50
24.00	Total (sum of lines 1-23)		973, 661					24.00

Heal th	Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
COST A	LLOCATION - HHA STATISTICAL BAS	SI S		Provider C HHA CCN:	CN: 15-0069 15-7141	Period: From 01/01/2018 To 12/31/2018	Date/Time Pre	pared:
						Home Health	5/28/2019 12: PPS	<u>26 pm</u>
			attack Casta			Agency I		
		сартта ке	ated Costs					
		BI dgs &	Movabl e	Plant	Transportati	onReconciliation	Administrativo	-
		Fixtures	Equi pment	Operation &	(MI LEAGE)		& General	
			(DOLLAR VALUE)		((ACCUM. COST)	
			, , ,	(SQUARE FEET)			l` í	
		1.00	2.00	3.00	4.00	5A. 00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. &	0				0		1.00
	Fixtures							
2.00	Capital Related - Movable		0			0		2.00
3.00	Equipment Plant Operation & Maintenance	0	0	c c		0		3.00
3.00 4.00	Transportation (see		0		,	0		4.00
4.00	i nstructi ons)		0			0		4.00
5.00	Administrative and General	0	0	C		0 -593, 649	380, 012	5.00
	HHA REIMBURSABLE SERVICES				•			
6.00	Skilled Nursing Care	0	0	C)	0 0	33, 278	6.00
7.00	Physical Therapy	0	0	C		0 0	242, 051	7.00
8.00	Occupational Therapy	0	0	C		0 0	57, 486	8.00
9.00	Speech Pathology	0	0	C		0 0	5, 023	•
10.00	Medical Social Services	0	0	C		0 0	0	
11.00	Home Health Aide	0	0	C)	0 0	21, 589	
12.00	Supplies (see instructions)	0	0)	0 0	20, 089	•
13.00 14.00	Drugs DME	0	0			0 0	496 0	•
14.00	HHA NONREI MBURSABLE SERVI CES	<u> </u>	0	U	/	0 0	0	14.00
15.00	Home Dialysis Aide Services	0	0	C)	0 0	0	15.00
16.00	Respiratory Therapy	0	0	C		0 0		
17.00	Private Duty Nursing	0	0	C		0 0	0	•
18.00	Clinic	0	0	C		0 0	0	18.00
19.00	Health Promotion Activities	0	0	C		0 0	0	19.00
20.00	Day Care Program	0	0	C)	0 0	0	20.00
21.00	Home Delivered Meals Program	0	0	C		0 0	0	
22.00	Homemaker Service	0	0	C		0 0	0	
23.00	All Others (specify)	0	0	C		0 0	0	
23.50	Tel emedi ci ne	0	0	C		0 0	0	
24.00	Total (sum of lines 1-23)	0	0			0 -593, 649		
25.00	Cost To Be Allocated (per	0	0	C		0	593, 649	25.00
26 00	Worksheet H-1, Part I) Unit Cost Multiplier	0. 000000	0. 000000	0.00000	0.0000	00	1. 562185	26 00
20.00		0.00000	0.00000	0.00000	η 0.0000		1 1. 502105	20.00

ALLUU	Financial Systems		KING'S DAUGHTER		N 15 00/0		u of Form CMS-2	
	ATION OF GENERAL SERVICE COSTS	U HHA CUST CEN	IERS	Provider CO	15-7141	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part I Date/Time Prep 5/28/2019 12:2	oared:
						Home Health	PPS	20 pm
			CAPI	TAL RELATED CO)STS	Agency I		
	Cost Center Description	HHA Trial Balance (1)	NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUI P	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
		0	1.00	1.01	2.00	4.00	4A	
1.00	Administrative and General	0	0	6, 207		0 219, 531	225, 738	1.00
2.00	Skilled Nursing Care	85, 264	0	0		0 0	85, 264	2.00
3.00 4.00	Physical Therapy Occupational Therapy	620, 179 147, 290	0	0		0 0	620, 179 147, 290	3.00 4.00
F. 00 5. 00	Speech Pathol ogy	12, 870	0	0		0 0	12, 870	5.00
5.00	Medical Social Services	12,070	0	0		0 0	12,070	6.00
7.00	Home Heal th Ai de	55, 315	Ő	0		0 0	55, 315	7.00
3.00	Supplies (see instructions)	51, 472	0	0		0 0	51, 472	8.00
9.00	Drugs	1, 271	0	0		0 0	1, 271	9.00
0.00	DME	0	0	0		0 0	0	10.00
1.00	Home Dialysis Aide Services	0	0	0		0 0	0	11.00
2.00	Respiratory Therapy	0	0	0		0 0	0	12.00
3.00	Private Duty Nursing	0	0	0		0 0	0	13.00
4.00	Clinic	0	0	0		0 0	0	14.00
15.00	Health Promotion Activities	0	0	0		0 0	0	15.00
6.00 7.00	Day Care Program Home Delivered Meals Program	0	0	0		0 0	0	16.00 17.00
18.00	Homemaker Service	0	0	0		0 0	0	18.00
19.00		0	0	0		0 0	0	19.00
9.50	Tel emedi ci ne	0	0	0		0 0	0	19.50
20.00	Total (sum of lines 1-19) (2)	973, 661	0	6, 207		0 219, 531	1, 199, 399	
21.00	Unit Cost Multiplier: column						0. 000000	21.00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places. Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NO	G DI ETARY	CAFETERI A	
	COSt Conter Description			LAUNDINI	I HOUSEREELI I M			
		& GENERAL		LINEN SERVICE				
		& GENERAL 5.00	PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	11.00	
	Administrative and General	5.00 35,816	PLANT			0 0	0	1.00
2.00	Skilled Nursing Care	5.00 35,816 13,528	PLANT 7.00	8.00			0 0	2.00
2.00 3.00	Skilled Nursing Care Physical Therapy	5.00 35,816 13,528 98,397	PLANT 7.00 49,867	8.00 0		0 0	0 0 0	2.00 3.00
2.00 3.00 4.00	Skilled Nursing Care Physical Therapy Occupational Therapy	5.00 35,816 13,528 98,397 23,369	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0	0 0 0 0	2.00 3.00 4.00
2.00 3.00 4.00 5.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	5.00 35,816 13,528 98,397 23,369 2,042	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	2.00 3.00 4.00 5.00
2.00 3.00 4.00 5.00 5.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	5.00 35,816 13,528 98,397 23,369 2,042 0	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00 6.00 7.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00
2.00 3.00 4.00 5.00 5.00 7.00 3.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00
2.00 3.00 4.00 5.00 5.00 7.00 3.00 9.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00
2.00 3.00 4.00 5.00 5.00 7.00 3.00 9.00 0.00 1.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
2.00 3.00 4.00 5.00 5.00 7.00 3.00 0.00 1.00 2.00 3.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
2.00 3.00 4.00 5.00 5.00 7.00 8.00 9.00 1.00 2.00 3.00 4.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
2.00 3.00 4.00 5.00 5.00 7.00 3.00 1.00 2.00 3.00 4.00 5.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
2. 00 3. 00 4. 00 5. 00 5. 00 7. 00 8. 00 9. 00 1. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 6. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\end{array}$
2. 00 3. 00 5. 00 5. 00 5. 00 7. 00 9. 00 1. 00 2. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7.	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00
2.00 3.00 5.00 5.00 7.00 3.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 8.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00
2.00 3.00 4.00 5.00 5.00 7.00 3.00 7.00 1.00 12.00 13.00 14.00 15.00 15.00 15.00 15.00 15.00 16.00 17.00 18.00 19.00 19.00 19.00 10.0	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ \end{array}$
2.00 3.00 4.00 5.00 5.00 7.00 3.00 7.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 1 7.00 49,867 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 2, 00\\ 3, 00\\ 4, 00\\ 5, 00\\ 6, 00\\ 7, 00\\ 8, 00\\ 9, 00\\ 10, 00\\ 11, 00\\ 12, 00\\ 13, 00\\ 13, 00\\ 14, 00\\ 15, 00\\ 16, 00\\ 17, 00\\ 18, 00\\ 19, 50\end{array}$
12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50 20.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202	PLANT 7.00 49,867	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 13.00\\ 13.00\\ 14.00\\ 15.00\\ 14.00\\ 15.00\\ 19.00\\ 19.50\\ 20.00\\ \end{array}$
2.00 3.00 4.00 5.00 5.00 7.00 3.00 7.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 1 7.00 49,867 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ \end{array}$
2.00 3.00 4.00 5.00 5.00 7.00 3.00 1.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 1 7.00 49,867 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 13.00\\ 13.00\\ 14.00\\ 15.00\\ 14.00\\ 15.00\\ 19.00\\ 19.50\\ 20.00\\ \end{array}$
2.00 3.00 5.00 5.00 5.00 5.00 7.00 3.00 0.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum	5.00 35,816 13,528 98,397 23,369 2,042 0 8,776 8,167 202 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 1 7.00 49,867 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 19.50 20.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS T	O HHA COST CEN	TERS	Provider C	CN: 15-0069	Peri od:	Worksheet H-	2
			HHA CCN:	15-7141	From 01/01/2018 To 12/31/2018	Part I Date/Time Pr 5/28/2019 12	epared: :26 pm
					Home Health Agency I	PPS	
Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	NONPHYSI CI AN ANESTHETI STS	RADI OLOGY SCHOOL	
	13.00	14.00	15.00	16.00	19.00	23.00	
1.00Administrative and General2.00Skilled Nursing Care3.00Physical Therapy4.00Occupational Therapy5.00Speech Pathology6.00Medical Social Services7.00Home Health Aide8.00Supplies (see instructions)9.00Drugs10.00DME11.00Home Dialysis Aide Services12.00Respiratory Therapy13.00Private Duty Nursing14.00Clinic15.00Health Promotion Activities16.00Day Care Program17.00Home maker Service19.00All Others (specify)19.50Telemedicine20.00Total (sum of lines 1-19) (2)21.00Unit Cost Multiplier: column26, line 1 divided by the sumof column 26, line 1, rounded to6 decimal places.		0 0 0 793 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HH A&G (see Par II)			
	24.00	25.00	26.00	27.00	28.00		
 Administrative and General Administrative and General Skilled Nursing Care O Skilled Nursing Care O Occupational Therapy O Occupational Therapy Speech Pathology O Home Heal th Aide O Supplies (see instructions) O Drugs O DME O Home Dialysis Aide Services O Respiratory Therapy O Heal th Promotion Activities O Day Care Program O Home Delivered Meals Program O Home Belivered Meals Program O Total (sum of lines 1-19) (2) O Total (sum of lines 1-19) (2) O Inic 26, line 1, rounded to 6 decimal places. 	311, 421 98, 792 718, 576 170, 659 14, 912 0 60, 432 1, 473 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		311, 421 98, 792 718, 576 170, 659 14, 912 0 64, 091 60, 432 1, 473 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	198, 2. 47, 0 4, 1 17, 6 16, 6 4	22 916, 798 77 217, 736 14 19, 026 0 0 30 81, 771 70 77, 102 06 1, 879 0 0 <t< td=""><td></td><td>$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$</td></t<>		$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

	Financial Systems TION OF GENERAL SERVICE COSTS T		KING'S DAUGHTEI TERS STATISTICA		CN: 15-0069	Period:	u of Form CMS-2 Worksheet H-2	
BASI S		0 1 0001 02.1		HHA CCN:	15-7141	From 01/01/2018 To 12/31/2018	Part II	pared:
						Home Health Agency I	PPS	
		CAPI	TAL RELATED CO	STS				
	Cost Center Description	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUI P (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci I i ati on	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
		1.00	1.01	2.00	4.00	5A	5.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ \end{array}$	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) Total cost to be allocated Unit cost multiplier		2,748 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 748 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	877, 5 219, 5	0 0 0		$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\$
22.00	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (HOURS OF SERVI CE)	DI ETARY (MEALS SERVED)	CAFETERI A (MEALS SERVED)	NURSI NG ADMI NI STRATI ON (DI RECT NRSI NG HRS)	22.00
1 00	Administrative and Conoral	7.00	8.00	9.00	10.00	11.00	13.00	1.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 5.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ \end{array}$	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) Total cost to be allocated Unit cost multiplier	2, 748 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0		$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$

Health Financial Systems			KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-:	2552-10
ALLOCATION OF GENERAL SERVIO	E COSTS T	O HHA COST CEN	TERS STATISTICA	L Provider C	CN: 15-0069	Peri od:	Worksheet H-2	
BASIS				HHA CCN:	15 7141	From 01/01/2018		
				HHA CCN:	15-7141	To 12/31/2018	Date/Time Pre 5/28/2019 12:	
						Home Health	PPS	
						Agency I		
Cost Center Des	cription	CENTRAL	PHARMACY	MEDI CAL	NONPHYSI CI AN			
		SERVICES &	(COSTED	RECORDS &	ANESTHETI STS			
		SUPPLY	REQUIS.)	LI BRARY	(ASSI GNED	(ASSI GNED		
		(COSTED		(GROSS	TIME)	TIME)		
		REQUIS.)	45.00	CHARGES)	10.00			
		14.00	15.00	16.00	19.00	23.00		4.00
1.00 Administrative and Ge	nerai	0	0	0		0 0		1.00
2.00 Skilled Nursing Care		0	0	0		0 0		2.00
3.00 Physical Therapy		0	0	0		0 0		3.00
4.00 Occupational Therapy		0	0	0		0 0		4.00
5.00 Speech Pathology		0	0	0		0 0		5.00
6.00 Medical Social Servic	es	0	0	0		0 0		6.00
7.00 Home Heal th Ai de	、	0	0	0		0 0		7.00
8.00 Supplies (see instruc	tions)	25, 670	0	0		0 0		8.00
9.00 Drugs		0	0	0		0 0		9.00
10.00 DME		0	0	0		0 0		10.00
11.00 Home Dialysis Aide Se	rvi ces	0	0	0		0 0		11.00
12.00 Respiratory Therapy		0	0	0		0 0		12.00
13.00 Private Duty Nursing		0	0	0		0 0		13.00 14.00
14.00 Clinic		0	0	0		0 0		
15.00 Health Promotion Acti	vities	0	0	0		0 0		15.00
16.00 Day Care Program	Deserves	0	0	0		0 0		16.00 17.00
17.00 Home Delivered Meals 18.00 Homemaker Service	Program	0	0	0		0 0		17.00
		0	0	0		0 0		18.00
19.00 All Others (specify) 19.50 Telemedicine		0	0	0				19.00
	10)	0 25 (70	0	0		0 0		20.00
20.00 Total (sum of lines 1 21.00 Total cost to be allo		25, 670 793	0	0				20.00
21.00 Init cost to be allo	cateu	0. 030892	0. 000000	0. 000000	0. 00000	0.00000		21.00
22.00 junit cost muitipiter		0. 030892	0.000000	0.00000	0.0000	0.00000	l	22.00

	Financial Systems		KING'S DAUGHTE		CN 15 00/0		u of Form CMS-2	
APPOR	TIONMENT OF PATIENT SERVICE COST	5		Provider C	CN: 15-0069	Period: From 01/01/2018	Worksheet H-3 Part I	
				HHA CCN:	15-7141	To 12/31/2018		pared: 26 pm
				Title	e XVIII	Home Health Agency I	PPS	
	Cost Center Description		Facility Costs	Shared	Total HHA	Total Visits	Average Cost	
		H-2, Part I,	(from Wkst.	Ancillary	Costs (cols.		Per Visit	
		col. 28, line	H-2, Part I)	Costs (from	+ 2)		(col. 3 ÷ col.	
		0	1.00	<u>Part II)</u> 2.00	3.00	4.00	4) 5.00	
	PART I - COMPUTATION OF LESSER							
	BENEFICIARY COST LIMITATION	of Aboraconte i						
	Cost Per Visit Computation							
. 00	Skilled Nursing Care	2.00			126, 0			
2.00	Physical Therapy	3.00		0				
. 00	Occupational Therapy	4.00		0	, .			
1.00	Speech Pathology	5.00		0	19, 0			
. 00	Medical Social Services Home Health Aide	6.00 7.00			01 7	0 2 71 186	0. 00 439. 63	
7.00	Total (sum of lines 1-6)	7.00	1, 361, 375	0	81, 7 1, 361, 3		439.03	7.00
. 00			1, 301, 373	0	Program Visi			7.00
						art B		1
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject			
					Deductibles Coinsurance	& Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation	1	1		1			
. 00	Skilled Nursing Care		99915	0				8.00
0.00	Physical Therapy Occupational Therapy		99915 99915	0				9.00
0.00	Speech Pathol ogy		99915	0	1	15 12		10.00
2.00	Medi cal Soci al Servi ces		99915	0		1		12.00
13.00	Home Heal th Ai de		99915	0		43		13.00
4.00			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	1			14.00
		From Wkst. H-2	Facility Costs	Shared	Total HHA		Ratio (col. 3	
		Part I, col.	(from Wkst.	Ancillary	Costs (cols.	1 (from HHA	÷ col. 4)	
		28, line	H-2, Part I)	Costs (from	+ 2)	Records)		
			1.00	Part II)			5.00	
	Supplies and Drugs Cost Comput	0 ations	1.00	2.00	3.00	4.00	5.00	
5.00	Cost of Medical Supplies	8.00	77, 102	0	77, 1	02 0	0. 000000	15.00
6.00		9.00		0				
0.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Program Visits		Cost of	.,,	0100000	10100
					Servi ces			
			Par			Part B		
	Cost Center Description	Part A	Not Subject to		Part A	Not Subject to		
			Deductibles &			Deductibles &		
		(00	Coinsurance 7.00	Coi nsurance 8.00	9.00	Coi nsurance	Coi nsurance 11.00	
	PART I - COMPUTATION OF LESSER	0F ACCRECATE I						
	BENEFICIARY COST LIMITATION	OF AGOALOATE I	KOOKAW COOT, A			In tAir on COST, OF	`	
	Cost Per Visit Computation							1
. 00	Skilled Nursing Care	0	1, 967			0 66, 622		1.00
. 00	Physi cal Therapy	0				0 583, 185		2.0
. 00	Occupational Therapy	0				0 138, 378		3.00
1.00	Speech Pathology	0	12			0 5, 436		4.00
. 00	Medical Social Services	0				0 0		5.00
5.00	Home Heal th Aide	0				0 62,867		6.00
. 00	Total (sum of lines 1-6) Cost Center Description	0	4, 419			0 856, 488		7.00
	cost center bescription	6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation	0.00	7.00	0.00	7.00	10.00	11.00	
. 00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
0. 00	Occupational Therapy							10.00
1.00	Speech Pathology							11.00
2.00	Medical Social Services							12.00
	Home Health Aide	1	1		1	1		13.00
3.00 4.00								14.0

Health Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF PATIENT SERVICE COST	S		Provider CO	CN: 15-0069 15-7141	Period: From 01/01/2018 To 12/31/2018		pared:
			Title	e XVIII	Home Health Agency I	PPS	20 piii
	Prog	ram Covered Cha	rges	Cost of Services		1	
Cost Center Description	Part A	Par Not Subject to Deductibles & Coinsurance	Subject to	Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Comput. 15.00 Cost of Medical Supplies 16.00 Cost of Drugs	ations C	285	0		0 0	0	
Cost Center Description	Total Program Cost (sum of cols. 9-10) 12.00	-					
PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE I	PROGRAM COST, A	GGREGATE OF TH	E PROGRAM LI	MITATION COST, OF	2	
Cost Per Visit Computation1.00Skilled Nursing Care2.00Physical Therapy	66, 622 583, 185						1.00 2.00
3.00Occupational Therapy4.00Speech Pathology5.00Medical Social Services	138, 378 5, 436						3.00 4.00 5.00
6.00 Home Health Aide 7.00 Total (sum of lines 1-6)	62, 867 856, 488						6.00 7.00
Cost Center Description	12.00	-					
Limitation Cost Computation 8.00 Skilled Nursing Care 9.00 Physical Therapy 10.00 Occupational Therapy	12.00						8.00 9.00 10.00
 11.00 Speech Pathology 12.00 Medical Social Services 13.00 Home Health Aide 14.00 Total (sum of lines 8-13) 							11.00 12.00 13.00 14.00

Heal th	Financial Systems		KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORT	IONMENT OF PATIENT SERVICE COST	S		Provider C		Period: From 01/01/2018	Worksheet H-3 Part II	
				HHA CCN:	15-7141	To 12/31/2018		
				Titl∈	e XVIII	Home Health	PPS	
						Agency I		
	Cost Center Description	From Wkst. C,	Cost to Charge	Total HHA	HHA Shared	Transfer to		
		Part I, col.	Ratio	Charge (from	Ancillary	Part I as		
		9, line		provi der	Costs (col.	1 Indicated		
				records)	x col. 2)			
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COS	T OF HHA SERVIC	ES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	ITS		
1.00	Physical Therapy	66.00	0. 303823	C)	0 col. 2, line 2	. 00	1.00
2.00	Occupational Therapy	67.00	0. 348648	C		Ocol. 2, line 3	. 00	2.00
3.00	Speech Pathology	68.00	0. 288156	C		0 col. 2, line 4	. 00	3.00
4.00	Cost of Medical Supplies	71.00	0. 270818	C		0 col. 2, line 1	5.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0. 072715	C		0 col. 2, line 1	5. 01	4.01
5.00	Cost of Drugs	73.00	0. 181758	C)	Ocol. 2, line 1	6. 00	5.00

Heal th	Financial Systems KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CC	N: 15-0069	Peri od:	Worksheet H-4	
		HHA CCN:	15-7141	From 01/01/2018 To 12/31/2018	Part I-II Date/Time Pre 5/28/2019 12:2	
		Title	XVIII	Home Health	PPS	
				Agency I	+ D	
			Part A	Not Subject to	t B Subject to	
					Deductibles &	
		-	1.00	Coi nsurance 2.00	Coi nsurance 3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTO	MARY CHARGES		2.00	3.00	
	Reasonable Cost of Part A & Part B Services	1		I		
1.00 2.00	Reasonable cost of services (see instructions)			0 0 0 0		1.00 2.00
2.00	Total charges Customary Charges			0 0	0	2.00
3.00	Amount actually collected from patients liable for payment for	r services		0 0	0	3.00
	on a charge basis (from your records)					
4.00	Amount that would have been realized from patients liable for for services on a charge basis had such payment been made in a with 42 CFR §413.13(b)			0 0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	0. 000000	0.000000	5.00
6.00	Total customary charges (see instructions)			0 0	0	6.00
7.00	Excess of total customary charges over total reasonable cost	(complete		0 0	0	7.00
8.00	only if line 6 exceeds line 1) Excess of reasonable cost over customary charges (complete on	yifline		0 0	0	8.00
9.00	1 exceeds line 6) Primary payer amounts			0 1, 776	0	9.00
				Part A	Part B	
				Servi ces	Servi ces	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			1.00	2.00	
10.00	Total reasonable cost (see instructions)			0	-1, 776	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers			0	793, 528	
12.00 13.00	Total PPS Reimbursement - Full Episodes with Outliers			0	10, 446	
13.00	Total PPS Reimbursement – LUPA Episodes Total PPS Reimbursement – PEP Episodes			0	13, 623 13, 938	
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	2, 882	
16.00	Total PPS Outlier Reimbursement - PEP Episodes			0	0	16.00
17.00	Total Other Payments			0	0	17.00
18. 00 19. 00	DME Payments Oxygen Payments			0	0	18.00 19.00
20.00	Prosthetic and Orthotic Payments			0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coins	urance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)			0	832, 641	22.00
23.00 24.00	Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23)			0	0 832, 641	23.00 24.00
24.00	Coinsurance billed to program patients (from your records)			0	032, 041	24.00
26.00	Net cost (line 24 minus line 25)			0	832, 641	26.00
27.00	Reimbursable bad debts (from your records)					27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see in				000 (41	28.00
29.00 30.00	Total costs - current cost reporting period (line 26 plus line OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	27)		0	832, 641 0	29.00 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions	5)		0	0	30.50
30. 99	Demonstration payment adjustment amount before sequestration			0	0	30. 99
31.00	Subtotal (see instructions)			0	832, 641	31.00
31. 01 31. 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			0	16, 652 0	31.01 31.02
31.02	Interim payments (see instructions)			0	815, 989	
33.00	Tentative settlement (for contractor use only)			0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, a			0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordanchapter 1, §115.2	nce with CMS	Pub. 15-2,	0	0	35.00
	1000ptor 1, 3110.2			I		I

	SIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED	Provider CO	CN: 15-0069	Period: From 01/01/20	Worksheet H-5)
PRU	JGRAM BENEFI CI ARI ES	HHA CCN:	15-7141	To 12/31/20		epare 26 r
				Home Health Agency I		20 p
		I npati en	t Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy		
		1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider 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	815, 989 0	
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					3
	payment. If none, write "NONE" or enter a zero. (1) Program to Provider					
)1				0	0	1 3
)2				0	0	3
)3				0	0	
)4				0	0	
15	Provider to Program			0	0	
0				0	0	
51				0	0	
52				0	0	
3				0	0	
54				0	0	
9	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			0	815, 989	4
	TO BE COMPLETED BY CONTRACTOR					
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
	Program to Provider					
)1				0	0	1 7
)2)3				0	0	
, ,	Provider to Program		I	9	1 0	1
0				0	0	
51				0	0	
52	Subtatal (sum of lines E 01 E 40 minut aut of line			0	0	
9	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			U	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	SETTLEMENT TO PROVIDER			0	0	6
)2	SETTLEMENT TO PROGRAM			0	0	6
00	Total Medicare program liability (see instructions)			0	815, 989	7
				Contractor Number	 NPR Date (Mo/Day/Yr) 	
		()	1.00	2.00	

	Financial Systems	KING'S DAUGHTERS'	HOSPITAL Provider CO	CN: 15 0040	In Lie Period:	u of Form CMS- Worksheet O	2552-10
ANALIS	SIS OF HUSPITAL-BASED HUSPICE CUSIS				From 01/01/2018	worksneet 0	
			Hospi ce CCI	N: 15-1535	To 12/31/2018	Date/Time Pre 5/28/2019 12:	pared: 26 pm
		0.11 4.51 5.0	071150		Hospi ce I		
		SALARI ES	OTHER	SUBTOTAL (co 1 plus col.		SUBTOTAL	
	1	1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS			1		-	
1.00	CAP REL COSTS-BLDG & FIXT*		0		0 0	0	•
2.00	CAP REL COSTS-MVBLE EQUIP*		0		0 0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	45 550	0	40.4	0 0	0 7(0	3.00
4.00 5.00	ADMI NI STRATI VE & GENERAL* PLANT OPERATI ON & MAI NTENANCE*	45, 558 0	4, 093 0		51 41, 118 0 0	90, 769 0	4.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		0 0	0	
7.00	HOUSEKEEPI NG*	0	0		0 0	0	
8.00	DI ETARY*	0	0		0 0	0	
9.00	NURSI NG ADMI NI STRATI ON*	0	0		0 0	0	
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		0 0	0	•
11.00	MEDICAL RECORDS*	0	0		0 0	0	
12.00	STAFF TRANSPORTATION*	0	299		99 0	299	
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		0 80	80	•
14.00	PHARMACY*	0	11, 803	11, 8	03 0	11, 803	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		0 0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0		0 0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0		0 0	0	25.00
26.00	PHYSI CI AN SERVI CES**	0	0		0 0	0	26.00
27.00	NURSE PRACTITIONER**	0	0		0 0	0	27.00
28.00	REGI STERED NURSE**	0	5, 637	5,6		5, 657	•
29.00	LPN/LVN**	0	0		0 0	0	
30.00	PHYSI CAL THERAPY**	0	472		72 30		•
31.00	OCCUPATIONAL THERAPY**	0	0		0 0	0	
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		0 0	0	
33.00	MEDICAL SOCIAL SERVICES**	0	1, 090			1, 250	
34.00	SPI RI TUAL COUNSELI NG**	0	0		0 0	0	
35.00 36.00		0	0		0 0	0	
37.00	COUNSELING - OTHER** HOSPICE AIDE & HOMEMAKER SERVICES**	0	2,069	2,0		7, 683	
37.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	43, 725			43, 725	
39.00	PATIENT TRANSPORTATION**	0	43, 723		0 0	43,723	•
40.00	I MAGI NG SERVI CES**	0	0		0 0	0	•
41.00	LABS & DI AGNOSTI CS**	0	0		0 0	0	
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE**	0	0		0 0	0	
42.50	DRUGS CHARGED TO PATIENTS**	0	0		0 0	0	•
43.00	OUTPATI ENT SERVI CES**	0	0		0 0	0	•
44.00	PALLIATIVE RADIATION THERAPY**	0	0		0 0	0	•
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		0 0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		0 0	0	46.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0		0 0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0		0 0	0	61.00
62.00	FUNDRAI SI NG*	0	0		0 0	0	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		0 0	0	•
64.00	PALLIATIVE CARE PROGRAM*	0	0		0 0	0	
65.00	OTHER PHYSI CI AN SERVI CES*	0	0		0 0	0	
66.00	RESIDENTIAL CARE*	0	0		0 0	0	
67.00	ADVERTI SI NG*	0	0		0 0	0	
68.00	TELEHEALTH/TELEMONI TORI NG*	0	0		0 0	0	
69.00	THRIFT STORE*	0	0		0 0	0	
70.00	NURSING FACILITY ROOM & BOARD*	0	0		0 0	0	•
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0 45, 558	0 69, 188		0 0 46 47,022	0 161, 768	•
100.00							

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

NALYS	SIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN:	15-0069	Period:	Worksheet 0	
			Hospice CCN:	15-1535	From 01/01/2018 To 12/31/2018	Date/Time Pro	
					Hospi ce I	5/28/2019 12:	.26 pm
		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)				
	·	6.00	7.00				
~~	GENERAL SERVICE COST CENTERS		0				1 1 0
. 00 2. 00	CAP REL COSTS-BLDG & FIXT* CAP REL COSTS-MVBLE EQUIP*	0	0				1.0
. 00	EMPLOYEE BENEFITS DEPARTMENT*	0	0				3.0
. 00	ADMI NI STRATI VE & GENERAL*	0	90, 769				4.0
. 00	PLANT OPERATION & MAINTENANCE*	0	,0,,0,				5.0
. 00	LAUNDRY & LINEN SERVICE*	0	0				6.0
. 00	HOUSEKEEPI NG*	0	0				7.0
. 00	DI ETARY*	0	0				8. (
. 00	NURSI NG ADMI NI STRATI ON*	0	0				9. (
0.00	ROUTINE MEDICAL SUPPLIES*	0	0				10. (
1.00	MEDI CAL RECORDS*	0	0				11. (
2.00	STAFF TRANSPORTATION*	0	299				12.
3.00	VOLUNTEER SERVICE COORDINATION*	0	80				13.
4.00		0	11, 803				14.0
5.00	PHYSI CI AN ADMI NI STRATI VE SERVI CES*	0	0				15.0
6.00	OTHER GENERAL SERVICE*	0	0				16. (
7.00	PATIENT/RESIDENTIAL CARE SERVICES DIRECT PATIENT CARE SERVICE COST CENTERS						17. (
5.00	INPATIENT CARE-CONTRACTED**	0	0				25. (
6.00	PHYSI CI AN SERVI CES**	0	0				26.
7.00	NURSE PRACTITIONER**	0	0				27.0
8.00	REGI STERED NURSE**	0	5,657				28.
9.00	LPN/LVN**	0	0				29.0
0. 00	PHYSI CAL THERAPY**	0	502				30.
1.00	OCCUPATI ONAL THERAPY**	0	0				31. (
2.00	SPEECH/LANGUAGE PATHOLOGY**	0	0				32.0
3.00	MEDICAL SOCIAL SERVICES**	0	1, 250				33. (
4.00	SPIRITUAL COUNSELING**	0	0				34.0
5.00	DI ETARY COUNSELI NG**	0	0				35.0
6.00	COUNSELING - OTHER**	0	0				36.
7.00 8.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	7, 683 43, 725				37.
9.00	DURABLE MEDICAL EQUIPMENT/OXYGEN** PATIENT TRANSPORTATION**	0	43, 725				30. 39.
0.00	I MAGI NG SERVI CES**	0	0				40.
1.00		0	0				41.
2.00	MEDI CAL SUPPLI ES-NON-ROUTI NE**	0	0				42.
2.50	DRUGS CHARGED TO PATI ENTS**	0	0				42.
3. 00	OUTPATIENT SERVICES**	0	0				43.
4.00	PALLIATIVE RADIATION THERAPY**	0	0				44.
5.00	PALLIATIVE CHEMOTHERAPY**	0	0				45.
6. 00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0				46.
	NONREI MBURSABLE COST CENTERS		I				
0.00		0	0				60.
1.00		0	0				61.0
2.00		0	0				62.0
3.00		0	U				63. 0 64. 0
4.00 5.00	PALLI ATI VE CARE PROGRAM* OTHER PHYSI CI AN SERVI CES*	0	U				64. 65.
5.00 6.00		0	0				66.
7.00		0	0				67.
	TELEHEALTH/TELEMONI TORI NG*	0					68.
9.00		0	0				69.
	NURSING FACILITY ROOM & BOARD*	0	0				70.
	OTHER NONREI MBURSABLE (SPECIFY)*	0	o				71.
	TOTAL	1 1	161, 768				100.0

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ealth Financial Systems	KING'S DAUGHTERS				u of Form CMS-2	
NALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPI	CE ROUTINE HOME	Provider CO	CN: 15-0069	Period: From 01/01/2018	Worksheet 0-2	
ARE		Hospi ce CCI	N: 15-1535	To 12/31/2018	Date/Time Pre	pared.
		100001 00 001		10 12/01/2010	5/28/2019 12:	
				Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (col		SUBTOTAL	
			1 + col. 2)	CATIONS		
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
5.00 INPATIENT CARE-CONTRACTED						25.00
6.00 PHYSICIAN SERVICES	0	0		0 0	0	
7.00 NURSE PRACTITIONER	0	0		0 0	0	
8. 00 REGI STERED NURSE	0	5, 586	5, 58	36 20	5, 606	
9.00 LPN/LVN	0	0		0 0	0	29.0
0. 00 PHYSI CAL THERAPY	0	467	46	57 30	497	30.0
1. 00 OCCUPATIONAL THERAPY	0	0		0 0	0	31.0
2.00 SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.0
3. 00 MEDICAL SOCIAL SERVICES	0	1, 080	1, 08	30 158	1, 238	33.0
4. 00 SPI RI TUAL COUNSELI NG	0	0		0 0	0	34.0
5. 00 DI ETARY COUNSELI NG	0	0		0 0	0	35.0
6.00 COUNSELING - OTHER	0	0		0 0	0	36.0
7.00 HOSPICE AIDE & HOMEMAKER SERVICES	0	2, 050	2, 05	50 5, 563	7, 613	37.0
8.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	43, 725	43, 72	25 0	43, 725	38.0
9.00 PATIENT TRANSPORTATION	0	0		0 0	0	39.0
0.00 I MAGI NG SERVI CES	0	0		0 0	0	40.0
1.00 LABS & DIAGNOSTICS	0	0		0 0	0	41.0
2.00 MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0		0 0	0	42. (
2.50 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	42. !
3. 00 OUTPATI ENT SERVICES	0	0		0 0	0	43.0
4.00 PALLIATIVE RADIATION THERAPY	0	0		0 0	0	
5. 00 PALLI ATI VE CHEMOTHERAPY	0	0		0 0	0	45.0
6.00 OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		0 0	0	46.0
00. 00 TOTAL *	0	52, 908	52, 90	5, 771	58, 679	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	-
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSI CLAN SERVI CES	0	C	26.00
27.00	NURSE PRACTITIONER	0	C	27.00
28.00	REGI STERED NURSE	0	5, 606	28.00
29.00	LPN/LVN	0	C	29.00
30.00	PHYSI CAL THERAPY	0	497	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1, 238	33.00
34.00	SPI RI TUAL COUNSELI NG	0	0	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	7, 613	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	43, 725	38.00
39.00	PATI ENT TRANSPORTATI ON	0	0	39.00
40.00	I MAGI NG SERVI CES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATI ENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00		0	0	46.00
100.00	D TOTAL *	0	58, 679	100.00
* Trar	nsfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 51.		

Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

Heal th	Financial Systems	KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
ANALYS	IS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPIC	E INPATIENT	Provider CC	CN: 15-0069	Peri od:	Worksheet 0-3	}
RESPI T	E CARE			1 15 1505	From 01/01/2018 To 12/31/2018		
			Hospi ce CCN	15-1535	To 12/31/2018	Date/Time Pre 5/28/2019 12:	26 nm
					Hospi ce I	0/20/2017 12.	20 pm
		SALARI ES	OTHER	SUBTOTAL (co		SUBTOTAL	
				1 + col. 2)			
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS	· · · · ·					
25.00	INPATIENT CARE-CONTRACTED		0		0 0	0	25.00
26.00	PHYSI CI AN SERVI CES	0	0		0 0	0	26.00
27.00	NURSE PRACTITIONER	0	0		0 0	0	27.00
28.00	REGI STERED NURSE	0	21		21 0	21	28.00
29.00	LPN/LVN	0	0		0 0	0	29.00
30.00	PHYSI CAL THERAPY	0	2		2 0	2	30.00
31.00	OCCUPATIONAL THERAPY	0	0		0 0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	4		4 1	5	33.00
34.00	SPI RI TUAL COUNSELI NG	0	0		0 0	0	34.00
35.00	DI ETARY COUNSELING	0	0		0 0	0	
36.00	COUNSELING - OTHER	0	0		0 0	0	
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	8		8 21	29	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
39.00	PATI ENT TRANSPORTATI ON	0	0		0 0	0	39.00
40.00	I MAGI NG SERVI CES	0	0		0 0	0	1 .0.00
41.00	LABS & DI AGNOSTI CS	0	0		0 0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		0 0	0	
42.50	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	1 .2.00
43.00	OUTPATI ENT SERVICES	0	0		0 0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		U 0	0	1 101 00
100.00	TOTAL *	0	35		35 22	57	100.00

 40.00
 OTAL *
 0

 100.00
 TOTAL *
 0

 * Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5		
			± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25	25.00
26.00	PHYSI CI AN SERVI CES	0	0	20	26.00
27.00	NURSE PRACTITIONER	0	0	27	27.00
28.00	REGI STERED NURSE	0	21	28	28.00
29.00	LPN/LVN	0	0	20	29.00
30.00	PHYSI CAL THERAPY	0	2	30	30.00
31.00	OCCUPATI ONAL THERAPY	0	0	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32	32.00
33.00	MEDICAL SOCIAL SERVICES	0	5	33	3. 00
34.00	SPI RI TUAL COUNSELI NG	0	0	34	34.00
35.00	DI ETARY COUNSELI NG	0	0	35	35.00
36.00	COUNSELING - OTHER	0	0		86.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	29	37	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38	38.00
39.00	PATI ENT TRANSPORTATI ON	0	0	30	39.00
40.00	I MAGI NG SERVI CES	0	0	40	0.00
41.00	LABS & DIAGNOSTICS	0	0	4	1.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42	2.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42	2.50
43.00	OUTPATI ENT SERVICES	0	0	43	3.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44	4.00
	PALLIATIVE CHEMOTHERAPY	0	0		5.00
	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		6.00
100.00	TOTAL *	0	57	100	00.00
* Tran	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 52.			

Heal th	Financial Systems	KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS-	2552-10
ANALYS	IS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPIC	CE GENERAL	Provider CC	CN: 15-0069	Peri od:	Worksheet 0-4	
I NPATI	ENT CARE			1 15 1505	From 01/01/2018		
			Hospice CCN	N: 15-1535	To 12/31/2018	Date/Time Pre 5/28/2019 12:	26 nm
					Hospi ce I	572072017 12.	20 pm
		SALARI ES	OTHER	SUBTOTAL (col		SUBTOTAL	
				1 + col. 2)			
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS	· · ·					
25.00	INPATIENT CARE-CONTRACTED		0		0 0	0	25.00
26.00	PHYSICIAN SERVICES	0	0		0 0	0	26.00
27.00	NURSE PRACTITIONER	0	0		0 0	0	27.00
28.00	REGI STERED NURSE	0	30	:	30 0	30	28.00
29.00	LPN/LVN	0	0		0 0	0	29.00
30.00	PHYSI CAL THERAPY	0	3		3 0	3	30.00
31.00	OCCUPATIONAL THERAPY	0	0		0 0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	6		6 1	7	33.00
34.00	SPI RI TUAL COUNSELI NG	0	0		0 0	0	34.00
35.00	DI ETARY COUNSELING	0	0		0 0	0	35.00
36.00	COUNSELING - OTHER	0	0		0 0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	11		11 30	41	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
39.00	PATI ENT TRANSPORTATI ON	0	0		0 0	0	39.00
40.00	I MAGI NG SERVI CES	0	0		0 0	0	40.00
41.00	LABS & DI AGNOSTI CS	0	0		0 0	0	41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0		0 0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	42.50
43.00	OUTPATI ENT SERVICES	0	0		0 0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		0 0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		0 0	0	46.00
100.00	TOTAL *	0	50	!	50 31	81	100.00

 46.00
 OTHER PATIENT CARE SERVICES (SPECIFY)
 0

 100.00
 TOTAL *
 0

 * Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5		
			± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS	1			
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSI CI AN SERVI CES	0	0	1	26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGI STERED NURSE	0	30		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSI CAL THERAPY	0	3		30.00
31.00	OCCUPATI ONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	3.	32.00
33.00	MEDICAL SOCIAL SERVICES	0	7	3.	33.00
34.00	SPI RI TUAL COUNSELI NG	0	0	3	34.00
35.00	DI ETARY COUNSELI NG	0	0	3	35.00
36.00	COUNSELING - OTHER	0	0	3	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	41	3	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	3	38.00
39.00	PATIENT TRANSPORTATION	0	0	3	39.00
40.00	I MAGI NG SERVI CES	0	0	4	40.00
41.00	LABS & DIAGNOSTICS	0	0	4	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	4.	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	4.	42.50
43.00	OUTPATI ENT SERVICES	0	0	4	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	4	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	4	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	4	46.00
100.00	TOTAL *	0	81	10	00.00
* Tran	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 53.			

Heal th	Financial Systems KING'S DAUGHTERS'	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST A	LLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET	Provider C		Peri od:	Worksheet 0-5	
EXPENS	ES FOR ALLOCATION			From 01/01/2018		
		Hospi ce CC	N: 15-1535	To 12/31/2018	Date/Time Pre 5/28/2019 12:	
				Hospi ce I	0/20/2017 12.1	20 pm
	Descriptions		HOSPICE DIREC		TOTAL EXPENSES	
			EXPENSES (se		(sum of cols.	
			instructions	EXPENSES FROM	1 + 2)	
				WKST B PART I		
				(see		
				instructions)		
			1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS		1			
1.00	CAP REL COSTS-BLDG & FIXT			0 1, 680	1, 680	1.00
2.00	CAP REL COSTS-MVBLE EQUIP			0 0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT			0 23, 160		3.00
4.00	ADMINISTRATIVE & GENERAL		90, 76		120, 376	4.00
5.00	PLANT OPERATION & MAINTENANCE			0 13, 501	13, 501	5.00
6.00	LAUNDRY & LINEN SERVICE			0 0	0	6.00
7.00	HOUSEKEEPING			0 0	0	7.00
8.00	DI ETARY			0 0	0	8.00
9.00	NURSING ADMINISTRATION			0 0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES			0 0	0	10.00
11.00	MEDI CAL RECORDS			0 0	0	11.00
12.00	STAFF TRANSPORTATION		29		299	12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	80	13.00
14.00	PHARMACY		11, 80			14.00
15.00	PHYSI CI AN ADMI NI STRATI VE SERVI CES			0	0	15.00
16.00	OTHER GENERAL SERVICE			0 0		16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES			0	0	17.00
	LEVEL OF CARE		1	1		
50.00	HOSPI CE CONTI NUOUS HOME CARE			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE		58, 67		58, 679	51.00
52.00	HOSPI CE I NPATI ENT RESPI TE CARE			7	57	52.00
53.00	HOSPICE GENERAL INPATIENT CARE		6	1	81	53.00
(0.00	NONREI MBURSABLE COST CENTERS		-		0	10.00
60.00	BEREAVEMENT PROGRAM			0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	61.00
62.00				0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	65.00
66.00	RESIDENTIAL CARE			0	0	66.00
67.00	ADVERTI SI NG			0		67.00
68.00	TELEHEALTH/TELEMONI TORI NG			0	0	68.00
69.00	THRIFT STORE			0		69.00
70. 00 71. 00	NURSING FACILITY ROOM & BOARD			0	0	70.00 71.00
99.00	OTHER NONREIMBURSABLE (SPECIFY) NEGATIVE COST CENTER			0	0	99.00
99.00 100.00			161, 76	67,948	-	
100.00			1 101,70	SI 07, 740	227,710	1.00.00

	Financial Systems	KING'S DAUGHTER			In Lie	u of Form CMS-2	2552-10
COST A	LLOCATI ON - HOSPI TAL-BASED HOSPI CE GENERAL	SERVICE COSTS	Provider CC Hospice CCN		Period: From 01/01/2018 To 12/31/2018		pared:
					Hospi ce I		
	Descriptions	TOTAL EXPENSESC	AP REL BLDG & FIX	CAP REL MVBL EQUI P	.E EMPLOYEE BENEFI TS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1, 680	1, 680				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	23, 160	0		0 23, 160		3.00
4.00	ADMI NI STRATI VE & GENERAL	120, 376	1, 680		0 20, 158	142, 214	4.00
5.00	PLANT OPERATION & MAINTENANCE	13, 501	0		0 0	13, 501	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0 0	0	6.00
7.00	HOUSEKEEPING	0	0		0 0	0	7.00
8.00	DI ETARY	0	0		0 0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0 0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0 0	0	10.00
11.00	MEDI CAL RECORDS	0	0		0 0	0	11.00
12.00	STAFF TRANSPORTATION	299	0		0 0	299	12.00
13.00	VOLUNTEER SERVICE COORDINATION	80	0		0 41	121	13.00
14.00	PHARMACY	11, 803	0		0 0	11, 803	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0 0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0		0 0	0	16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES		0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	58, 679			2, 934	61, 613	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	57	0		0 11	68	
53.00	HOSPICE GENERAL INPATIENT CARE	81	0		0 16	97	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0 0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0 0	0	61.00
62.00	FUNDRAI SI NG	0	0		0 0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0 0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0 0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0 0	0	65.00
66.00	RESI DENTI AL CARE	0	0		0 0	0	66.00
67.00	ADVERTI SI NG	0	0		0 0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	68.00
69.00	THRI FT STORE	0	0		0 0	0	69.00
	NURSING FACILITY ROOM & BOARD	0				0	70.00
	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0 0		99.00
100 00	TOTAL	229, 716	1, 680		0 23, 160	229, 716	1100 00

Heal th	Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL			In Lie	u of Form CMS	-25	552-10
COST A	ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL S	SERVICE COSTS	Provider C Hospice CC				Worksheet O- Part I Date/Time Pr 5/28/2019 12	гер	ared: 6 pm
						Hospi ce I			
	Descriptions	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON & MAI NTENANCE	LAUNDRY &		HOUSEKEEPI NG	DI ETARY		
		4.00	5.00	6.00		7.00	8.00		
	GENERAL SERVICE COST CENTERS					· · · ·			
1.00	CAP REL COSTS-BLDG & FIXT								1.00
2.00	CAP REL COSTS-MVBLE EQUIP								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMI NI STRATI VE & GENERAL	142, 214							4.00
5.00	PLANT OPERATION & MAINTENANCE	21, 943	35, 444						5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0				6.00
7.00	HOUSEKEEPING	0	0		Ŭ	0			7.00
8.00	DI ETARY	0	0			0		0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		Ĭ	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0			10.00
11.00	MEDICAL RECORDS	0	0			0			11.00
12.00	STAFF TRANSPORTATION	486	0			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	197	0			0			13.00
14.00	PHARMACY	19, 183	0			0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0			15.00
16.00	OTHER GENERAL SERVICE	0	0			0			16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES	0	0			0			17.00
17.00	LEVEL OF CARE	<u> </u>	0						17.00
50,00	HOSPICE CONTINUOUS HOME CARE	0		1					50.00
51.00	HOSPI CE ROUTI NE HOME CARE	100, 136							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	111	14, 886		0	0		o	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	158	20, 558		0	0			53.00
00.00	NONREI MBURSABLE COST CENTERS	100	20,000	1	0			-	00.00
60, 00	BEREAVEMENT PROGRAM	0	0			0			60.00
61.00	VOLUNTEER PROGRAM	0	0			0			61.00
62.00	FUNDRALSING	0	0			0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0			63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0			64.00
65.00	OTHER PHYSI CI AN SERVI CES	0	0			0			65.00
66, 00	RESI DENTI AL CARE	0	0		0	0		0	66.00
67.00	ADVERTI SI NG	0	0		0	0		Ŭ	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0			0			68.00
69.00	THRI FT STORE	0	0			0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			0			70.00
70.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0			70.00
99.00	NEGATI VE COST CENTER				0	0		- 1	99.00
	TOTAL	142, 214	35, 444		0	0			00.00
100.00	1.0	1 12,214	00, 111	I	0	9		511	00.00

DST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL	SERVICE COSTS	Provider C	CN: 15-0069	Peri od:	Worksheet 0-6	b
			Hospi co. CCI	N. 1E 1E2E	From 01/01/2018 To 12/31/2018		nore
			Hospi ce CCI	N: 15-1535	To 12/31/2018	Date/Time Pre 5/28/2019 12:	26 pare
					Hospi ce I		
	Descri pti ons	NURSI NG	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	
		ADMI NI STRATI ON	MEDI CAL	RECORDS	TRANSPORTATI ON		
			SUPPLI ES			COORDI NATI ON	
		9.00	10.00	11.00	12.00	13.00	
~~	GENERAL SERVICE COST CENTERS			1			
00	CAP REL COSTS-BLDG & FIXT						1
00	CAP REL COSTS-MVBLE EQUIP						2
00	EMPLOYEE BENEFITS DEPARTMENT						3
00	ADMI NI STRATI VE & GENERAL						4
00	PLANT OPERATION & MAINTENANCE						5
00	LAUNDRY & LINEN SERVICE						6
00	HOUSEKEEPING						7
00							8
00	NURSING ADMINISTRATION	0					9
0.00	ROUTINE MEDICAL SUPPLIES	0	0				10
. 00	MEDICAL RECORDS	0			0		11
. 00	STAFF TRANSPORTATION	0			785	010	12
. 00	VOLUNTEER SERVICE COORDINATION	0			0	318	
1.00		0			0	0	1
5.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	
o. 00	OTHER GENERAL SERVICE	0			0	0	
. 00	PATIENT/RESIDENTIAL CARE SERVICES						17
). 00	HOSPICE CONTINUOUS HOME CARE	0	0		0 0	0	50
. 00	HOSPICE CONTINUOUS HOME CARE	0	0		0 778	310	
. 00		0	0		0 3		
. 00 . 00	HOSPICE GENERAL INPATIENT CARE	0	0		0 4	4	
. 00	NONREI MBURSABLE COST CENTERS		0		4	4	
. 00	BEREAVEMENT PROGRAM	0		1	0	0	60
. 00	VOLUNTEER PROGRAM	0			0		
. 00	FUNDRAI SI NG	0			0	0	
. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	Ö	
. 00	PALLIATIVE CARE PROGRAM	0			0	0	
. 00	OTHER PHYSI CI AN SERVI CES	0			0	0	
. 00	RESI DENTI AL CARE	0			0	0	
. 00	ADVERTI SI NG	0			0	o o	
3.00	TELEHEALTH/TELEMONI TORI NG	0			0	Ö	
0.00	THRI FT STORE	0			0	o o	
). 00	NURSING FACILITY ROOM & BOARD						70
. 00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	o	
9.00	NEGATIVE COST CENTER	0	0		0 0	0	
	TOTAL	0	0		0 785	-	100

	LOCATI ON - HOSPI TAL-BASED HOSPI CE GENERAL		Hospi ce CCI	CN: 15-0069 N: 15-1535	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-0 Part I Date/Time Pro 5/28/2019 12	epared:
	Descriptions	PHARMACY	PHYSI CI AN	OTHER GENERA	Hospice I	TOTAL	
	bescriptions		ADMI NI STRATI VE SERVI CES		RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
	NURSING ADMINISTRATION						9.00
	ROUTINE MEDICAL SUPPLIES					1	10.00
	MEDI CAL RECORDS						11.00
	STAFF TRANSPORTATION					1	12.00
	VOLUNTEER SERVICE COORDINATION					1	13.00
	PHARMACY	30, 986				1	14.00
	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			1	15.00
	OTHER GENERAL SERVICE	0			0	1	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
50.00	LEVEL OF CARE					,	50.00
	HOSPICE CONTINUOUS HOME CARE	0	0		0	102 540	
	HOSPICE ROUTINE HOME CARE	30, 703	0		0	193, 540	
	HOSPICE INPATIENT RESPITE CARE HOSPICE GENERAL INPATIENT CARE	118 165	0		0 0 0 0	15, 190	
	NONREIMBURSABLE COST CENTERS	100	0		0 0	20, 986	5 53.00
	BEREAVEMENT PROGRAM	0			0	(60,00
61.00	VOLUNTEER PROGRAM	0			0		61.00
	FUNDRAI SI NG	0			0		62.00
	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0		63.00
	PALLIATIVE CARE PROGRAM	0			0		64.00
	OTHER PHYSICIAN SERVICES	0			0		65.00
	RESI DENTI AL CARE	0	0		0 0	-	66.00
	ADVERTI SI NG	0	0		0	-	67.00
	TELEHEALTH/TELEMONI TORI NG	0			0		68.00
	THRI FT STORE	0			0		69.00
	NURSING FACILITY ROOM & BOARD				ĭ I		70.00
	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0		71.00
	NEGATI VE COST CENTER	0	0		0 0	(99.00

Heal th	Financial Systems	KING'S DAUGHTERS	S' HOSPI TAL		In Lie	u of Form CMS-3	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERA	L SERVICE COSTS	Provider CC		Period:	Worksheet 0-6	
STATI S	TI CAL BASI S				From 01/01/2018	Part II	
			Hospi ce CCN	N: 15-1535	To 12/31/2018	Date/Time Pre 5/28/2019 12:	
					Hospi ce I	372072017 12.	
	Cost Center Descriptions	CAP REL BLDG & C	AP REL MVBLE	EMPLOYEE	RECONCI LI ATI ON	ADMI NI STRATI VE	
		FIX	EQUI P	BENEFITS		& GENERAL	
		(SQUARE FEET) (I	DOLLAR VALUE)	DEPARTMENT		(ACCUMULATED	
			í l	(GROSS		COSTS)	
				SALARI ES)			
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	744					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	45, 55	8		3.00
4.00	ADMI NI STRATI VE & GENERAL	744	0	39, 65	-142, 214	87, 502	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0		0 0	13, 501	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0 0	0	6.00
7.00	HOUSEKEEPING	0	0		0 0	0	7.00
8.00	DI ETARY	0	0		0 0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0 0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0 0	0	10.00
11.00	MEDI CAL RECORDS	0	0		0 0	0	11.00
12.00	STAFF TRANSPORTATION	0	0		0 0	299	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	8	0 0	121	13.00
14.00	PHARMACY	0	0		0 0	11, 803	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0 0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0		0 0	0	16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES	0	0		0	0	17.00
	LEVEL OF CARE						1
50.00	HOSPICE CONTINUOUS HOME CARE				0 0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			5, 77	'1 0	61, 613	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	2	2 0	68	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	3	0	97	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0 0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0 0	0	61.00
62.00	FUNDRAI SI NG	0	0		0 0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0 0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0 0	0	64.00
65.00	OTHER PHYSI CI AN SERVI CES	0	0		0 0	0	65.00
66.00	RESI DENTI AL CARE	0	0		0 0	0	66.00
67.00	ADVERTI SI NG	0	0		0 0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	68.00
69.00	THRI FT STORE	0	0		0 0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	0	
	NEGATIVE COST CENTER						99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part		0	23, 16		142, 214	1
101.00	UNIT COST MULTIPLIER	2. 258065	0.00000	0. 50836	3	1. 625266	101.00

Heal th	Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE	RVICE COSTS	Provider C	CN: 15-0069	Peri od:	Worksheet 0-6	
STATI S	TI CAL BASI S				From 01/01/2018		
			Hospi ce CCI	N: 15-1535	To 12/31/2018		
					Hocpi co. I	5/28/2019 12:	26 pili
	Cost Center Descriptions	PLANT	LAUNDRY &	HOUSEKEEPIN	Hospice I G DIETARY	NURSI NG	
	Cost center bescriptions	OPERATION &	LINEN SERVICE			ADMI NI STRATI ON	
		MAINTENANCE	(IN-FACILITY	(SOUARE ILLI	DAYS)		
		(SQUARE FEET)	DAYS)		DATS)	(DIRECT NURS.	
			Dirito)			HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS	0.00	0100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1.00	CAP REL COSTS-BLDG & FLXT			1			1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPI NG	0	0		0		7.00
8.00	DI ETARY	0			0 0		8.00
9.00	NURSI NG ADMI NI STRATI ON	0			0	0	9.00
10.00	ROUTI NE MEDI CAL SUPPLI ES	0			0	0	10.00
11.00	MEDI CAL RECORDS	0			0	0	11.00
12.00	STAFF TRANSPORTATION	0			0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	0	17.00
17.00	LEVEL OF CARE	0			0		17.00
50.00	HOSPICE CONTINUOUS HOME CARE			1		0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	42	0		0 0	-	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	58	0		0 0	-	53.00
55.00	NONREI MBURSABLE COST CENTERS	50	0	1	0 0	0	55.00
60, 00	BEREAVEMENT PROGRAM	0			0	0	60,00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAI SI NG	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSI CI AN SERVI CES	0			0	0	65.00
66.00	RESI DENTI AL CARE	0	0		0 0	-	66.00
67.00	ADVERTI SI NG	0	0		0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0			0	0	68.00
69.00	THRI FT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	0	71.00
	NEGATI VE COST CENTER		0				99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	35,444	٥		0 0	0	100.00
	UNIT COST MULTIPLIER	354. 440000	0. 000000	0.0000	0. 000000	-	

	Financial Systems	KING'S DAUGHTE				u of Form CMS-	
	LLOCATION - HOSPITAL-BASED HOSPICE GENER/ TICAL BASIS	AL SERVICE COSTS	Provider C Hospice CC		Period: From 01/01/2018 To 12/31/2018	Worksheet 0-6 Part II Date/Time Pre 5/28/2019 12:	pared:
					Hospi ce I		
	Cost Center Descriptions	ROUTI NE MEDI CAL SUPPLI ES (PATI ENT DAYS)	MEDI CAL RECORDS (PATI ENT DAYS)	STAFF TRANSPORTATI ((MI LEAGE)	VOLUNTEER ON SERVICE COORDINATION (HOURSOF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1 1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00							
8.00	HOUSEKEEPI NG DI ETARY						7.00
9.00	NURSI NG ADMI NI STRATI ON						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDI CAL RECORDS		0		_		11.00
12.00	STAFF TRANSPORTATION			9, 20			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0 80		13.00
14.00	PHARMACY				0 0	11, 804	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0 0	0	15.00
16.00	OTHER GENERAL SERVICE				0 0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	C		0 0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	C	9, 18	31 78	11, 696	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		35 1	45	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	C		19 1	63	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM				0 0	0	60.00
61.00	VOLUNTEER PROGRAM				0 0	0	61.00
62.00	FUNDRAI SI NG				0 0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0 0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0 0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0 0	0	
66.00	RESI DENTI AL CARE				0 0	0	
67.00	ADVERTI SI NG				0 0	0	
68.00	TELEHEALTH/TELEMONI TORI NG				0 0	0	
69.00	THRI FT STORE				0 0	0	
	NURSING FACILITY ROOM & BOARD						70.00
	OTHER NONREI MBURSABLE (SPECIFY)				0 0	0	
	NEGATIVE COST CENTER					0	99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Par	-+ 1)	0	70	35 318	20 004	100.00
100 00							
	UNIT COST MULTIPLIER	0. 000000	0. 000000				

Heal th	Financial Systems	KING'S DAUGHTE	RS' HOSPI TAL		In Lie	u of Form CMS	-2552-10
	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE TICAL BASIS	RVICE COSTS	Provider Co Hospice CC		Period: From 01/01/2018 To 12/31/2018	Worksheet 0- Part II Date/Time Pr 5/28/2019 12	repared:
					Hospi ce I	0/20/2017 12	20 pm
	Cost Center Descriptions	PHYSI CI AN	OTHER GENERAL	PATI ENT/		1	
	'	ADMI NI STRATI VE	SERVI CE	RESI DENTI AL	_		
		SERVI CES	(SPECI FY	CARE SERVICE	S		
		(PATIENT DAYS)	BASI S)	(IN-FACILIT	Y		
				DAYS)			
		15.00	16.00	17.00			
	GENERAL SERVICE COST CENTERS	1 1		1			_
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDI CAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY						14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0					15.00
16.00	OTHER GENERAL SERVICE		0				16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES				0		17.00
	LEVEL OF CARE	1 1		1			
50.00	HOSPICE CONTINUOUS HOME CARE	0	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0				51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0		53.00
	NONREI MBURSABLE COST CENTERS	1 1		1			
60.00	BEREAVEMENT PROGRAM		0				60.00
61.00	VOLUNTEER PROGRAM		0				61.00
62.00	FUNDRALSING		0				62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0				63.00
64.00	PALLIATIVE CARE PROGRAM		0				64.00
65.00	OTHER PHYSICIAN SERVICES		0		0		65.00
66.00	RESIDENTIAL CARE	0	0		0		66.00
67.00	ADVERTI SI NG		0				67.00
68.00	TELEHEALTH/TELEMONI TORI NG		0				68.00
69.00	THRIFT STORE		0	1			69.00
70.00	NURSING FACILITY ROOM & BOARD		~		0		70.00
71.00	OTHER NONREI MBURSABLE (SPECI FY)	0	0	1	0		71.00
99.00	NEGATIVE COST CENTER		0		0		99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I) UNIT COST MULTIPLIER	0. 000000	0. 000000	0.0000	0		100. 00 101. 00
101.00	UNIT COST MULTIPLIER	0.000000	0.00000	η υ. υυυυ			101.00

Heal th	Financial Systems	KING'S DAUGHTERS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORT	IONMENT OF HOSPITAL-BASED HOSPICE SHARED SER	VICE COSTS BY	Provider CO	CN: 15-0069	Peri od:	Worksheet 0-7	
LEVEL	OF CARE		Hospi ce CCN	N: 15-1535	From 01/01/2018 To 12/31/2018	Date/Time Pre 5/28/2019 12:2	pared: 26 pm
					Hospi ce I	0/20/2017 12:1	20 pm
			_	Charges by	/ LOC (from Provi	der Records)	
	Cost Center Descriptions	From Wkst. C, Co Part I, Col. 9 line	ost to Charge Ratio	НСНС	HRHC	HI RC	
		0	1.00	2.00	3.00	4.00	
	ANCI LLARY SERVI CE COST CENTERS		1100	2100	0.00		
1.00	PHYSI CAL THERAPY	66.00	0. 303823		0 0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0. 348648		0 0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0. 288156		0 0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0. 181758		0 0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0. 149260		0 0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0. 270818		0 0	0	7.00
7.01	IV SOLUTIONS	71.01	0. 072715		0 0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	ONCOLOGY	55.00	0. 474801		0 0	0	9.00
10.00	CARDI OLOGY	76.00	0. 125807		0 0	0	10.00
10.97	CARDIAC REHABILITATION	76. 97	0. 258635		0 0	0	10. 97
11.00	Totals (sum of lines 1-11)						11.00
		Charges by LOC		Shared Serv	ice Costs by LOC		
		(from Provider					
		Records)					
	Cost Center Descriptions	HGI P HC			xHIRC (col. 1 x		
		5.00	col . 2) 6.00	<u>col.3)</u> 7.00	<u>col.4)</u> 8.00	<u>col.5)</u> 9.00	
	ANCI LLARY SERVI CE COST CENTERS	5.00	0.00	7.00	0.00	9.00	
1.00	PHYSICAL THERAPY	0	0		0 0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0		0 0	0	2.00
3.00	SPEECH PATHOLOGY	0	0		0 0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	5.00
6.00	LABORATORY	0	0		0 0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	7.00
7.01	IV SOLUTIONS	0	0		0 0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER		0		0		8.00
9.00	ONCOLOGY	0	0		0 0	0	
10.00	CARDIOLOGY	0	0		0 0	0	
10.97	CARDI AC REHABI LI TATI ON	0	0		0 0	0	10.97
11.00	Totals (sum of lines 1–11)		0		0 0	0	
	•		'				

	Financial Systems KING'S DAUGHTERS' TION OF HOSPITAL-BASED HOSPICE PER DIEM COST	Provider C	°N· 15_0069	Peri od:	u of Form CMS-2 Worksheet 0-8	
ALCULA	TTON OF HOSFITAE-DASED HOSFICE FER DIEM COST	FIOVICEI C	CN. 15-0009	From 01/01/2018	WULKSHEEL 0-0	
		Hospi ce CC	N: 15-1535	To 12/31/2018	Date/Time Prep 5/28/2019 12:	
				Hospi ce I		
			TITLE XVIII	TITLE XIX	TOTAL	
			MEDI CARE	MEDI CAI D		
			1.00	2.00	3.00	
	IOSPI CE CONTI NUOUS HOME CARE					
. 00 T	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7	7, col. 6,			0	1. (
	ine 11)					
. 00 T	Fotal unduplicated days (Wkst. S-9, col. 4, line 10)				0	2.0
. 00 T	Fotal average cost per diem (line 1 divided by line 2)				0.00	3.
.00 U	Jnduplicated program days (Wkst. S-9 col. as appropriate, line	e 10)		0 0		4.
.00 P	Program cost (line 3 times line 4)			0 0		5.
	IOSPI CE ROUTI NE HOME CARE					
00 T	Fotal cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-3	7, col. 7,			193, 540	6.
	ine 11)					
	Total unduplicated days (Wkst. S-9, col. 4, line 11)				1, 613	7.
	Total average cost per diem (line 6 divided by line 7)				119. 99	8.
	Jnduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 11)	1, 3			9.
	Program cost (line 8 times line 9)		156, 7	07 19, 198		10.
	IOSPI CE I NPATI ENT RESPI TE CARE					
	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7	7, col. 8,			15, 190	11.
	ine 11)					
	Total unduplicated days (Wkst. S-9, col. 4, line 12)				5	
	Total average cost per diem (line 11 divided by line 12)				3, 038. 00	
	Jnduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 12)		5 0		14.
	Program cost (line 13 times line 14)		15, 1	90 0		15.
	IOSPI CE GENERAL I NPATI ENT CARE					
	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-	7, col. 9,			20, 986	16.
	ine 11)				_	
	Total unduplicated days (Wkst. S-9, col. 4, line 13)				7	17.
	Total average cost per diem (line 16 divided by line 17)			-	2, 998. 00	
	Jnduplicated program days (Wkst. S-9, col. as appropriate, lin	ne 13)		7 0		19.
	Program cost (line 18 times line 19)		20, 9	86 0		20.
	OTAL HOSPICE CARE		1			
	Total cost (sum of line 1 + line 6 + line 11 + line 16)				229, 716	
	Total unduplicated days (Wkst. S-9, col. 4, line 14)				1, 625	
3.00 A	Average cost per diem (line 21 divided by line 22)				141.36	23.

	Financial Systems KING'S DAUG ATION OF CAPITAL PAYMENT	HTERS' HOSPITAL Provider CCN: 15-0069	Peri od:	u of Form CMS-2 Worksheet L	
			From 01/01/2018	Parts I-III	
			To 12/31/2018	Date/Time Pre 5/28/2019 12:	
		Title XVIII	Hospi tal	PPS	20 p
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				1
00	Capital DRG other than outlier			871, 660	1 1.
01	Model 4 BPCI Capital DRG other than outlier			0	1.
00	Capital DRG outlier payments			20, 146	2.
01	Model 4 BPCI Capital DRG outlier payments			0	2.
00	Total inpatient days divided by number of days in the co	ost reporting period (see inst	ructions)	30.46	3.
00	Number of interns & residents (see instructions)			0.00	4.
00	Indirect medical education percentage (see instructions)			0.00	5.
00	Indirect medical education adjustment (multiply line 5 k 1.01)(see instructions)	by the sum of lines 1 and 1.01	, columns 1 and	0	6.
00	Percentage of SSI recipient patient days to Medicare Par 30) (see instructions)	rt A patient days (Worksheet E	, part A line	0.00	7.
00	Percentage of Medicaid patient days to total days (see i	nstructions)		0.00	8
	Sum of lines 7 and 8	· · · · · · · · · · · · · · · · · · ·		0.00	
. 00	Allowable disproportionate share percentage (see instruc	ctions)		0.00	10
	Disproportionate share adjustment (see instructions)			0	11
. 00	Total prospective capital payments (see instructions)			891, 806	12
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST				
00	Program inpatient routine capital cost (see instructions	5)		0] 1.
00	Program inpatient ancillary capital cost (see instruction	ons)		0	2.
00	Total inpatient program capital cost (line 1 plus line 2	2)		0	3.
00	Capital cost payment factor (see instructions)			0	4.
00	Total inpatient program capital cost (line 3 x line 4)			0	5.
				1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			-	
00	Program inpatient capital costs (see instructions)			0	
00	Program inpatient capital costs for extraordinary circum			0	
00	Net program inpatient capital costs (line 1 minus line 2	2)		0	-
00	Applicable exception percentage (see instructions)			0.00	
00	Capital cost for comparison to payments (line 3 x line 4			0	
00 00	Percentage adjustment for extraordinary circumstances (s	,	line ()	0.00	
	Adjustment to capital minimum payment level for extraord	arnary circumstances (iine 2 x		0	
00 00	Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as	applicable)		0	
	Current year capital payments (from Part 1, fine 12, as Current year comparison of capital minimum payment level	· · · · · · · · · · · · · · · · · · ·	Less line 0)	0	
	Carryover of accumulated capital minimum payment level of			0	
			0 11)	0	12
. 00	Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capit	tal navments (line 10 plus lin		0	1 12.
. 00	Net comparison of capital minimum payment level to capit			0	12
. 00 . 00 . 00	Net comparison of capital minimum payment level to capit Current year exception payment (if line 12 is positive,	enter the amount on this line)	0	
. 00 . 00 . 00	Net comparison of capital minimum payment level to capit Current year exception payment (if line 12 is positive, Carryover of accumulated capital minimum payment level of	enter the amount on this line)	0 0	
. 00 . 00 . 00 . 00	Net comparison of capital minimum payment level to capit Current year exception payment (if line 12 is positive, Carryover of accumulated capital minimum payment level of (if line 12 is negative, enter the amount on this line)	enter the amount on this line over capital payment for the f)	0	14.
. 00 . 00 . 00 . 00	Net comparison of capital minimum payment level to capit Current year exception payment (if line 12 is positive, Carryover of accumulated capital minimum payment level of	enter the amount on this line over capital payment for the f ee instructions))	-	14 15